



# Resident 1 Agenda and Resolutions

---

National Conference of Family Medicine Residents and Medical Students  
July 28 - 30, 2016 – Kansas City, MO

---

1. Resolution No. R1-401 Resident Physician Wellness Program
2. Resolution No. R1-402 Increase Access to Appropriate Nutritional Resources for Residents on Night Call
3. Resolution No. R1-403 Oath of AAFP Fellows
4. Resolution No. R1-404 Sustaining Clinical Collaboration and Integration with Advanced Practice Nurse Practitioners
5. Resolution No. R1-405 Call for Physical Activity Vital Signs
6. Resolution No. R1-406 Endorse Access without Age Restriction to Over-the-Counter Oral Contraceptive Pills
7. Resolution No. R1-407 A Virtual Platform for Wellness and Burnout Prevention
8. Resolution No. R1-408 Recycling at National Conference
9. Resolution No. R1-409 Reduce Food Waste at the American Academy of Family Physician Conference Events
10. Resolution No. R1-410 Involving the Center for Global Health Initiatives in the Coordination and Planning of the National Conference
11. Resolution No. R1-411 Increasing the Visibility of Global Health on the American Academy of Family Physicians Website
12. Resolution No. R1-412 CPT Coding System Revision
13. Resolution No. R1-413 Allow Natural Death Terminology in Code Status and End-of-Life Discussions
14. Resolution No. R1-414 Early Postpartum Long-Acting Reversible Contraception Coverage for Medicare and Medicare Patients
15. Resolution No. R1-415 Repurposing Food Waste

16. Resolution No. R1-416      Establishing a Relationship between the American Academy of Family Physicians and the American Psychiatric Association
17. Resolution No. R1-417      Support for Sexual Orientation and Gender Expression Nondiscrimination
18. Resolution No. R1-418      Feasibility of Virtual Resolution Meetings
19. Resolution No. R1-419      Improving Medical Care in Immigrant Detention
20. Resolution No. R1-420      Revisiting the Creation of an Electronic Health Record by the American Academy of Family Physicians
21. Resolution No. R1-421      Improving Anal Cancer Care
22. Resolution No. R1-422      Promoting Cross-Cultural and Linguistic Education for Residents and Medical Students About Hispanic and Latino Populations to Improve Health Care Communications

1 **RESOLUTION NO. R1-401**

2 **Resident Physician Wellness Program**

3

4 Introduced by: Amber Robins, MD, Rochester, NY

5

6 WHEREAS, Physician burnout is “a syndrome of emotional exhaustion, depersonalization, and  
7 a sense of low personal accomplishment that leads to decreased effectiveness at work”, and

8

9 WHEREAS, an increasing number of medical students, residents/fellows, and physicians  
10 practicing in the United States report being burnt out, and

11

12 WHEREAS, increasing physician wellness (i.e., stress management, exercise, Balint group  
13 process) can prevent burnout, now, therefore, be it

14

15 RESOLVED, That the American Academy of Family Physicians develop and implement a  
16 resident physician wellness program available throughout residency training.

1 **Resolution NO. R1-402**

2 **Increase Access to Appropriate Nutritional Resources for Residents on Night Call**

3 Introduced by: Jason Butler, DO, Fort Bragg, NC  
4 Jerome Barron DO, Fort Bragg, NC

5  
6 WHEREAS, Accreditation Council for Graduate Medical Education (ACGME) states in II.F.2a  
7 the sponsoring institution must ensure a health and safe learning and working environment that  
8 provides for access food while on duty at all participating site; (CORE), and

9  
10 WHEREAS, under these guidelines, availability of food at night varies from hospital or  
11 institutions ranging from vending machines to “grab n go’s” that provide warm food and  
12 sandwiches, and

13  
14 WHEREAS, the Army Surgeon General has developed the performance triad indentifying  
15 nutrition as one of 3 key performance measures for all individuals, and

16 WHEREAS, the Surgeon General of the United States and CDC, has deemed obesity a national  
17 health crisis, and

18  
19 WHEREAS, vending machines provide poor sources of nutrition to include high calorie high  
20 sugar food, with low nutritional density, now, therefore, be it

21  
22 RESOLVED, That the American Academy of Family Physicians develop policy supporting  
23 access to well-balanced food options, as recommended by the United States Department of  
24 Agriculture (USDA), for residents during all work hours to include night shifts, and be it further

25  
26 RESOLVED, That the American Academy of Family Physicians write a letter to the  
27 Accreditation Council for Graduate Medical Education (ACGME) outlining its support for well-  
28 balanced food options as recommended by the United States Department of Agriculture  
29 (USDA), for residents during all work hours to include night shifts, and be it further

30  
31 RESOLVED, That this resolution be referred to Congress of Delegates.

1 **RESOLUTION NO. R1-403**

2 **Oath of AAFP Fellows**

3 Introduced by: Jessica MacHue, MD, Kingsport, TN  
4 Aaron Brinklow, DO, Kingsport, TN  
5

6 WHEREAS, An oath should be considered a solemn promise and not be taken in vain nor  
7 without due consideration, and  
8

9 WHEREAS, an organization requiring such an oath of any member should ensure that the  
10 promises outlined in such an oath reflects ideals held dear by the majority of the organizations'  
11 members, and  
12

13 WHEREAS, physicians frequently struggle to find a balance between the work and personal or  
14 family responsibilities, and  
15

16 WHEREAS, physician burnout is being described at almost epidemic levels, and  
17

18 WHEREAS, modern physicians bear a higher rate of divorce, substance abuse, depression, and  
19 suicidality than the general population, and  
20

21 WHEREAS, many physicians feel frustrated by the impact of their professional lives upon their  
22 lifestyles and personal relationships, and  
23

24 WHEREAS, the American Academy of Family Physicians (AAFP) has a responsibility to  
25 promote the health and well-being of its physician members so that they can continue to meet  
26 the challenges of the practice of medicine and still have fulfilling lives and relationships with  
27 good physical, emotional, and behavioral health, and  
28

29 WHEREAS, the current AAFP Degree of Fellow's Oath incorporates languages which does not  
30 support a balance between personal and professional lives, and  
31

32 WHEREAS, the AAFP Commission on Membership on Member Services (CMMS) established a  
33 workgroup to evaluate this issue in response to a 2014 Congress of Delegates resolution, and  
34

35 WHEREAS, the CMMS unanimously approved the work of the workgroup for a new AAFP  
36 Degree of Fellow Oath that was written with significant thought and concern on this subject,  
37 now, therefore be it  
38

39 RESOLVED, That the Pledge of Fellowship for the American Academy of Family Physicians  
40 (AAFP) Degree of Fellow be changed to the following drafted by the AAFP Commission on  
41 Membership and Member Services:  
42

43 As a Fellow of the American Academy of Family Physicians I promise to dedicate myself  
44 ....to the principles upon which our Academy was founded,  
45 ....to providing comprehensive lifelong care to my patients,  
46 ....to exemplifying the highest traditions of my profession, and  
47 ....to enhancing my professional skills through continuing medical education.  
48

49 I pledge my commitment to improving the health of my patients, their families, and

50

51 communities, and to advancing the specialty of Family Medicine, now and in the future.

1 **RESOLUTION NO. R1-404**

2 **Sustaining Clinical Collaboration and Integration with Advanced Practice Nurse**  
3 **Practitioners**

4 Introduced by: Ronald Slipman, M.D., New Orleans, LA

5  
6 WHEREAS, The American Academy of Family Physicians (AAFP) encourages health  
7 professionals to work together as clinically integrated teams in the best interest of patients, and

8  
9 WHEREAS, patients are best served when their care is provided by a physician or through an  
10 integrated practice care team led by a physician, and

11  
12 WHEREAS, current AAFP policy states that a nurse practitioner should not function as an  
13 independent health practitioner, and

14  
15 WHEREAS, twenty-two states and the District of Columbia currently have eliminated  
16 requirements for a collaborative practice agreement or integrated practice agreement between  
17 nurse practitioners and primary care physicians, and

18  
19 WHEREAS, the American Association of Nurse Practitioners (AANP) and its respective  
20 governing bodies are actively promoting legislation to eliminate integrated practice agreements  
21 and collaborative practice agreements, and

22  
23 WHEREAS, eliminating integrated practice agreements and collaborative practice agreements  
24 will place family medicine physicians and family nurse practitioners in competition with one  
25 another and will do nothing to improve the quality of patient care, and

26  
27 WHEREAS, eliminating integrated practice agreements and collaborative practice agreements  
28 undermines the role of physicians as the leader of the health care team and instead promotes  
29 disjointed health care, now, therefore, be it

30  
31 RESOLVED, That the American Academy of Family Physicians renew national and state-level  
32 advocacy efforts to promote improved collaboration and integrated practice agreements with  
33 advanced practice nurse practitioners, and be it further

34  
35 RESOLVED, That the American Academy of Family Physicians provide resources and support  
36 to local chapters in order to facilitate political advocacy efforts to preserve and promote  
37 improved collaborative practice agreements and integrated practice agreements.

1 **RESOLUTION NO. R1-405**

2 **Call for Physical Activity Vital Signs**

3 Introduced by: Alex Mroszczyh-Mcdonald, MD, Fontana, CA

4  
5 WHEREAS, physical inactivity increases the relative risk of coronary artery disease, stroke,  
6 hypertension, and osteoporosis by 45%, 60%, 30%, and 59% respectively, and

7  
8 WHEREAS, physical inactivity is associated with an increased risk of 25 chronic diseases, and

9  
10 WHEREAS, the United States Physical Activity Guidelines recommends at least 150 minutes  
11 per week of moderate –intensity (e.g., brisk walking) physical activity, and

12  
13 WHEREAS, 90% of American adults do not meet current physical activity guidelines, and

14  
15 WHEREAS, deaths attributable to physical inactivity may soon exceed those attributed to  
16 cigarette smoking, and

17  
18 WHEREAS, physical activity is reflected in improved cardiorespiratory fitness, expressed as  
19 metabolic equivalents, which in turn correlates with a reduced risk of cardiovascular disease,  
20 and

21  
22 WHEREAS, in persons with and without heart disease, each single Metabolic Equivalent  
23 increase in cardiorespiratory fitness is associated with an approximately 15% reduction in  
24 mortality, and

25  
26 WHEREAS, individuals with low cardiorespiratory fitness have higher annual healthcare costs,  
27 and

28  
29 WHEREAS, the American Heart Association recently emphasized that physical inactivity  
30 represents a leading cause of death worldwide, and

31  
32 WHEREAS, the beneficial effects of regular exercise are generally underestimated by many  
33 clinicians and miss opportunities to endorse proven behavioral interventions, and

34  
35 WHEREAS, the 19<sup>th</sup> Surgeon General of the United States, Vivek Murthy, has endorsed  
36 physical activity a priority in clinical settings, and

37  
38 WHEREAS, vital signs inform clinicians about the likelihood of future disease and the presence  
39 of severity of acute and chronic illness, and

40  
41 WHEREAS, asking a patient about their exercise habits may have greater impact than smoking  
42 or diet, which are routinely asked and has significant implications regarding preventative care,  
43 and

44  
45 WHEREAS, current American Academy of Family Physicians policy endorses promotion of  
46 fitness as an integral component of preventive care, risk reduction, and disease management  
47 and,

48



49 WHEREAS, family physicians are uniquely positioned to promote fitness among their patients,  
50 and

51  
52 WHEREAS, family physicians are encouraged to open a dialogue with their patients about fitness  
53 during patient visits, and

54  
55 WHEREAS, physical activity vital sign is successfully being used in several large healthcare  
56 systems, including Kaiser Permanente, Intermountain Healthcare (Utah), and the Greenville  
57 Health System (South Carolina), now, therefore, be it

58  
59 RESOLVED, That the American Academy of Family Physicians policy reflect and formally  
60 endorse the World Health Organization policy that adults aged 18-64 should do at least 150  
61 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75  
62 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent  
63 combination of moderate – and vigorous-intensity activity, and be it further

64  
65 RESOLVED, That the American Academy of Family Physicians develop policy endorsing the  
66 routine and widespread practice of measuring patient’s habitual physical activity, and consider  
67 physical activity a “vital sign”, which is assessed at every clinical visit to engage patients in  
68 conversation and preventative counseling to ensure they are aware of and understand the  
69 proven connection between regular physical activity and optimal health, and be it further

70  
71 RESOLVED, That the American Academy of Family Physicians partner with like-minded  
72 organizations, such as American Society of Sports Medicine, American College of Sports  
73 Medicine, Exercise is Medicine, among others, to provide tools, references, and resources to  
74 allow physicians to better and more accurately assess patient’s physical activity, counsel them,  
75 and connect them to resources in the community accordingly.

1 **Resolution NO. R1-406**

2 **Endorse Access without Age Restriction to Over-the-Counter Oral Contraceptive Pills**

3 Introduced by: Alex Mroszczyk-McDonald, MD, Fontana, CA

4  
5 WHEREAS, Unintended pregnancy remains a major public health problem in the United States,  
6 and

7  
8 WHEREAS, access and cost issues are common reasons why women either do not use  
9 contraception or have gaps in use, and

10  
11 WHEREAS, eighty-two percent of adolescent pregnancies are unplanned, accounting for one  
12 fifth of all unintended pregnancies in the United States, and

13  
14 WHEREAS, teenagers experience disproportionately high rates of unintended pregnancy and  
15 face unique challenges accessing contraceptives, and

16  
17 WHEREAS, the American Academy of Family Physicians has previously endorsed  
18 contraceptive access as an important public health measure, including over-the-counter (OTC)  
19 availability of oral contraceptive pills (OCPs), and

20  
21 WHEREAS, California approved Behind-the-Counter Access to OCPs without an age restriction  
22 in 2015, and

23  
24 WHEREAS, surveys indicate that most women in the United States, as well as pharmacists,  
25 look favorably upon the OTC accessing to OCPS and only a minority of women support an age  
26 restriction for an OTC OCPs, and

27  
28 WHEREAS, contraindications to oral contraceptives are more prevalent among women 35 years  
29 and older compared with younger women, and

30  
31 WHEREAS, young adolescents do not increase their sexual risk behavior with increased access  
32 to contraception, and

33  
34 WHEREAS, OCPs are the most commonly used hormonal contraceptive method among United  
35 States teens, now, therefore, be it

36  
37 RESOLVED, That the American Academy of Family Physicians endorse the policy that there be  
38 no age restriction to oral contraceptive pill availability over-the-counter, and be it further

39  
40 RESOLVED, That the American Academy of Family Physicians write to the U.S. Food and  
41 Drug Administration (FDA) to urge that all adolescents be included in the over-the-counter  
42 (OTC) oral contraceptives studies required by the FDA (e.g., label comprehension study, actual  
43 use study) to determine whether OTC access is appropriate for this population.

1 **RESOLUTION NO. R1-407**

2 **A Virtual Platform for Wellness and Burnout Prevention**

3 Introduced by: Joseph Brodine, Washington, DC  
4 Emily Graber, Chicago, IL  
5 Mary "Molly" Warren, Washington, Dc  
6 Kristina Dakis, MD, Chicago, IL  
7

8 WHEREAS, Forty-nine percent of medical students and 50 percent of residents report  
9 symptoms of burnout, and

10

11 WHEREAS, 9.3 percent of medical students and 8.7 percent of residents report suicidal ideation  
12 in the last 12 months, and

13

14 WHEREAS, physicians need to care for themselves in order to be fit to care for patients, now,  
15 therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) create a comprehensive  
18 online platform for medical students, residents, and attending faculty to enter into an open forum  
19 for discussion and prevention of burnout, and be it further

20

21 RESOLVED, That an online platform for medical students, residents, and attending faculty to  
22 enter into an open forum for discussion and prevention and burnout offer resources, discussion  
23 blogs, and webinars to address burnout prevention and wellness promotion, and be it further

24

25 RESOLVED, That an online platform for medical students, residents, and attending faculty to  
26 enter into an open forum for discussion and prevention and burnout, provide a platform for  
27 conducting research that aims to elucidate effective interventions for preventing burnout and  
28 promoting resilience among medical students, residents, and attending faculty.

1 **RESOLUTION NO. R1-408**

2 **Recycling at National Conference**

3 Introduced by: Megan Chock, MD, San Diego, CA  
4 Stewart Decker, MD, Klamath Falls, OR  
5 Redmond Finney, MD  
6

7 WHEREAS, The American Academy of Family Physicians (AAFP) clearly supports the health of  
8 communities as evidence by its efforts of “Family Medicine for America’s Health” and its  
9 associated “Health is Primary Campaign”, and  
10

11 WHEREAS, the environment may arguable represent the largest asset of a healthy community,  
12 and  
13

14 WHEREAS, according to the most recent Environmental Protection Agency (EPA) report, “in  
15 2013, Americans generated about 254 million tons of trash and recycled and composted about  
16 87 million ton of this material, equivalent to a 34.3 percent recycling rate”, and  
17

18 WHEREAS, on average, each American generates 4.40 pounds of waste and recycled and/or  
19 composted 1.51 pounds of our individual waste, and  
20

21 WHEREAS, according to Chaz Miller of the National Waste & Recycling Association, a key  
22 component of improving the overall recycling rate is “further penetration of programs in rural  
23 areas and in commercial and multi-family buildings, and  
24

25 WHEREAS, as of 2016, there is no official recycling system in place at the American Academy  
26 of Family Physicians’ National Conference of Family Medicine Residents and Medical Students,  
27 and  
28

29 WHEREAS, there are many organizations and programs, including those sponsored by the EPA  
30 such as WasteWise5, which focuses on reducing waste, practice environmental stewardship  
31 and incorporate sustainable materials management, and  
32

33 WHEREAS, Americans have a great opportunity to increase their recycling rates at both societal  
34 and individuals levels, now, therefore, be it  
35

36 RESOLVED, That the American Academy of Family Physicians work to implement a recycling  
37 program at National Conference of Family Medicine Residents and Medical Students, and be it  
38 further  
39

40 RESOLVED, That the goal of the recycling program be to produce a recycling rate of greater  
41 than 40% during the AAFP National Conference of Family Medicine Residents and Medical  
42 Students, and be it further  
43

44 RESOLVED, That a recycling program at the National Conference of Family Medicine  
45 Residents and Medical Students be in place and achieve its goal by 2020.

1 **RESOLUTION NO. R1-409**

2 **Reduce Food Waste at the American Academy of Family Physician Conference Events**

3 Introduced by: Chetan Patel, MD, Columbus, GA  
4 Kyle Gleaves, Scranton, PA  
5 Kathleen O'Leary  
6

7 WHEREAS, Americans discard the equivalent of \$165 billion of food each year, and

8  
9 WHEREAS, in 2014, 48.1 million Americans lived in food insecure households, which represent  
10 14 percent of American households, and

11  
12 WHEREAS, 14 states exhibited statistically significantly higher household food insecurity rates  
13 than the U.S. national average of 14.3 percent between 20012-2014, including Missouri where  
14 the National Conference is held, now, therefore, be it

15  
16 RESOLVED, That the American Academy of Family Physician (AAFP) will investigate how  
17 much food is discarded at AAFP conferences, and be it further

18  
19 RESOLVED, That the American Academy of Family Physician collaborate with and encourage  
20 vendors and caterers to adopt less wasteful practices, and be it further

21  
22 RESOLVED, That the American Academy of Family Physician encourage vendors to donate all  
23 donatable food products that would otherwise be discarded in accordance with local regulations.

1 **RESOLUTION NO. R1-410**

2 **Involving the Center for Global Health Initiatives in the Coordination and Planning of the**  
3 **National Conference**

4 Introduced by: Samuel Donovan, Rochester, NY  
5 Ben Pederson, MD, Portland, OR  
6

7 WHEREAS, Global health is one of the fastest growing areas of interest among medical  
8 students and serves as a powerful recruiting tool for students to choose family medicine, and  
9

10 WHEREAS, 30 percent of medical students participate in global health activities, and  
11

12 WHEREAS, family medicine has the highest percentage (26%) of residencies with global health  
13 training programs among all medical specialties, and  
14

15 WHEREAS, a growing number of practicing American Academy of Family Physicians (AAFP)  
16 members are facing global health challenges within their practice within the U.S. (i.e. refugee  
17 and immigrant health, emerging infectious disease such as Zika, travel medicine etc.), and  
18

19 WHEREAS, participation in global health related sessions at the National Conference of Family  
20 Medicine Residents and Medical Students as well as attendance at the Global Health Workshop  
21 has increased each year, and  
22

23 WHEREAS, the Center for Global Health Initiatives is the primary global health organization  
24 within the AAFP, now, therefore be it  
25

26 RESOLVED, That the American Academy of Family Physicians Center for Global Health  
27 Initiatives be involved in the planning and coordination of all global health related programming  
28 at the National Conference of Family Residents and Medical Students, and be it further  
29

30 RESOLVED, That the National Conference of Family Medicine Residents and Medical Students  
31 increase the number of global health related speakers and skills based workshops.  
32

1 **RESOLUTION NO. R1-411**

2 **Increasing the Visibility of Global Health on the American Academy of Family Physicians**  
3 **Website**

4 Introduced by: Ben Pederson, M.D., Portland, OR  
5 Samuel Donovan, Rochester, NY  
6

7 WHEREAS, Global health is one of the fastest growing areas of interest among medical  
8 students and serves as a powerful recruiting tool for students to choose family medicine, and  
9

10 WHEREAS, thirty percent of medical students participate in global health activities, and  
11

12 WHEREAS, family medicine has the highest percentage (26%) of residencies with global health  
13 training programs among all medical specialties, and  
14

15 WHEREAS, a growing number of practicing American Academy of Family Physicians (AAFP)  
16 members are facing global health challenges within their practice within the US (i.e. refugee and  
17 immigrant health, emerging infectious disease such as Zika, travel medicine, etc.), and  
18

19 WHEREAS, there are more than 10 pages within the AAFP website containing information for  
20 students and physicians interested in global health, but that information is currently distributed  
21 across several different subsections of the website (i.e. Patient Care, Med Schools and  
22 Residencies, and Events), and  
23

24 WHEREAS, the Center for Global Health Initiatives is the primary global health organization  
25 within the AAFP, and can serve as the primary resource coordinating organization for all global  
26 health-related materials on the AAFP website, now, therefore, be it  
27

28 RESOLVED, That the American Academy of Family Physicians streamline its website to  
29 highlight and improve access to existing global health resources, and be it further  
30

31 RESOLVED, That the American Academy of Family Physicians coordinate website changes  
32 involving global health-related materials with the Center for Global Health Initiatives.

1 **RESOLUTION NO. R1-412**

2 **CPT Coding System Revision**

3 Introduced by: Shivum Agarwal, MD, Fort Worth, TX  
4 Jerry Abraham, MD, Los Angeles, CA

5  
6 WHEREAS, Patients often want to discuss many issues in an office visit with their family  
7 physician, and

8  
9 WHEREAS, the only mechanism for family physicians to describe their work for billing purposes  
10 is the American Medical Association (AMA) Current Procedural Terminology (CPT) system, and

11  
12 WHEREAS, the CPT system does not allow any physician to bill for dealing with more than  
13 approximately three issues per visit (per complexity algorithm), and

14  
15 WHEREAS, many medical students considering a career in family medicine cite payment as  
16 deterrent to choosing a primary care specialty, now, therefore, be it

17  
18 RESOLVED, That the American Academy of Family Physicians delegation to the American  
19 Medical Association encourage the creation of new CPT codes that capture all of the  
20 physician's work and complexity to allow family physicians to adequately care for all of their  
21 patients' concerns in each visit and be compensated accordingly, and be it further

22  
23 RESOLVED, That the American Academy of Family Physicians begin to develop an alternative  
24 coding system for value-based care.



1 RESOLUTION NO. R1-413

2 **Allow Natural Death Terminology in Code Status and End-of-Life Discussions**

3 Introduced by: Matthew Mullane, MD, MPH, Denver, CO

4  
5 WHEREAS, American physicians are ethically obligated to both promote patient autonomy and  
6 to do no harm to the patient, and

7  
8 WHEREAS, post-cardiac arrest survival to discharge is estimated by the AHA and other groups  
9 to be 17%-24% for adults, and less than 6% in adults with a terminal illness such as cancer, and

10  
11 WHEREAS, patients' initial prediction of post-arrest survival often vastly exceeds the actual rate  
12 of survival to discharge, and as many as half of patients who express a desire to be resuscitated  
13 change their minds after they are informed of actual survival estimates, and

14  
15 WHEREAS, the specific terminology utilized in navigating code status and end-of-life discussion  
16 is incredibly important, as it may impact a patient's decision on whether or not to forgo  
17 resuscitation, and

18  
19 WHEREAS, "Allow Natural Death" (AND) is becoming a more widely-accepted term in place of  
20 "Do Not Resuscitate" in an effort by many groups to emphasize the natural evolution of disease  
21 processes, and to support ongoing efforts for palliative and hospice care, and

22  
23 WHEREAS, The Joint Commission requirements do not currently provide specific guidelines for  
24 code status discussions, now therefore, be it

25  
26 RESOLVED, That the American Academy of Family Physicians joins the Hospice Patients  
27 Alliance and palliative care communities in endorsing the terminology "Allow Natural Death" as a  
28 compassionate alternative to "Do Not Resuscitate" during code status and end-of-life  
29 discussion, and be it further

30  
31 RESOLVED, That the American Academy of Family Physicians advocate for The Joint  
32 Commission to endorse "Allow Natural Death" as acceptable language for code status orders,  
33 set specific standards for code status discussions and require institutions to demonstrate  
34 compliance with these standards to be accredited.

1 **RESOLUTION NO. R1-414**

2 **Early Postpartum Long-Acting Reversible Contraception Coverage for Medicare and**  
3 **Medicare Patients**

4 Introduced by: Jenna Fox, MD, Lancaster, PA

5  
6 WHEREAS, The American Academy of Family Physicians (AAFP) supports placement and  
7 coverage of Long-Acting Reversible Contraceptives in the early postpartum period, with  
8 coverage for the device itself and placement being separate from the global fee, and  
9

10 WHEREAS, the AAFP supports Medicare coverage for all FDA-approved methods of  
11 contraception, and  
12

13 WHEREAS, nearly one million Medicare beneficiaries are women of reproductive age who  
14 would be at risk for harm from the well-known dangers of short interconception interval, not to  
15 mention the larger population of reproductive age women insured by Medicaid, and  
16

17 WHEREAS, numerous hospital systems will not stock medications or devices for which  
18 Medicaid and Medicare do not offer reimbursement, now, therefore, be it  
19

20 RESOLVED, That the American Academy of Family Physicians support coverage for Long-  
21 Acting Reversible Contraceptive and their placement in the early postpartum period prior to  
22 discharge from Labor and Delivery admission, and be it further  
23

24 RESOLVED, That the American Academy of Family Physicians write a letter to the Centers for  
25 Medicare and Medicaid Services advocating for full coverage, separate from the global fee, of  
26 Long-Acting Reversible Contraceptives for all women choosing this method in the immediate  
27 postpartum period, prior to hospital discharge from their Labor and Delivery admission.

1 **RESOLUTION NO. R1-415**

2 **Repurposing Food Waste**

3 Introduced by: Megan Chock, M.D., M.P.H., San Diego, CA  
4 Stewart Decker, M.D., Klamath Falls, OR  
5 Redmond Finney, Baltimore, MD  
6 Laura Doan, M.D., M.B.A., Los Angeles, CA  
7

8 WHEREAS, Organizations such as the American Academy of Family Physicians (AAFP) have  
9 expressed support for healthy communities, including the “Family Medicine for America’s  
10 Health” and its associated “Health is Primary” campaign, and  
11

12 WHEREAS, efforts to improve the health of communities, including those efforts by the AAFP,  
13 often focus on nutrition and healthy eating, and  
14

15 WHEREAS, in 2014, the United States Department of Agriculture found that 14.0% of  
16 households – 48.1 million Americans including 7.9 million children, were food insecure at some  
17 point in the last year, meaning that their access to adequate food is limited by a lack of money  
18 and other resources, and  
19

20 WHEREAS, approximately 31% of food produced for human consumption or 133 billion pounds  
21 went to food waste in 2010, accounting for 1,249 calories per American per day, and  
22

23 WHEREAS, the United States Environmental Protection Agency’s Food Recovery Hierarchy  
24 prioritizes ways to prevent and divert wasted food, including source reduction, feeding hungry  
25 people, feeding animals, and composting, and  
26

27 WHEREAS, the AAFP can model such food recovery efforts starting at its National Conference  
28 of Family Medicine Residents and Medical Students and making practice improvement toolkits  
29 available to AAFP members, and  
30

31 WHEREAS, smaller organizations like the University of Vermont have piloted exercises to  
32 advocate zero food waste at hosted meetings by donating edible food and composting inedible  
33 foods, and  
34

35 WHEREAS, organizations and companies exist near the AAFP National Conference site that  
36 are experts at providing food repurposing services, and  
37

38 WHEREAS, national programs such as the Environmental Protection Agency’s Food Recovery  
39 Challenge provide a framework including free workshops and an online database to support  
40 such efforts, and  
41

42 WHEREAS, partnering with local and national efforts at the national level can set the example  
43 for AAFP chapters, and  
44

45 WHEREAS, the AAFP ought to model desired behavior, especially in its official gatherings, now,  
46 therefore, be it  
47

48 RESOLVED, That the American Academy of Family Physicians work towards having a zero  
49 food waste initiative at its conferences by 2020 or sooner, and be it further

50

51 RESOLVED, That the American Academy of Family Physicians particularly focus this zero food  
52 waste initiative according to the Environmental Protection Agency's Food Recovery Hierarchy  
53 focusing first on source reduction, feeding hungry people and feeding animals, and be it further

54

55 RESOLVED, That the planning committee for the American Academy of Family Physicians  
56 National Conference of Family Medicine Residents and Medical Students include  
57 environmentally friendly efforts into its planning decisions, including repurposing food waste.

1 **RESOLUTION NO. R1-416**

2 **Establishing a Relationship between the American Academy of Family Physicians and**  
3 **the American Psychiatric Association**

4 Introduced by: Aisha Harris, Washington, DC  
5 Juan Carlos Venis, Muncie, IN  
6

7 WHEREAS, The American Psychiatric Association (APA) works to ensure humane care and  
8 effective treatment for all persons with mental illness, and  
9

10 WHEREAS, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is  
11 used by mental health professionals to classify mental disorders, and  
12

13 WHEREAS, family physicians address many mental health concerns in their patient population,  
14 now, therefore be it  
15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate initiatives,  
17 discussions and projects by the American Psychiatric Association (APA) that can be referenced  
18 to establish a relationship with the APA to help support family physicians who work with patients  
19 with mental illness in their communities, strengthen the collaboration between health  
20 professionals in the medical home, and improve mental health care in the community.  
21

1 **RESOLUTION NO. R1-417**

2 **Support for Sexual Orientation and Gender Expression Nondiscrimination**

3 Introduced by: Vivian Jiang, M.D., Rochester, NY  
4 Juan Carlos Venis, M.D., M.P.H., Muncie, IN  
5 Anna Pfahl, M.D., Rochester, NY  
6 Aisha Harris, Washington, D.C.  
7

8 WHEREAS, The Equality Act (S.1858, H.R.3185) has currently been proposed to the United  
9 States Congress and establishes explicit, permanent protections against discrimination based  
10 on an individual's sexual orientation or gender identity in matters of employment, housing,  
11 access to public places, federal funding, credit, education, and jury service, and  
12

13 WHEREAS, surveys indicate that more than 40% of lesbian, gay, and bisexual people and  
14 almost 90% of transgender people have experienced employment discrimination, harassment or  
15 mistreatment, all of which have been shown in multiple studies to be associated with increased  
16 medical and psychological comorbidities, and  
17

18 WHEREAS, one in five transgender people in the U.S. has been discriminated against when  
19 seeking a home, and more than 1 in 10 has been evicted from their homes, because of their  
20 gender identity, and  
21

22 WHEREAS, evidence shows that same sex couples are discriminated against even in the initial  
23 stages of searching for a home, and  
24

25 WHEREAS, unemployment, homelessness, avoidance of public facilities such as public  
26 restrooms, lower educational attainment, and financial hardship all correlate with increased  
27 medical and psychological comorbidities, and  
28

29 WHEREAS, 32 states still lack clear, fully-inclusive non-discrimination protections for lesbian,  
30 gay, bisexual, transgender, queer/questioning people, and  
31

32 WHEREAS, Health People 2020 includes the goal to improve the health, safety, and well-being  
33 of lesbian, gay, bisexual, and transgender (LGBT) individuals, and such goals cannot be  
34 achieved without clear and equal protections under the law, now, therefore, be it  
35

36 RESOLVED, That the American Academy of Family Physicians develop a policy in support of  
37 sexual orientation and gender expression nondiscrimination specifically with regard to  
38 employment, housing, access to public places, education, and any other areas where lesbian,  
39 gay, bisexual, and transgender (LGBT) discrimination occurs, and be it further  
40

41 RESOLVED, That the American Academy of Family Physicians actively encourage the United  
42 States Congress to pass the current proposed Equality Act in both the Senate and House of  
43 Representatives.

1 **Resolution NO. R1-418**

2 **Feasibility of Virtual Resolution Meetings**

3 Introduced by: Chetan Patel, MD, Columbus, OH  
4 Kyle Gleaves, Scranton, PA

5  
6 WHEREAS, Resolution writing is critical to engaging student and residents, and

7  
8 WHEREAS, staff and leadership input is essential to effective resolution writing, and

9  
10 WHEREAS, most resolutions are written and submitted only during four hour block once a year,  
11 and

12  
13 WHEREAS, technological advancements in video conferencing, social media, and discussion  
14 forums can be leveraged to improve the resolution writing process, and

15  
16 WHEREAS, the American Medical Association (AMA) has created an online forum for resolution  
17 writing that allows members to create resolutions and ask for assistance and feedback  
18 throughout the year, now, therefore, be it

19  
20 RESOLVED, The American Academy of Family Physicians investigate the use of virtual  
21 meetings (via video chat, social media, discussion forums, etc.) to provide a means for dialogue  
22 with residents and students in order to result in improved resolution development prior to the  
23 National Conference of Family Medicine Residents and Medical Students.

1 **Resolution NO. R1-419**

2 **Improving Medical Care in Immigrant Detention**

3 Introduced by: Sean McClellan, Chicago, IL  
4 Lauren Williams, MD, Minneapolis, MN

5  
6 WHEREAS, Resolution No. 410 “Addressing Immigrant Discrimination and Health Disparities”  
7 adopted at the 2014 Congress of Delegates resolved “That the American Academy of Family  
8 Physicians support policies to reduce health disparities borne by immigrants, refugees or  
9 asylees,” and

10  
11 WHEREAS, the United States has the capacity to hold more than 34,000 non-citizens a night in  
12 civil detention, and

13  
14 WHEREAS, studies by Human Rights Watch and other independent organizations have  
15 demonstrated that medical care in immigrant detention centers is substandard, and

16  
17 WHEREAS, medical neglect has led to at least 7 of 18 deaths reviewed by medical experts  
18 between 2013 and 2015, now, therefore, be it

19  
20 RESOLVED, That the American Academy of Family Physicians advocate through appropriate  
21 channels for detained immigrants to receive healthcare to meet or exceed Commission on  
22 Correctional Health Care standards for prison and jail healthcare, and be it further

23  
24 RESOLVED, That the American Academy of Family Physicians advocate through appropriate  
25 channels to reduce immigrant detention by releasing people with serious medical and mental  
26 health needs, particularly when individuals require higher-level care, and be it further

27  
28 RESOLVED, That the American Academy of Family Physicians advocate channels to shift  
29 current funding for detention to community based alternatives which will allow people to seek  
30 medical attention and receive support from family, legal counsel and community, and be it  
31 further

32  
33 RESOLVED, That the American Academy of Family Physicians advocate to remove supervision  
34 of medical care in immigrant detention centers from Immigration and Customs Enforcement to  
35 maintain clinical independence, and be it further

36  
37 RESOLVED, That the American Academy of Family Physicians advocate to ensure that  
38 inspections of medical care at immigrant detention centers provide meaningful oversight.



1 **RESOLUTION NO. R1-420**

2 **Revisiting the Creation of an Electronic Health Record by the American Academy of**  
3 **Family Physicians**

4 Introduced by: Daniel E. Edmondson, Reno, NV  
5 Elizabeth P. Pionk, DO, Bay City, MI  
6 Travis Walker, MD, Reno, NV  
7

8 WHEREAS, Electronic health records are intended to enhance quality of patient care by  
9 reducing medical costs, and

10  
11 WHEREAS, the efficacy of electronic health records are limited by the availability of these  
12 records across many different healthcare systems nationally, and

13  
14 WHEREAS, current electronic health record system use has been found to be associated with  
15 increased physician stress and burnout, as well as decreased physician satisfaction, and

16  
17 WHEREAS, the American Academy of Family Physicians has in the past considered creating an  
18 electronic health record system, now, therefore, be it

19  
20 RESOLVED, That the American Academy of Family Physicians create their own electronic  
21 health record system, particularly developed for family physicians, and be it further

22  
23 RESOLVED, That the American Academy of Family Physicians develop and publish person  
24 centric guidelines of what should be included in an electronic health record.

1 **RESOLUTION NO. R1-421**

2 **Improving Anal Cancer Care**

3 Introduced by: William Guerin, Lebanon, NH  
4 Pie Pichetsurnthorn, Wichita, KS  
5 Jerry Abraham, MD, Los Angeles, CA  
6 Matt Mullane, MD, Denver, CO  
7

8 WHEREAS, Anal cancer is a preventable, treatable, deadly disease with a rising rate of  
9 incidence and mortality, and  
10

11 WHEREAS, the United States Preventive Services Task Force, American Cancer Society,  
12 Centers for Disease Control and Prevention, and the Infectious Society of America make no  
13 recommendations regarding screening for anal care, and  
14

15 WHEREAS, the American Academy of Family Physicians is uniquely positioned to serve the  
16 needs of members of high-risk communities like people living with human immunodeficiency  
17 virus/acquired immunodeficiency syndrome, men who have sex with men, and people with a  
18 history of anoreceptive intercourse, now, therefore, be it  
19

20 RESOLVED, That the American Academy of Family Physicians educate its members about anal  
21 cancer and the risks and benefits of screening, diagnosis, and treatment, and be it further  
22

23 RESOLVED, That the American Academy of Family Physicians develop clinical practice  
24 guidelines for family physicians in the screening, diagnosis, and treatment of anal cancer.

1 **RESOLUTION NO. R1-422**

2 **Promoting Cross-Cultural and Linguistic Education for Residents and Medical Students**  
3 **About Hispanic and Latino Populations to Improve Health Care Communications**

4 Introduced by: Hilary Hopkins, San Antonio, TX  
5 Matt Mullane, Denver, CO  
6

7 WHEREAS, Hispanics and Latinos comprise nearly 16% of the United States population, and is  
8 predicted to increase to 30% by 2050, and  
9

10 WHEREAS, existing Spanish language and cross-cultural sensitivity programs have been  
11 recognized for their usefulness in improving patient-physician interactions, and  
12

13 WHEREAS, 23% of Hispanics and Latinos in the United States live in poverty, and  
14

15 WHEREAS, many resident physicians believe that limited English proficiency parents of  
16 pediatric patients “never” or “only sometimes” understood medication instructions, discharge  
17 instructions, or their child’s diagnosis, and  
18

19 WHEREAS, medical conferences and continuing medical education programs often do not  
20 provide dedicated programs concerning cross-cultural and linguistic education, and  
21

22 WHEREAS, Hispanics and Latinos of Mexican and Central American origin face significant  
23 obstacles, including language barriers, to obtaining health care, now, therefore, be it  
24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) provide a focused  
26 cross-cultural and linguistic educational session at AAFP national conferences to improve  
27 communication between physicians and Hispanic and Latino population with limited English  
28 proficiency, and be it further  
29

30 RESOLVED, That the American Academy of Family Physicians disseminate cross-cultural and  
31 linguistic education resources to Family Medicine Interest Groups across the country to improve  
32 communication between physicians and Hispanic and Latino populations with limited English  
33 proficiency.