



## Student 2 Consent Calendar

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National Conference of Family Medicine Residents and Medical Students  
July 30 - August 1, 2015 – Kansas City, MO

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1 **RECOMMENDATION: The Student 2 Reference Committee recommends the following**  
2 **consent calendar for adoption:**

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4 **Item 1:** Not Adopt Resolution No. S2-201 “Pursue the Renewal of the Alliance of the Coca Cola  
5 Company (TCCC) and the AAFP” (p. 1).  
6

7 **Item 2:** Adopt Substitute Resolution No. S2-203 “Updating Evidence-based Information about the  
8 Efficacy of Fertility Awareness-based Methods of Family Planning” (pp. 1-2).  
9

10 **Item 3:** Adopt Substitute Resolution No. S2-204 “American Academy of Family Physicians  
11 Endorsement of Proposed Food and Drug Administration Nutrition Fact Label Modification to  
12 Include Percent Daily Value of Sugar” (pp. 2-3).  
13

14 **Item 4:** Adopt Substitute Resolution No. S2-205 “Protecting Pregnant Women from Criminal  
15 Penalties due to Substance Abuse” (p. 3).  
16

17 **Item 5:** Not Adopt Resolution No. S2-207 “Support of Drug Pricing Transparency” (p. 4).  
18

19 **Item 6:** Adopt Substitute Resolution No. S2-209 “Support of Naloxone Access and Training” (pp.  
20 4-5).  
21

22 **Item 7:** Adopt Resolution No. S2-210 “Expanded Use of Naloxone” (p. 5).  
23

24 **REAFFIRMATION CALENDAR:**

25 (A) Resolution No. S2-202 “Physician Dispensing Medications” (p. 6).

26 (B) Resolution No. S2-206 “Protection of the Public from Secondhand Electronic Cigarette  
27 Exposure” (p. 6).

28 (C) Resolution No. S2-208 “Clinical Tools to Assess a Patient’s Social Determinants of  
29 Health” (p. 6).  
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## Student 2 Reference Committee Report

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National Conference of Family Medicine Residents and Medical Students  
July 30 - August 1, 2015 – Kansas City, MO

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

5  
6 **ITEM NO. 1: RESOLUTION NO. S2-201: PURSUE THE RENEWAL OF THE ALLIANCE OF**  
7 **THE COCA COLA COMPANY (TCCC) AND THE AAFP**

8  
9 RESOLVED, That the American Academy of Family Physicians (AAFP) pursue a  
10 renewal of their alliance with The Coca-Cola Company to further its strategic objectives  
11 and provide valuable revenue for the AAFP.

12  
13 The reference committee heard mixed testimony for this resolution. Support for the resolution  
14 included testimony regarding issues of food labeling leading to eating disorders. The financial  
15 support from an alliance with TCCC could be used to promote moderate intake of sugary drinks  
16 and healthy eating. Opposition testimony stated that renewal of the alliance would go against  
17 core values of family physicians and the AAFP’s stance on healthy eating and that sugary drinks  
18 are opposed to the its goals of combating overweight and obesity. Concerns were raised that  
19 renewing the alliance would be counterproductive due to previous divisive issues between the  
20 AAFP and TCCC. The reference committee discussed the fact that resolutions asking for  
21 dissolution of the relationship had been brought forward numerous times in previous years. The  
22 committee discussed that an alliance was not necessary for the AAFP to receive funds from the  
23 company to further the AAFP’s work and was overall not in support of the resolution.

24  
25 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-201**  
26 **not be adopted.**

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28  
29 **ITEM NO. 2: RESOLUTION NO. S2-203: UPDATING EVIDENCE-BASED INFORMATION**  
30 **ABOUT THE EFFICACY OF FERTILITY AWARENESS-BASED METHODS OF FAMILY**  
31 **PLANNING**

32  
33 RESOLVED, That the American Academy of Family Physicians write a letter to the  
34 Centers for Disease Control and Prevention to encourage collaboration in updating the  
35 effectiveness rates quoted for fertility awareness-based methods in their “Effectiveness  
36 of Family Planning Methods” to reflect the highest quality of research currently available,  
37 and be it further  
38

39 RESOLVED, That the American Academy of Family Physicians update its patient  
40 education resource titled “Birth Control Options” to report failure rates of 1.6% - 14.2%  
41 for fertility awareness-based methods of family planning based on the Strength of  
42 Recommendation Taxonomy Evidence Rating A, and be it further

43  
44 RESOLVED, That the American Academy of Family Physicians update articles  
45 “Provision of Contraception: Key Recommendations from the Centers for Disease  
46 Control and Prevention” in *American Family Physician* (May 1, 2015) and “Natural  
47 Family Planning” in *American Family Physician* (November 15, 2012) to report failure  
48 rates of 1.6% - 14.2% for fertility awareness-based methods of family planning based on  
49 Strength of Recommendation Taxonomy level 1 evidence, or publish an article on fertility  
50 awareness-based methods reflecting the highest quality of research available.  
51

52 The reference committee heard testimony in favor of the resolution stating that existing  
53 resources available on the CDC and the AAFP websites are not based on current evidence and  
54 potentially overestimate the unintended pregnancy rates while using fertility awareness-based  
55 family planning methods. The committee discussed the feasibility of collaborating with the CDC  
56 and updating AAFP and *AFP* information. As *AFP* has editorial independence, it is not possible  
57 for the AAFP to update their articles; however, AAFP resources can be updated and there is  
58 potential to collaborate with the CDC. Therefore, a substitute resolution is recommended  
59 including only the first and second resolved clauses. Further, there was concern over the  
60 statistics cited and whether they referred to actual use or perfect use of the fertility awareness-  
61 based family planning methods. The committee modified the second resolved clause to use  
62 “current available evidence” instead of a specific statistic.  
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65 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
66 **No. S2-203 be adopted in lieu of Resolution S2-203, which reads as follows:**

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68 **RESOLVED, That the American Academy of Family Physicians write a letter to the**  
69 **Centers for Disease Control and Prevention to encourage collaboration in**  
70 **updating the effectiveness rates quoted for fertility awareness-based methods in**  
71 **their “Effectiveness of Family Planning Methods” to reflect the highest quality of**  
72 **research currently available, and be it further**

73  
74 **RESOLVED, That the American Academy of Family Physicians update its patient**  
75 **education resource titled “Birth Control Options” to report failure rates based on**  
76 **current evidence for fertility awareness-based methods of family planning.**  
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78  
79 **ITEM NO. 3: RESOLUTION NO. S2-204: AMERICAN ACADEMY OF FAMILY PHYSICIANS**  
80 **ENDORSEMENT OF PROPOSED FOOD AND DRUG ADMINISTRATION NUTRITION FACT**  
81 **LABEL MODIFICATION TO INCLUDE PERCENT DAILY VALUE OF SUGAR**

82  
83 RESOLVED, That the American Academy of Family Physicians send a letter to the  
84 United States Food and Drug Administration supporting the July 2015 proposed changes  
85 to nutrition fact labeling to include percent daily value of sugar.  
86

87 The reference committee heard testimony in favor of the resolution citing recent changes in the  
88 FDA rule governing food labels to add percent daily values for added sugar to all packaged  
89 foods. Currently, sugar is listed as total grams which may cause confusion for patients. Addition

90 of the percent daily value for sugar on labels would help people make better decisions. These  
91 changes would facilitate physicians to counsel patients about appropriate total sugar intake. The  
92 committee discussed the confusion regarding the resolved clause term of “sugar” and whether it  
93 was meant to reflect added sugar or total sugar. The FDA rule was reviewed and the committee  
94 offered a substitute resolution more reflective of the FDA rule to include added sugar.

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96 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
97 **No. S2-204 be adopted in lieu of Resolution S2-204, which reads as follows:**

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99 **RESOLVED, That the American Academy of Family Physicians send a letter to the**  
100 **United States Food and Drug Administration supporting the July 2015 proposed**  
101 **changes to nutrition fact labeling to include percent daily value of added sugar.**  
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104 **ITEM NO. 4: RESOLUTION NO. S2-205: PROTECTING PREGNANT WOMEN FROM**  
105 **CRIMINAL PENALTIES DUE TO SUBSTANCE ABUSE**  
106

107 RESOLVED, That the American Academy of Family Physicians reaffirm its existing  
108 policy opposing imprisonment or other criminal sanctions of pregnant women solely for  
109 substance abuse during pregnancy, and be it further

110  
111 RESOLVED, That the American Academy of Family Physicians support state chapters in  
112 opposing legislation that results in imprisonment or other criminal sanctions of pregnant  
113 women solely for substance abuse during pregnancy.  
114

115 The reference committee heard testimony in favor of the resolution as some states have laws  
116 treating substance abuse by pregnant women as criminal and can lead to incarceration. There  
117 was a call for the AAFP to reaffirm current policy and work with chapters advocating opposition  
118 of this legislation. This legislation affects the patient/doctor relationship and maternal and fetal  
119 outcomes as women using opiates are not seeking prenatal care due to risk of legal  
120 ramifications. The committee reviewed AAFP’s policy on drug use in pregnant women and  
121 decided the policy covers the first resolve clause. The second resolved clause was discussed  
122 and the committee decided that “support” was not the correct term and “educate” should be  
123 substituted. Therefore, the AAFP can educate the state chapters on existing resources to  
124 support opposition of criminal sanctions against pregnant women using opioids.  
125

126 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**  
127 **No. S2-205 be adopted in lieu of Resolution S2-205, which reads as follows:**

128  
129 **RESOLVED, That the American Academy of Family Physicians educate chapters**  
130 **about its policy opposing legislation that results in imprisonment or other criminal**  
131 **sanctions of pregnant women solely for substance abuse during pregnancy.**  
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139 **ITEM NO. 5: RESOLUTION NO. S2-207: SUPPORT OF DRUG PRICING TRANSPARENCY**

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141 RESOLVED, That the American Academy of Family Physicians support federal and  
142 state legislation to require pharmaceutical manufacturers to disclose development and  
143 production costs as well as profits in order to negotiate more affordable drug prices for  
144 patients, and be it further

145

146 RESOLVED, That the American Academy of Family Physicians develop an advocacy  
147 toolkit for chapters to encourage grassroots' support for state legislation to require drug  
148 pricing transparency.

149

150 The reference committee heard testimony in favor of the resolution as increasing costs of  
151 medications can lead to a destabilized health care system in that gross excess of drug costs  
152 threaten the solvency of state Medicaid systems. Currently, six states have proposed legislation  
153 requiring drug company transparency in production costs and profits in an effort to force  
154 companies to release that information. The committee reviewed previous action by the National  
155 Conference of Student Members including a resolution adopted in 2014 on Sovaldi costs. The  
156 resolution was accepted for information by the Commission on Health of the Public and Science  
157 as the AAFP is not positioned to deal with pricing issues. While the resolved clause of this  
158 resolution is different, it is still asking for the AAFP to require disclosure of proprietary  
159 information and therefore not feasible. Additionally, the fiscal requirement of development of an  
160 advocacy toolkit was a concern.

161

162 **RECOMMENDATION: The reference committee recommends that Resolution No. S2-207**  
163 **not be adopted.**

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166 **ITEM NO. 6: RESOLUTION NO. S2-209: SUPPORT OF NALOXONE ACCESS AND**  
167 **TRAINING**

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169 RESOLVED, That the American Academy of Family Physicians specifically include  
170 acute opioid overdose management and naloxone training in Recommended Curriculum  
171 Guidelines for Family Medicine Residents, and be it further

172

173 RESOLVED, That the American Academy of Family Physicians advocate for price  
174 reductions and expanded rebate agreements for naloxone by writing a letter to its  
175 manufacturer, Amphastar, and be it further

176

177 RESOLVED, That the American Academy of Family Physicians develop an advocacy  
178 toolkit to encourage state chapters to advocate for state Medicaid coverage for take-  
179 home naloxone kits, rebate agreements and other cost reduction programs.

180

181 The reference committee heard testimony on the issues surrounding overdoses that have arisen  
182 with the increased prescribing of opioids. Naloxone is a lifesaving medication and the AAFP  
183 should help all patients to have access to appropriate medicines. The committee discussed the  
184 resolved clauses and the huge undertaking involved. There was also concern regarding efficacy  
185 of take home kits and the potential for increased use of opioids if an antidote is readily available.  
186 The Academy does not deal with pricing of medications and therefore the second resolve clause  
187 is not feasible. The committee felt the first resolve clause was important and that increased  
188 training would be beneficial, and recommended adopting the first resolve clause only. The  
189 second and third clauses should not be adopted due to concerns with feasibility and cost.

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**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S2-209 be adopted in lieu of Resolution S2-209, which reads as follows:**

**RESOLVED, That the American Academy of Family Physicians specifically include acute opioid overdose management and naloxone training in Recommended Curriculum Guidelines for Family Medicine Residents.**

**ITEM No. 7: RESOLUTION NO. S2-210: EXPANDED USE OF NALOXONE**

RESOLVED, That the American Academy of Family Physicians support the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations, and be it further

RESOLVED, That the American Academy of Family Physicians support the implementation of policies which allow licensed providers to prescribe naloxone auto-injectors to patients using opioids or other individuals in close contact with those patients, and be it further

RESOLVED, That the American Academy of Family Physicians support the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license.

The reference committee heard testimony for the resolution as there is growing support for expansion of naloxone programs and for non-physician medical personnel to administer lifesaving measures for opioid overdose. The committee discussed this national trend and agreed that the AAFP should lend support to these efforts.

**RECOMMENDATION: The reference committee recommends that Resolution No. S2-210 not be adopted.**

**REAFFIRMATION CALENDAR**

The following items A through C are presented by the Reference Committee on the Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion by the Reference Committee in Executive Session concurred that the resolutions presented in Items A through C are current policy or are already addressed in current projects. At the request of the National Congress of Student Members, any item may be taken off the Reaffirmation Calendar for an individual vote on that item. Otherwise, the Committee will request approval of the Reaffirmation Calendar in single vote.

235 (A) Resolution No. S2-202 entitled “Physician Dispensing Medications,” the resolved portion  
236 which reads as printed below:  
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238 RESOLVED, That the American Academy of Family Physicians lobby for the ability of  
239 family physicians to dispense medications in all settings in all states.  
240

241 The reference committee heard testimony on the benefits of physicians dispensing medications  
242 at point of care, leading to decreased costs and increased access to medications. Currently,  
243 there are seven states that do not allow physicians to dispense medications, therefore there is a  
244 need to advocate for all physicians to have the ability to dispense medications at point of care.  
245 This is particularly important for rural clinics and to increase compliance, as 36% of  
246 prescriptions are not even filled. The committee discussed that the AAFP has a current policy  
247 supporting dispensing of medications by physicians and therefore this resolution is covered by  
248 current policy.  
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250 (B) Resolution No. S2-206 entitled, “Protection of the Public from Secondhand Electronic  
251 Cigarette Exposure,” the resolved portion which reads as printed below:  
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253 RESOLVED, That the American Academy of Family Physicians advocate on the state  
254 and local level for existing public tobacco usage regulations to include electronic  
255 cigarettes.  
256

257 The reference committee heard testimony in favor of the resolution citing that only three states  
258 have updated tobacco free policy to include e-cigarettes. Additionally there is now more  
259 evidence of harmful heavy metals and other chemicals being present in secondhand smoke of  
260 e-cigarettes. The committee discussed that the AAFP advocates on a national level and not on  
261 the state and local levels. The AAFP recently updated its Tobacco and Nicotine Dependence  
262 position paper to address e-cigarettes and secondhand smoke from all nicotine products.  
263 Additionally, the AAFP has adopted a new policy on e-cigarettes calling for more research and  
264 regulation. As these policies are messaged and promoted to chapters, reaffirmation of the  
265 resolution was recommended.  
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267 (C) Resolution No. S2-208 entitled, “Clinical Tools to Assess a Patient’s Social Determinants  
268 of Health,” the resolved portion which reads as printed below:  
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270 RESOLVED, That the American Academy of Family Physicians (AAFP) explore clinical  
271 tools, for example, a pre-encounter questionnaire, to be used by practicing family  
272 physicians to assess patients’ needs in regard to social determinants of health identified  
273 by the AAFP.  
274

275 The reference committee heard testimony in favor of the resolution stating the importance of  
276 social determinants in patient health. While, the AAFP has a policy on social determinants the  
277 author would like to see an increase in forward momentum to address those determinants. A  
278 tool to help at point of care to identify specific needs and social determinants would be  
279 beneficial to family physicians. The committee discussed the importance of resources for social  
280 determinants. The committee reviewed current Academy initiatives including the new position  
281 papers, *Poverty and Health-the Family Medicine Perspective* and *Integration of Primary Care  
282 and Public Health*, which include some resources. Additionally, health equity and population  
283 health are strategic objectives for the academy, and there are internal discussions on the  
284 potential to develop these resources.  
285

286 **RECOMMENDATION: The Reference Committee recommends that Items A through C**  
287 **on the Reaffirmation Calendar be approved as current policy or as already being**  
288 **addressed in current projects.**

289

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

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295 Respectfully submitted,

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Morgan Rogers, Chair

300

301 Kirsten Anderson

302 Krystal Foster

303 Louis Gerena

304 Daphne Olson

305 Meghan Ward

306 Chris Watson