



Resident 2 Consent Calendar

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

1 **RECOMMENDATION: The Resident 2 Reference Committee recommends the following**
2 **consent calendar for adoption:**
3

4 **Item 1:** Not Adopt Resolution No. R2-501 “Dementia Awareness, Taskforce, and Toolkit
5 Creation” (p.1).
6

7 **Item 2:** Reaffirm Substitute Resolution No. R2-502 “Advocating for the Removal of Prescriber
8 Restrictions for Hepatitis C Direct Acting Antivirals” (p. 1-2).
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10 **Item 3:** Adopt Substitute Resolution No. R2-503 “Fostering Training in Hepatitis C Primary
11 Care” (p. 2-3).
12

13 **Item 4:** Adopt Substitute Resolution No. R2-504 “Incorporating Health Policy Education Into
14 Medical Schools and Residency Programs” and Resolution No. R2-522 “Advocacy and Policy
15 Education and Training in Family Medicine Residency Programs” (p. 3-4).
16

17 **Item 5:** Adopt Substitute Resolution No. R2-505 “Support Contraceptive Implant Training
18 Among Family Physicians” (p. 4).
19

20 **Item 6:** Adopt Substitute Resolution No. R2-506 “Residency Closure Assistance Program” (p.
21 5).
22

23 **Item 7:** Adopt Substitute Resolution No. R2-510 “Improving Patient Education of Limited English
24 Proficiency Patients” (p. 5-6).
25

26 **Item 8:** Adopt Substitute Resolution No. R2-511 “Improving Mental Health Care in the Primary
27 Care Setting” (p. 6-7).
28

29 **Item 9:** Reaffirm Substitute Resolution No. R2-512 “Offering Guidance to the ABFM Regarding
30 the Maintenance of Certification Family Physicians (MC-FP)” (p. 7).
31

32 **Item 10:** Adopt Substitute Resolution No. R2-513 “The American Academy of Family Physicians
33 to Support Accreditation Council for Graduate Medical Education Accredited Residencies in
34 Obtaining Osteopathic Recognition” (p. 7-8).
35

36 **Item 11:** Not Adopt Resolution No. R2-514 “Talking Explicitly About Implicit Bias” (p. 8).
37

38 **Item 12:** Not Adopt Resolution No. R2-515 “Educating AAFP Constituents on Anti-violence
39 Movements in the Community” (p. 9).
40

41 **Item 13:** Adopt Substitute Resolution No. R2-516 “Resolution in Support of Promoting Health in
42 Trade Agreements” (p. 9).

43
44 **Item 14:** Not Adopt Resolution No. R2-517 “Resident Rotation Exchange” (p. 10).

45
46 **Item 15:** Adopt Substitute Resolution No. R2-518 “Support of Physician Transparency (&
47 Sunshine)” (p. 10).

48
49 **Item 16:** Adopt Substitute Resolution No. R2-519 “Ending Direct Consumer Advertising” (p. 11).

50
51 **Item 17:** Adopt Substitute Resolution No. R2-520 “Against Public Funding of Crisis Pregnancy
52 Centers” (p. 11-12).

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54 **Item 18:** Adopt Resolution No. R2-521 “Advocacy for a Federal Ban on Reparative Therapy” (p.
55 12).

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58 **REAFFIRMATION CALENDAR:**

59 (A) Resolution No. R2-507 “Physician Suicide Prevention” (p. 12).

60 (B) Resolution No. R2-508 “Supporting Common Sense Gun Legislation” (p. 13).

61 (C) Resolution No. R2-509 “A Shot in the Dark: The Lack of Gun Violence Research is a
62 Public Health Issue” (p. 13).



Resident 2 Reference Committee Report

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

1 **The Resident 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 R2-501: DEMENTIA AWARENESS, TASKFORCE, AND**
7 **TOOLKIT CREATION**

8
9 RESOLVED, That the American Academy of Family Physicians develop a dementia task
10 force, comprised of at least one student and one resident physician representative, to
11 further efforts aimed at increased dementia research funding, awareness, diagnosis, and
12 treatment, and be it further

13
14 RESOLVED, That the American Academy of Family Physicians advocate for
15 comprehensive dementia research and awareness initiatives, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians develop an online
18 dementia toolkit to assist primary care providers with office based tools, advocacy
19 efforts, and community engagement, and be it further

20
21 RESOLVED, That this resolution be referred to the 2016 Congress of Delegates.

22
23 The reference committee heard testimony from the author in favor of the resolution. The
24 committee noted that the AAFP has a strong online resource for members seeking education on
25 dementia. We also do not wish to duplicate the efforts of existing organizations that specialize in
26 and have greater resources available for this issue. Overall, the resolution was also felt to be
27 too broad.

28
29 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-501**
30 **not be adopted.**

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33 **ITEM NO. 2: RESOLUTION R2-502: ADVOCATING FOR THE REMOVAL OF PRESCRIBER**
34 **RESTRICTIONS FOR HEPATITIS C DIRECT ACTING ANTIVIRALS**

35
36 RESOLVED, That the American Academy of Family Physicians create a collection of
37 advocacy resources to disseminate to chapters in states where prescriber restrictions

38 exist in order to assist in raising awareness of the impact of Direct Acting Antiviral (DAA)
39 prescriber restrictions and advocating for their removal, and be it further

40
41 RESOLVED, That the American Academy of Family Physicians establish a task force
42 comprised of private, academic, rural and resident family physicians to augment
43 advocacy efforts at a national level to remove Direct Acting Antiviral prescriber
44 restrictions.

45
46 The committee heard testimony in favor of the resolution. It was noted that 14 states currently
47 require the prescriber to be a subspecialist and 15 states require specialty consultation prior to
48 prescribing. This presents barriers to care and challenges physician scope of practice.

49
50 The AAFP has written a letter to CMS speaking against provider restrictions and specialty
51 consultation requirements, and the reference committee believes the first resolved clause is
52 current policy.

53
54 With regard to the second clause, it was felt that the development of a new task force for this
55 issue, as it currently affects a small number of states, would be an insurmountable financial and
56 logistic barrier and would be better suited for the local chapters of states affected by these laws.

57
58 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
59 **No. R2-502, which reads as follows, be reaffirmed in lieu of Resolution No. R2-502:**

60
61 **RESOLVED, That the American Academy of Family Physicians create a collection**
62 **of advocacy resources to disseminate to chapters in states where prescriber**
63 **restrictions exist in order to assist in raising awareness of the impact of Direct**
64 **Acting Antiviral (DAA) prescriber restrictions and advocating for their removal,**
65 **and be it further**

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67
68 **ITEM NO. 3: RESOLUTION R2-503: FOSTERING TRAINING IN HEPATITIS C PRIMARY**
69 **CARE**

70
71 RESOLVED, That the American Academy of Family Physicians create a curriculum
72 guideline on Hepatitis C detection and management, and be it further

73
74 RESOLVED, That the American Academy of Family Physicians collaborate with entities
75 that already have Hepatitis C primary care-oriented educational content to create a
76 certification process focusing on Hepatitis C management.

77
78 The committee heard the author speak in favor of this resolution. The committee endorses that
79 development of an AAFP recommended Curriculum Guideline on hepatitis C.

80
81 The reference committee believed that the development of a hepatitis C certification could result
82 in the unintended consequence of limiting prescribing to those with this certification in the future.
83 This would decrease patient access and physician scope of practice, and possibly create more
84 barriers in states in which this is not currently a problem.

87 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
88 **No. R2-503, which reads as follows, be adopted in lieu of Resolution No. R2-503:**

89
90 **RESOLVED, That the American Academy of Family Physicians create a curriculum**
91 **guideline on Hepatitis C detection and management.**

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94 **ITEM NO. 4: RESOLUTION R2-504: INCORPORATING HEALTH POLICY EDUCATION INTO**
95 **MEDICAL SCHOOLS AND RESIDENCY PROGRAMS**

96
97 RESOLVED That the American Academy of Family Physicians (AAFP) explore a model
98 two-to-four week or longitudinal health policy curriculum that can be modified by
99 chapters based on local policies and that medical schools and residency training
100 programs can use to teach students and residents, and be it further

101
102 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the Liaison
103 Committee on Medical Education (LCME) and American Osteopathic Association (AOA)
104 Commission on Osteopathic College Accreditation (COCA) to consider using the AAFP's
105 model curriculum as part of their accreditation guidelines for medical schools, and be it
106 further

107
108 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the
109 Accreditation Council for Graduate Medical Education (ACGME) to consider using the
110 AAFP's model curriculum as part of their accreditation guidelines for family medicine
111 residency programs.

112
113
114 **RESOLUTION R2-522: ADVOCACY AND POLICY EDUCATION AND TRAINING IN FAMILY**
115 **MEDICINE RESIDENCY PROGRAMS**

116
117 RESOLVED, That the American Academy of Family Physicians (AAFP) support family
118 medicine residency programs to encourage their residents to engage in advocacy and
119 policy education and training, and be it further

120
121 RESOLVED, That the American Academy of Family Physicians (AAFP) strengthen the
122 educational materials and promotion of materials currently available
123 on <http://www.aafp.org/advocacy> to address the need for education, training, and skills
124 development in advocacy and policy during residency.

125
126 The committee heard testimony in favor of this resolution. While the committee strongly
127 supports the spirit of this resolution, it closely resembles Resolution R2-522, which is believed to
128 be more congruent with current AAFP scope and resources. This resolution was not adopted in
129 lieu of preferred language in the later resolution.

130
131 In conjunction with discussion surrounding Resolution No. R2-504, the committee felt the
132 language of the resolution better described the scope and resources of the AAFP. The AAFP
133 continues to support advocacy and policy training for students and residents. The addition of the
134 Curriculum Guideline request reflected the spirit of Resolution No. R2-504 and called for a
135 strengthening of current recommendations and resources.

137 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
138 **No. R2-522, which reads as follows, be adopted in lieu of Resolution Nos. R2-504 and R2-**
139 **522:**

141 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**
142 **family medicine residency programs to encourage their residents to engage in**
143 **advocacy and policy education and training, and be it further**

145 **RESOLVED, That the American Academy of Family Physicians (AAFP) strengthen**
146 **the educational materials and promotion of materials currently available**
147 **on <http://www.aafp.org/advocacy> and develop a Curriculum Guideline to address**
148 **the need for education, training, and skills development in advocacy and policy**
149 **during residency.**

152 **ITEM NO. 5: RESOLUTION R2-505: SUPPORT CONTRACEPTIVE IMPLANT TRAINING**
153 **AMONG FAMILY PHYSICIANS**

155 RESOLVED, That the American Academy of Family Physicians offer implant insertion
156 and removal training for both residents and practicing family physicians, including
157 consistent provision of hands-on training at state and national conferences, and be it
158 further

160 RESOLVED, That the American Academy of Family Physicians petition the implant
161 manufacturers to remove the mandatory industry-sponsored insertion and removal
162 training session in favor of a peer-based training model.

164 The committee heard testimony in favor of this resolution. The mandatory training session was
165 cited as a barrier to patients accessing long-acting reversible contraception (LARC) by both
166 residents and practicing physicians. The reference committee supports providing training
167 courses through existing conference and CME formats.

169 The committee agrees with the spirit of the second resolved clause to petition for removal of the
170 mandatory training session, citing that nearly all other, often more complicated office procedures
171 are taught without such mandatory industry-sponsored training. It was noted, however, that this
172 training is mandated by the FDA, not the pharmaceutical company, and so a petition should be
173 directed to the FDA.

175 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
176 **No. R2-505, which reads as below, be adopted in lieu of Resolution R2-505:**

178 **RESOLVED, That the American Academy of Family Physicians offer implant**
179 **insertion and removal training for both residents and practicing family physicians,**
180 **including consistent provision of hands-on training at state and national**
181 **conferences, and be it further**

183 **RESOLVED, That the American Academy of Family Physicians petition the United**
184 **States Food and Drug Administration to remove the mandatory industry-**
185 **sponsored insertion and removal training session in favor of a peer-based**
186 **training model.**

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ITEM NO. 6: RESOLUTION R2-506: RESIDENCY CLOSURE ASSISTANCE PROGRAM

RESOLVED, That the American Academy of Family Physicians develop resources for residents and faculty to navigate program closures, such as an online reference guide and an active list of residency programs with open resident positions, and be it further

RESOLVED, That the American Academy of Family Physicians examine the impact of program closures on residents and their affected communities, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) identify a representative in the AAFP's Residency Program Solutions consultant group to serve as a contact person for residents concerned about residency program closures.

The reference committee heard testimony in favor of this resolution. It was noted in the hearing that at least one other specialty organization provides a database of open residency slots.

The committee felt it was important to support residents through these transitions during program closures. Staff stated that the AAFP did previously have a database of programs with open spots, but it was discontinued due to difficulties with keeping it up to date, leading to misinformation and confusion. The reference committee supports the development of an online support site directing residents to existing resources, such as the Association of American Medical Colleges (AAMC).

The reference committee discussed that the Residency Program Solutions (RPS) is mostly directed towards faculty and administrative concerns and recommends that a member of the GME department be listed as a contact person on the online resource.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-506, which reads as follows, be adopted in lieu of Resolution No. R2-506:

RESOLVED, That the American Academy of Family Physicians develop resources for residents and faculty to navigate program closures, such as an online reference guide, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) identify a representative in the AAFP's GME department to serve as a contact person for residents concerned about residency program closures.

ITEM NO. 7: RESOLUTION R2-510: IMPROVING PATIENT EDUCATION OF LIMITED ENGLISH PROFICIENCY PATIENTS

RESOLVED, That the American Academy of Family Physicians add links such as ethnomed.org to its official website, and be it further

RESOLVED, That the American Academy of Family Physicians provide continuing medical education at such events as the Family Medicine Experience and National Conference of Family Residents and Medical Students to educate physicians on providing culturally competent care, and be it further

239 RESOLVED, That the American Academy of Family Physicians familydoctor.org website
240 provide more patient information in more languages for physician and patient use.
241

242 The committee heard testimony in support of the resolution. The reference committee reviewed
243 the ethnomed.org website and on initial review found it a helpful resource for physicians seeking
244 to improve cultural competency and expand multi-language patient education materials. To save
245 AAFP resources and collaborate with existing agencies, we adopted the first clause and did not
246 adopt the third.
247

248 As the AAFP already hosts CME on cultural competency in both of the mentioned venues, the
249 second clause was reaffirmed as current policy.
250

251 **RECOMMENDATION: The reference committee recommends that a Substitute Resolution**
252 **No. R2-510, which reads as follows, be adopted in lieu of Resolution No. R2-510:**
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254 **RESOLVED, That the American Academy of Family Physicians add links such as**
255 **ethnomed.org to its official website, and be it further**
256

257 **RESOLVED, That the American Academy of Family Physicians provide continuing**
258 **medical education at such events as the Family Medicine Experience and National**
259 **Conference of Family Residents and Medical Students to educate physicians on**
260 **providing culturally competent care.**
261

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263 **ITEM NO. 8: RESOLUTION R2-511: IMPROVING MENTAL HEALTH CARE IN THE**
264 **PRIMARY CARE SETTING**
265

266 RESOLVED, That the American Academy of Family Physicians provide a liaison to the
267 American Psychiatric Association to facilitate cohesion between mental health and family
268 medicine patient care, and be it further
269

270 RESOLVED, That the American Academy of Family Physicians website provide links to
271 the American Psychiatric Association for physician use in identifying mental health
272 disorders, and be it further
273

274 RESOLVED, That the American Academy of Family Physicians provide continuing
275 medical education at such events as Family Medicine Experience and the National
276 Conference of Family Medicine Residents and Medical Students to improve physician
277 diagnosis of mental health disorders.
278

279 The committee heard testimony in favor of this resolution. It was noted that the majority of
280 psychiatric care is provided by primary physicians and the shortage of psychiatrists presents a
281 significant barrier to accessing specialty services. It was noted that the AAFP already sends a
282 liaison to other specialty organizations, but not the APA currently.
283

284 The Academy continues to provide mental health CME at conferences.
285

286 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
287 **No. R2-511, which reads as follows, be adopted in lieu of Resolution R2-511:**
288

289 **RESOLVED, That the American Academy of Family Physicians provide a liaison to**
290 **the American Psychiatric Association to facilitate cohesion between mental health**
291 **and family medicine patient care, and be it further**

292
293 **RESOLVED, That the American Academy of Family Physicians provide continuing**
294 **medical education at such events as Family Medicine Experience and the National**
295 **Conference of Family Medicine Residents and Medical Students to improve**
296 **physician diagnosis of mental health disorders.**

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299 **ITEM NO. 9: RESOLUTION R2-512: OFFERING GUIDANCE TO THE ABFM REGARDING**
300 **THE MAINTENANCE OF CERTIFICATION FAMILY PRACTICE (MC-FP)**

301
302 RESOLVED, That the American Academy of Family Physicians recommend the
303 American Board of Family Medicine reevaluate MOC requirements to be more succinct
304 while utilizing current evidence on adult learning modalities and catering to multiple
305 learning preferences, and be it further

306
307 RESOLVED, the American Academy of Family Physicians recommend that the
308 American Board of Family Medicine allow the AAFP credit system to certify Continuing
309 Medical Education (CME) events as meeting Maintenance of Certification requirements
310 provided they meet mutually agreed upon standards.

311
312 The committee heard testimony in favor of the resolution. The committee members felt that the
313 ABFM MOC process is undergoing change currently, and as such it is difficult to comment on
314 the process. The ABFM website monitors MOC requirements in the same way it monitors
315 progress through residency. We also felt that the intent of the resolution was not entire clear.

316
317 The second resolved clause is current policy because the ABFM currently does accept AAFP
318 certified CME credits towards maintenance of certification.

319
320 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
321 **No. R2-512, which reads as below, be reaffirmed in lieu of Resolution No. R2-512:**

322
323 **RESOLVED, the American Academy of Family Physicians recommend that the**
324 **American Board of Family Medicine allow the AAFP credit system to certify**
325 **Continuing Medical Education (CME) events as meeting Maintenance of**
326 **Certification requirements provided they meet mutually agreed upon standards.**

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329 **ITEM NO. 10: RESOLUTION R2-513: THE AMERICAN ACADEMY OF FAMILY PHYSICIANS**
330 **TO SUPPORT ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION**
331 **ACCREDITED RESIDENCIES IN OBTAINING OSTEOPATHIC RECOGNITION**

332
333 RESOLVED, That the American Academy of Family Physician (AAFP) create a
334 statement of support regarding residency programs seeking to obtain osteopathic
335 recognition, and be it further

336
337 RESOLVED, That the American Academy of Family Physician create and make
338 available a "How to Guide" on how to achieve osteopathic recognition for residency
339 programs and list mentors available to serve as a resource in the process.

340
341 The committee heard testimony in favor of the resolution. The reference committee supports our
342 osteopathic colleagues wishing to maintain osteopathic identity and share osteopathic
343 principals, and therefore supports the presence of this recognition status. The ACGME has
344 developed instructions on how to achieve osteopathic recognition, and they are the authority
345 that matter.

346
347 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
348 **No. R2-513, which reads as below, be adopted in lieu of Resolution R2-513:**

349
350 **RESOLVED, That the American Academy of Family Physician (AAFP) create a**
351 **statement of support regarding residency programs seeking to obtain osteopathic**
352 **recognition.**

353
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355 **ITEM NO. 11: RESOLUTION R2-514: TALKING EXPLICITLY ABOUT IMPLICIT BIAS**

356
357 RESOLVED, That the American Academy of Family Physicians publish a position paper
358 on the impact of implicit bias in health care, and be it further

359
360 RESOLVED, That the American Academy of Family Physicians prioritize research on
361 the impact of implicit bias and effective interventions for reducing implicit bias in
362 healthcare, and be it further

363
364 RESOLVED, That American Academy of Family Physicians develop a model implicit
365 bias curriculum that medical schools and residency training programs can use to teach
366 students and residents, and be it further

367
368 RESOLVED, That the American Academy of Family Physicians (AAFP) as the
369 Accreditation Council for Graduated Medical Education to consider using AAFP's model
370 curriculum as part of their accreditation guidelines for family medicine residency
371 programs, and be it further

372
373 RESOLVED, That the American Academy of Family Physicians (AAFP) as the Liaison
374 Committee on Medical Education and Commission on Osteopathic College Accreditation
375 to consider using the AAFP's model curriculum as part of their accreditation guidelines
376 for medical schools.

377
378 The reference committee heard testimony in favor of this resolution. The AAFP has current
379 policy condemning bias based on gender, ethnicity, and sexual orientation, and also have a
380 cultural proficiency position paper. Furthermore, the American Board of Family Medicine
381 (ABFM) currently has the Methods in Medicine Module on Cultural Competency through the
382 Health Resources and Services Administration (HRSA), which qualifies for maintenance of
383 certification for FP Part IV credit. HRSA provides online access to many of the reference
384 materials used in development of the modules. The AAFP does not write curriculum.

385
386 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-514**
387 **not be adopted.**

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390 **ITEM NO. 12: RESOLUTION R2-515: EDUCATING AAFP CONSTITUENTS ON ANTI-**
391 **VIOLENCE MOVEMENTS IN THE COMMUNITY**

392
393 RESOLVED, That American Academy of Family Physicians educate its members via its
394 media channels with periodic reviews of current social anti-violence movements so that
395 members can better understand their communities and hopefully better address this
396 important public health issue.

397
398 The committee heard testimony in favor of this resolution. While the reference committee
399 agrees with the spirit of the resolution, the committee felt that the resolution was too vague.
400 There were further concerns about whether it fell within the scope and mission of the AAFP.

401
402 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-515**
403 **not be adopted.**

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406 **ITEM NO. 13: RESOLUTION R2-516: RESOLUTION IN SUPPORT OF PROMOTING**
407 **HEALTH IN TRADE AGREEMENTS**

408
409 RESOLVED, That the American Academy of Family Physicians urge the U.S. Congress
410 and U.S. Trade Representatives to ensure that trade agreements promote public health,
411 access to medicines and access to care by opposing Investor-State Dispute Settlement
412 (ISDS) and restrictive intellectual property provisions, and be it further

413
414 RESOLVED, That the American Academy of Family Physicians urge the U.S. Trade
415 Representative (USTR) to ensure transparency and openness in all trade agreement
416 negotiations including public access to negotiating texts and meaningful opportunities for
417 stakeholder engagement during agreement negotiations.

418
419 The committee heard testimony both in favor of the resolution and in opposition, due to the
420 complexity and lack of understanding of the issue. The same resolution did not pass last year,
421 partially due to overly-specific wording and demands. This year's version allowed for greater
422 flexibility on the part of the Academy to determine how to best address the spirit of the
423 resolution. The reference committee supports the AAFP in addressing the needs of patients and
424 physicians when trade agreements are negotiated.

425
426 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
427 **No. R2-516, which reads as follows, be adopted in lieu of Resolution R2-516:**

428
429 **RESOLVED, That the American Academy of Family Physicians urge the U.S.**
430 **Congress and U.S. Trade Representatives to ensure that trade agreements**
431 **promote public health, access to medicines and access to care by actions such as**
432 **opposing Investor State Dispute Settlement (ISDS) and restrictive intellectual**
433 **property provisions, and be it further**

434
435 **RESOLVED, That the American Academy of Family Physicians urge the U.S. Trade**
436 **Representative (USTR) to ensure transparency and openness in all trade**
437 **agreement negotiations including public access to negotiating texts and**
438 **meaningful opportunities for stakeholder engagement during agreement**
439 **negotiations.**

440

441 **ITEM NO. 14: RESOLUTION R2-517: RESIDENT ROTATION EXCHANGE**

442
443 RESOLVED, That the American Academy of Family Physicians (AAFP) establish an
444 online rotation exchange program to identify and facilitate contact and communication
445 between residency programs offering complementary procedural and non-procedural
446 educational training needs, and be it further

447
448 RESOLVED, That the American Academy of Family Physicians collaborate with
449 appropriate governing organizations to create a policy that allows greater flexibility in
450 training such that residency rotational exchanges may occur without repercussions and
451 minimize administrative burden for the rotating resident or program, and be it further

452
453 RESOLVED, That the American Academy of Family Physicians create an agenda item
454 or commission to explore other innovative means of expanding procedural training in
455 family medicine.

456
457 The reference committee heard testimony in favor of the resolution. The AAFP currently offers a
458 clerkship directory which can serve as a source for rotation opportunities. Barriers to rotations
459 outside of residencies, such as malpractice, licensure, and CMS funding, are beyond the scope
460 of the AAFP and are primarily determined by the sponsoring institutions.

461
462 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-517**
463 **not be adopted.**

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466 **ITEM NO. 15: RESOLUTION R2-518: SUPPORT OF PHYSICIAN TRANSPARENCY (&**
467 **SUNSHINE)**

468
469 RESOLVED, That the American Academy of Family Physicians support transparency
470 and open reporting of family physician's relationships with pharmaceutical and medical
471 device manufacturers including support of effective and efficient implementation of
472 existing Physician Payment Sunshine reporting requirements, and be it further

473
474 RESOLVED, That the American Academy of Family Physicians oppose legislative
475 efforts to expand current Physician Payment Sunshine exemptions.

476
477 The reference committee heard testimony in favor of the resolution. The AAFP has supported
478 existing Physician Payment Sunshine Act and related laws. There was concern that the
479 language of the final resolved clause limited the ability for training programs to advocate for
480 more industry-sponsored education on disease conditions, medications, and drug-access
481 programs.

482
483 **RECOMMENDATION: The reference committee recommends that a Substitute Resolution**
484 **No. R2-518, which reads as follows, be adopted in lieu of Resolution R2-518:**

485
486 **RESOLVED, That the American Academy of Family Physicians support**
487 **transparency and open reporting of family physician's relationships with**
488 **pharmaceutical and medical device manufacturers including support of effective**
489 **and efficient implementation of existing Physician Payment Sunshine reporting**
490 **requirements.**

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ITEM NO. 16: RESOLUTION R2-519: ENDING DIRECT CONSUMER ADVERTISING

RESOLVED, The American Academy of Family Physicians change its policy to support a ban on and/or limitations on direct-to-consumer advertising of prescription drugs and medical devices, and be it further

RESOLVED, That the American Academy of Family Physicians reach out to the American Medical Association to coordinate on efforts to advocate in support of a ban on and/or limitation on direct to consumer advertising.

The committee heard testimony in favor of the resolution. Citing that the AAFP already has a policy regarding pharmaceutical companies providing direct-to-consumer advertising on disease state only and avoiding any drug by name, the reference committee felt that the change called for in this resolution was for the AAFP supporting a complete ban. The initial wording was too similar to current policy.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R2-519, which reads as follows, be adopted in lieu of Resolution No. R2-519:

RESOLVED, The American Academy of Family Physicians change its policy to support a ban on direct-to-consumer advertising of prescription drugs and medical devices, and be it further

RESOLVED, That the American Academy of Family Physicians coordinate with the American Medical Association to advocate for a ban on direct to consumer advertising.

ITEM NO. 17: RESOLUTION R2-520: AGAINST PUBLIC FUNDING OF CRISIS PREGNANCY CENTERS

RESOLVED, That the American Academy of Family Physicians oppose funding of “crisis pregnancy centers” at the national level and other organizations that mislead patients to further a political or religious agenda, or to delay them from getting adequate reproductive care, and be it further

RESOLVED, That the American Academy of Family Physicians oppose legislation that requires women to attend crisis pregnancy centers prior to obtaining an abortion or requires physicians to provide information about crisis pregnancy centers.

The committee heard testimony in favor of the resolution and one member against. Reasons against were the undefined nature of pregnancy crisis centers and their widely varying supporters and priorities.

The reference committee recommends adoption of the final clause as we are opposed to any legal barriers to women providing the care they seek or infringe on the physician/patient relationship.

542 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
543 **No. R2-520, which reads as follows, be adopted in lieu of Resolution R2-520:**

544
545 **RESOLVED, That the American Academy of Family Physicians oppose legislation**
546 **that requires women to attend crisis pregnancy centers prior to obtaining an**
547 **abortion or requires physicians to provide information about crisis pregnancy**
548 **centers.**

549
550
551 **ITEM NO. 18: RESOLUTION R2-521: ADVOCACY FOR A FEDERAL BAN ON REPARATIVE**
552 **THERAPY**

553
554 RESOLVED, That the American Academy of Family Physicians actively encourage the
555 United States Congress to place a federal ban on “reparative therapy” practiced by
556 licensed professionals on minors and recognize this practice as harmful under federal
557 law.

558
559 There was no testimony offered during the hearing for this resolution. There is ample evidence
560 of harm inflicted by reparative therapy. The AAFP already has policies that contain strong
561 language condemning reparative therapy. A ban is in the best interest of the public.

562
563 **RECOMMENDATION: The reference committee recommends that Resolution No. R2-521**
564 **be adopted.**

565
566
567 **REAFFIRMATION CALENDAR**
568 **The following items A through C are presented by the Reference Committee on the**
569 **Reaffirmation Calendar. Testimony in the Reference Committee hearing and discussion by the**
570 **Reference Committee in Executive Session concurred that the resolutions presented in Items A**
571 **through C are current policy or are already addressed in current projects. At the request of the**
572 **National Congress of Family Medicine Residents, any item may be taken off the Reaffirmation**
573 **Calendar for an individual vote on that item. Otherwise, the Committee will request approval of**
574 **the Reaffirmation Calendar in single vote.**

575
576 (A): Resolution R2-507 entitled “Physician Suicide Prevention,” the resolved portion
577 which reads as printed below:

578
579 RESOLVED, That the American Academy of Family Physicians create an evidence-
580 based online toolkit for medical students, residents, and practicing physicians for suicide
581 prevention.

582
583 The committee heard testimony from three members in favor of the resolution. The AAFP is
584 currently highly involved in developing resources to address the burnout and suicide epidemic
585 among physicians, residents, and students. These resources include developing resources to
586 identify and get help for those at risk for suicide to be adopted by the AAFP Physician Wellness
587 and Burnout Committee.

588
589 (B): Resolution R2-508 entitled "Supporting common Sense Gun Legislation," the
590 resolved portion which reads as printed below:

591
592 RESOLVED, That the American Academy of Family Physicians (AAFP) support gun
593 laws that demonstrably decrease morbidity and mortality associated with gun violence in
594 any of its forms, including but not limited to a receipt of a gun-waiting period and
595 allowance for removal of guns from houses during domestic violence complaints.
596

597 The committee heard testimony from one member speaking in favor of the resolution. Doug
598 Henley, MD, CEO of the AAFP, recently authored a paper about gun violence and supporting
599 the need for further research. President Wanda Filer, MD, AAFP President, also recently
600 participated in a video released at the AMA meeting speaking against gun violence. In April
601 2016, the AAFP signed on to a multi-organization letter calling for an end to the ban on gun
602 violence research. As such, the reference committee believed the resolution is current policy.
603

604
605 (C) Resolution R2-509 entitled, "A Shot in the Dark: The Lake of Gun Violence Research
606 Is a Public Health Issue," the resolved portion which reads as printed below:

607
608 RESOLVED, That the American Academy of Family Physicians continue to partner with
609 other health organizations and the Fam Med PAC to actively lobby for the removal of
610 restrictions on gun violence research.
611

612 The committee heard testimony from one member speaking in favor of the resolution. Doug
613 Henley, MD, CEO of the AAFP, recently authored a paper about gun violence and supporting
614 the need for further research. Wanda Filer, MD, AAFP President, also recently participated in a
615 video released at the AMA meeting speaking against gun violence. In April 2016, the AAFP
616 signed on to a multi-organization letter calling for an end to the ban on gun violence research.
617 As such, the reference committee believed the resolution is current policy.
618

619
620 **RECOMMENDATION: The Reference Committee recommends that Items A through C**
621 **on the Reaffirmation Calendar be approved as current policy or as already being**
622 **addressed in current projects.**
623

624

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

628

629 Respectfully submitted,

630

631

632

633 Julie Petersen, DO, Chair

634

635 Geethi Abraham, MD

636 Leah Anderson, MD

637 Jamie Bishop, DO

638 Michael Richardson, MD

639 Dea Sloan, MD

640 Juan Carlos Venis, MD