Resident 3
Consent Calendar

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

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

Item 1: Adopt Substitute Resolution R3-601: “Eliminating the Gender Salary Wage Gap” (pp. 1-2)

Item 2: Adopt Resolution R3-602: “Uniformed Services Student Dual Membership” (p. 2)

Item 3: Adopt Resolution R3-603: “Uniformed Services Members Self-Identification” (p. 2)

Item 4: Not Adopt Resolution R3-604: “Advocate for Medication Coverage until Prior Authorization” (pp. 2-3)

Item 5: Not Adopt Resolution R3-605: “Protecting Resident Education by Limiting Time Spec on Prior Authorizations” (p. 3)

Item 6: Adopt Substitute Resolution R3-606: “Asking Gender Identity and the Clinic Experience of Transgender Patients” (pp. 3-4)

Item 7: Adopt Resolution R3-607: “Enhanced Understanding of MACRA, Medicare Access and Chip Reauthorization Act of 2015, for Resident and Student AAFP Members” (p. 4)

Item 8: Adopt Resolution R3-608: “Climate Change Policy Adjustments” (p. 5)

Item 9: Adopt Substitute Resolution R3-609: Policy Recommendations on Men Who Have Had Sex with Men (MSM) Blood Donation” (pp. 5-6)

Item 10: Adopt Resolution R3-610:”Discontinuation of Discriminating Native American Imagery” (p. 6)

Item 11: Adopt Resolution R3-611:”Partnerships In Developing A Rural Training Database” (p. 6)

Item 12: Adopt Resolution R3-612: “Lobby To End Step 2 Cs and Level PE” (p. 7)

Item 13: Adopt Resolution R3-613: “Student Debt Reform” (pp. 7-8)

Item 14: Adopt Resolution R3-614: “No Child “Lead” Behind – Improving Awareness, Detection and Prevention Of Lead Contamination” (pp. 8-9)

Item 15: Adopt Resolution R3-615:”Climate Change Advocacy” (p. 9)

Item 16: Adopt Resolution R3-616: ”Researching Publicly-Financed, Privately-Delivered National Health Care Systems” (p. 10)

Item 17: Not Adopt Resolution R3-617: “Advocation of Lesbian, Gay, Bisexual, Transgender Non-Discrimination Policies within Residency Contracts” (pp. 10-11)

Item 18: Adopt Resolution R3-618: “Enacting a Divestment Strategy” (p. 11)

Item 19: Adopt Substitute Resolution R3-619: ”Public Facility Use And Transphobia” (pp. 11-12)

Item 20: Adopt Resolution R3-620: “Supporting Medicare Drug Negotiating Powers” (p. 12)

Item 21: Adopt Resolution R3-621: “Protecting Rural Family Medicine Training Programs During the AOA/ACGME Merger” (pp. 12-13)

REAFFIRMATION CALENDAR:

(A) Resolution R3-622 “Promoting The Resident And Student Discussion Forum” (pp. 13-14)

Resident 3
Reference Committee Report

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

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

ITEM NO. 1: RESOLUTION R3-601: ELIMINATING THE GENDER SALARY WAGE GAP

RESOLVED, That the American Academy of Family Physicians (AAFP) develop a strategic objective to the AAFP strategic plan to improve payment equity for female family physicians by advocating for the elimination of the income gap between male and female family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to eliminate payment inequity between male and female family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians discuss and promote existing and potential programs to eliminate payment inequity between male and female family physicians.

The reference committee heard testimony in support of this resolution, which noted that the American Academy of Family Physicians has published several policies in support of improving payment equity for family physicians in relation to other specialties, but nothing specifically addressing to pay discrepancies with respect to gender. The testimony included reference to the increasing number of women in family medicine, which is further exacerbating the wage gap problem. The committee urged the American Academy of Family Physicians to serve as bold champions for women members on this issue and take a leadership role as the specialty society representing all family physicians.

The committee believes that the first "Resolved" statement is too narrow to be incorporated as a strategic objective.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R3-601 be adopted in lieu of Resolution No. R3-601, which reads as follows:

RESOLVED, That the American Academy of Family Physicians (AAFP) develop a non-clinical policy statement and a strategic objective that supports improvement of payment equity for male and female family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to eliminate payment inequity between male and female family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians discuss and promote existing and potential programs to eliminate payment inequity between male and female family physicians.

ITEM NO. 2: RESOLUTION R3-602: UNIFORMED SERVICES STUDENT DUAL MEMBERSHIP

RESOLVED, That medical students who self-identify as active duty, reserve, or receipt of a Health Professions Scholarship be able to obtain a secondary membership to the Uniformed Services Academy of Family Physicians in addition to their primary state chapter members.

This resolution, specific to student membership, was submitted in support of students serving in the military to be allowed to obtain a secondary American Academy of Family Physicians membership. Specifically, this resolution seeks to allow students in the military to obtain secondary membership in their state chapter or the USAFP chapter in order to fully take advantage of American Academy of Family Physicians offerings, promote early involvement of these students to the fullest extent possible, and aid in career progression. The testimony noted limitations with single-chapter membership such as limitations to military specific information and access to conferences that may be of specific interest to these students.

RECOMMENDATION: The reference committee recommends that Resolution No.R3-602 be adopted.

ITEM NO. 3: RESOLUTION R3-603: UNIFORMED SERVICES MEMBERS SELF-IDENTIFICATION

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of a mechanism of self-identification as active duty, reserve or recipient of a Health Professions Scholarship for the purposes of increasing awareness and membership in the Uniformed Services Academy of Family Physicians.

The reference committee heard testimony from the author that by adding the option to self-identify as an active duty military member, these individuals would have more access to information and networking, and would expand participation in the American Academy of Family Physicians at the student and resident level. Those in favor also stated this self-identification will provide information that may support more military residents choosing family medicine.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-603 be adopted

ITEM NO. 4: RESOLUTION R3-604: ADVOCATE FOR MEDICATION COVERAGE UNTIL PRIOR AUTHORIZATION IS DECIDED

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that patients receive medications until their prior authorizations are resolved.

The limited testimony was in support of this resolution because the wait to receive medications could negatively impact the patient. Personal experiences were also discussed that included patients having to take alternative medications and/or ending up in the emergency department. One resident testified about a resident having to stay on the phone with the insurance company

for 90 minutes to get a prior authorization for a patient. Residents providing testimony believed that the American Academy of Family Physicians should advocate to pharmacy companies to provide continuation of medication during the waiting period.

It was decided by the reference committee to not adopt the resolution because the process of prior authorizations, as a whole, requires a broad set of reforms. In addition, there were questions surrounding "who to advocate to". Though the residents providing testimony mentioned that pharmacy companies should be the entities to advocate to, the reference committee felt that pharmacy companies may not be the appropriate entity. The reference committee also voiced concerns about patient safety. Lastly, the Academy is currently doing work to reform prior authorizations.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-604 not be adopted.

ITEM NO. 5: RESOLUTION R3-605: PROTECTING RESIDENT EDUCATION BY LIMITING TIME SPENT ON PRIOR AUTHORIZATIONS

> RESOLVED, That the American Academy of Family Physicians (AAFP) improve patients' access to the medication they need, and be it further
>
> RESOLVED That the American Academy of Family Physicians reduce the amount of time residents spend on administrative tasks related to prior authorizations.

The reference committee heard testimony from the author and favorable testimony detailing the everyday dilemmas and hassles that family medicine residents experience with medication-related prior authorizations. Members of the reference committee discussed and affirmed that administrative hassles, such as prior authorization, do interfere with effective resident education and patient outcomes but the language in the resolution is too ambiguous to adequately frame effective strategies and tactics to support patient access to medication in a timely fashion within the context of patients' financial means.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-605 not be adopted.

ITEM NO. 6: RESOLUTION R3-606: ASKING GENDER IDENTITY AND THE CLINIC EXPERIENCE OF TRANSGENDER PATIENTS

> RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with partner organizations to develop best practices with regard to making clinics a safe place for transgender and gender non-binary patients and publish them on the AAFP's website (aafp.org), and be it further
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> RESOLVED, That these best practices include asking the gender identity of all patients as a distinct entity from their sex assigned at birth in accordance with the most recent Health Resources and Services Administration (HRSA) policy, and be it further
>
> RESOLVED, That the American Academy of Family Physicians approach electronic health record vendors about including a designated space in their demographic sections to specifically ask patients' gender identity as distinct from their sex assigned at birth in the medical record.

While there was no testimony delivered to the committee, the members of the reference committee agree with the authors that there are opportunities to support family physicians understanding and competency of caring for those that identify themselves as transgender. While the members of the committee appreciate the issues, the committee felt that resolution had several logic and formatting flaws that would make it difficult for the American Academy of Family Physicians to act upon.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R3-606 be adopted in lieu of Resolution No. R3-606, which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians (AAFP) develop best practices regarding transgender and gender non-binary patients that include asking the gender identity of all patients as a distinct entity from their sex assigned at birth in accordance with the most recent Health Resources and Services Administration (HRSA) policy, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians petition electronic health record vendors to include a designated space in their demographic sections to specifically ask patients' gender identity as distinct from their sex assigned at birth in the medical record.**

ITEM NO. 7: RESOLUTION R3-607: ENHANCED UNDERSTANDING OF MACRA, MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015, FOR RESIDENT AND STUDENT AAFP MEMBERS

> RESOLVED, That the American Academy of Family Physicians (AAFP) create an online module, handout, or webinar addressing Medicare Access and CHIP Reauthorization Act of 2015 and its quality payment programs (QPP), merit-based payment system (MIPS) and alternative payment programs (APMs), at the appropriate level and context for family medicine residents and medical students on the AAFP website as well as on the Family Medicine Interest Group (FMIG) Network, and be it further
>
> RESOLVED, That the American Academy of Family Physicians offer Medicare Access and CHIP Reauthorization Act of 2015 based informative lectures for family medicine residents and medical students at the National Conference for Family Medicine Residents and Medical Students.

The reference committee heard testimony from the author describing the risks of family medicine residents not understanding and engaging in active exploration of the emerging Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The reference committee learned that the American Academy of Family Physicians is currently executing a mass communications and education campaign targeting active family physician members. The committee learned that some inquiring family medicine residents had accessed and utilized AAFP resources and recorded webinars from the Academy, but uptake data so far showed that there was very limited awareness of these modules among family medicine residents. In supporting this resolution, the members of the committee were compelled by the need for family medicine residents to be prepared to excel in MACRA and other value based payment to maximize their compensation and ability to care for our most vulnerable patients.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-607 be adopted.

ITEM NO. 8: RESOLUTION R3-608: CLIMATE CHANGE POLICY ADJUSTMENTS

> RESOLVED, That the American Academy of Family Physicians (AAFP) update their climate change and air pollution policy to specifically include language about "greenhouse emissions from human activities," i.e. "In recognition of the numerous and serious health consequences resulting from pollution, greenhouse emissions from human activities, climate change, and ozone layer depletion, the American Academy of Family Physicians (AAFP) recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere and water."

While there was no testimony, the members of the reference committee deeply appreciate the Academy's leading role among professional medical societies in addressing climate change starting in 1969. The committee also appreciates the authors' perspectives for the American Academy of Family Physicians to maintain a climate change policy that is aligned with emerging issues, contemporary science and breakthrough strategies to reduce greenhouse emissions.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-608 be adopted.

ITEM NO. 9: RESOLUTION R3-609: POLICY RECOMMENDATIONS ON MEN WHO HAVE HAD SEX WITH MEN (MSM) BLOOD DONATION

> RESOLVED, That the American Academy of Family Physicians (AAFP) develop policy recommendations for blood donation by men who have had sex with other men (MSM) by studying the risks and benefits of changing the Food and Drug Administration's current 12-month deferral policy on MSM blood donation and consider potential alternative deferral options, such as the use of individual risk assessments, and be it further
>
> RESOLVED, That the American Academy of Family Physicians advocate for the Food and Drug Administration to adopt blood donation policies that protect the safety of blood donation while avoiding discrimination towards presumed risk groups such as men who have had sex with men.

While there was no testimony on the resolution, the reference committee determined that the resolution recommending that the American Academy of Family Physicians develop a policy statement for blood donation by MSM by studying specific risks and benefits was outside of the AAFP's purview. This decision was based on the fact that the AAFP has limited resource and capabilities to engage in research of this complexity and magnitude to conduct studies.

While there was no testimony on the resolution, the reference committee acknowledged the AAFP Commission on Health of the Public and Science's previous statement that the Food and Drug Administration (FDA) lifetime ban on men who have had sex with men (MSM) discriminated against gay men as potential donors. In addition, the committee acknowledged that the FDA opened a request for comments on the Federal Register on "scientific evidence such as data from research regarding potential blood donor deferral policy options to reduce the risk of HIV transmission, including the feasibility of moving from the existing time-based deferrals related to risk behaviors to alternate deferral options, such as the use of individual risk assessments," and determined that the adoption of the following statement would make a strong statement in support of the American Academy of Family Physicians' position.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R3-609 be adopted in lieu of Resolution No. R3-609, which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the Food and Drug Administration to adopt blood donation policies that protect the safety of blood donation while avoiding discrimination towards presumed risk groups such as men who have had sex with men.**

ITEM NO. 10: RESOLUTION R3-610: DISCONTINUATION OF DISCRIMINATING NATIVE AMERICAN IMAGERY

> RESOLVED, That the American Academy of Family Physicians (AAFP) support discontinuation of disparaging Native American imagery in the form of "native" names and mascots of sport teams, schools, and athletic programs.

The reference committee heard testimony in favor of the American Academy of Family Physicians supporting a resolution to discontinue the use of Native American imagery in various forms for sports teams, schools, and athletic programs. The committee was informed that the National Congress of American Indians has created its own resolution in this regard, and that perpetuation of negative imagery and lack of positive imagery leads to low self-esteem of native youth, contributing to elevated rates of suicide in the Native American youth and adult male community, and predisposing native youth to physical violence.

The reference committee acknowledged the existence of American Academy of Family Physicians' policy opposing patient discrimination "on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin," and favored this resolution as a natural extension of this policy.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-610 be adopted.

ITEM NO. 11: RESOLUTION R3-611: PARTNERSHIPS IN DEVELOPING A RURAL TRAINING DATABASE

> RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with the Rural Training Track Collaborative and National Rural Health Association to help develop a database of rural training opportunities for family physicians, residents, and medical students.

There was no testimony received from the attendees. However, the reference committee decided to adopt this resolution because it is recognized that rural health is a critical priority to the American Academy of Family Physicians. Clinicians that practice in a rural community are usually practicing in communities that other practitioners refuse to consider as an option. In addition, patients living in these communities are those that suffer worse health outcomes due to lack of access and other social determinants of health. Thus, it is important for family physicians, family medicine residents, and medical students that have aspirations to work in rural communities should have access to opportunities.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-611 be adopted.

ITEM NO. 12: RESOLUTION R3-612: LOBBY TO END STEP 2 CS AND LEVEL PE

RESOLVED, That the American Academy of Family Physicians (AAFP) lobby the Federation of State Medical Boards and their member licensing boards to advocate for elimination of the United States Medical Licensing Examination (USMLE) Step 2 CS and the COMLEX Level 2 PE as a requirement for Liaison Committee on Medical Education accredited and Commission on Osteopathic College Accreditation accredited medical school graduates who have passed a school-administered clinical skills examination.

Testimony received by both authors and non-authors expressed that the Step2 CS exam was expensive, does not provide value to medical students, medical schools, and the public. The cost of the exam adds to medical student debt. Residents providing affirmative testimony felt that medical schools should be responsible for the assessment (through Objective 16 Structured Clinical Examination (OSCE)); and therefore, deeming a medical student's clinical skills as competent.

There was limited testimony in opposition of the resolution noting that the test could highlight a shortcoming in some candidates.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-612 be adopted.

ITEM NO. 13: RESOLUTION R3-613: STUDENT DEBT REFORM

RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative advocacy and lobbying efforts to support legislation that reduces the debt burden of past and current student borrowers, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy to influence the U.S. Congress to enact policies that would curb the growth of tuition, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy to influence the U.S. Congress to increase the funding to student loans at a discounted interest rate for medical students who commit to specializing in family medicine, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that reduces the interest rate of student loans, and be it further

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that removes the adjusted gross income cap to qualify for student loan interest payment tax deduction.

All of the testimony presented to the committee favored this resolution describing the acuity of the downstream dilemmas imposed on medical students, residents, and practicing family physicians by student debt. The committee learned that the American Academy of Family Physicians has exerted considerable efforts over the last decade to aid and support its members in navigating opportunities for debt relief. The members of the committee also learned that the root causes are complex and stubbornly difficult to address legislatively. For

example, tuition is not currently set by federal law, so legislative advocacy is not likely being a panacea. Despite the potential barriers, the committee believes these notions represent potential new strategies that could be tested and explored.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-613 be adopted.

ITEM NO. 14: RESOLUTION R3-614: NO CHILD "LEAD" BEHIND – IMPROVING AWARENESS, DETECTION AND PREVENTION OF LEAD CONTAMINATION

> RESOLVED, That the American Academy of Family Physicians (AAFP) support future research collaborations with other epidemiological and public health organizations regarding water sampling techniques and reporting protocols to better detect and how to reduce human exposure to lead at the point of consumption, and be it further
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> RESOLVED, That the American Academy of Family Physicians support innovative testing practices for water utilities and at risk populations, such as schools and child care facilities, to accurately measure and reflect lead contamination levels in water, incorporating Environmental Protection Agency testing guidelines, and be it further
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> RESOLVED, That the American Academy of Family Physicians support improved open public access to testing data on water lead levels by requiring all public water system testing results be posted on a publicly available website in an appropriate and timely fashion, and be it further
>
> RESOLVED, That the American Academy of Family Physicians support federal legislation to reduce, and ultimately, remove lead from the country's public and private water infrastructure, especially focusing on low-income areas, which have the highest burden of lead poisoning, and be it further
>
> RESOLVED, That the American Academy of Family Physicians support efforts by the Environmental Protection Agency (EPA) to examine compliance with the Safe Drinking Water Act for appropriate water utilities and to exercise the EPA's oversight and enforcement authority to ensure public protection from lead contamination, and be it further
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> RESOLVED, That the American Academy of Family Physicians support research and collaboration with the Environmental Protection Agency (EPA) and other public health stakeholders into the development of a standardized national reporting procedure for blood levels of toxic metals.

There was compelling testimony from the authors, including an individual from Flint, Michigan that described how a primary care physician was able to identify the extent of the lead issue in the Flint city water supply. Members of the reference committee decided to adopt all parts of the resolution because they agreed that this is truly a public health concern that has detrimental effects on the physical, social and mental well-being (cardiovascular disease, higher rates of incarceration, and drug abuse, respectively) of children exposed to lead-polluted water and these poor outcomes can be prevented with established mechanisms of testing and purifying waters. Furthermore, children from low-income families are disproportionately affected from lead contamination.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-614 be adopted.

ITEM NO. 15: RESOLUTION R3-615: CLIMATE CHANGE ADVOCACY

> RESOLVED, That the American Academy of Family Physicians (AAFP) endorse U.S. efforts to develop and implement national policies that facilitate U.S. compliance with the 2015 United Nations Framework Convention on Climate Change international agreement reached by over 190 countries in Paris, and be it further
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> RESOLVED, That the American Academy of Family Physicians recommend to medical schools, National Board of Medical Examiners (NBME), the Liaison Committee on Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Family Medicine that medical education curricula, core competencies and/or milestones should include the effects of climate change on human health, including on the social determinants of health, and be it further
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> RESOLVED, That the American Academy of Family Physicians support local and national climate change mitigation and adaptation strategies which seek to realize the United States' Nationally Determined Contribution by (1) endorsing state and federal legislation and regulations to curb greenhouse gas emissions and (2) collaborating with other health professional and environmental organizations to promote ambitious national and international action on climate change, and be it further
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> RESOLVED, That the American Academy of Family Physicians provide education to its members on methods for achieving environmental sustainability of medical workplaces (e.g. reducing energy use, increasing energy efficiency, etc.), and be it further
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> RESOLVED, That the American Academy of Family Physicians express to appropriate entities in writing its support for the prioritization of epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.

The reference committee heard testimony regarding the health implications of climate change and its profound effect on the health of patients. Additional information supporting this resolution included the Lancet Commission on Climate Change and Health statement that "..tackling climate change could be the greatest global health opportunity of the 21st century" and "(t)he effects of climate change are being felt today, and future projections represent an unacceptably high and potentially catastrophic risk to human health." Further, the committee took into account the World Health Organization estimates that between 2030 and 2050 climate change is expected to cause approximately 250,000 additional deaths per year, from malnutrition, malaria, diarrhea, and heat stress. This, along with the direct damage costs to health estimated to be between United States $2-4 billion/year by 2030, contributed to the committee's decision to adopt.

In addition, the reference committee acknowledged that the existing American Academy of Family Physicians policy statement on climate change was adopted originally in 1969 and in need of an update in keeping with contemporary climate change issues.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-615 be adopted.

ITEM NO. 16: RESOLUTION R3-616: RESEARCHING PUBLICLY-FINANCED, PRIVATELY-DELIVERED NATIONAL HEALTH CARE SYSTEMS

RESOLVED, That the American Academy of Family Physicians (AAFP) create and disseminate a brief survey designed to gauge member support for "government legislation to establish national health insurance" in order to achieve actual universal health coverage, and be it further

RESOLVED, That the American Academy of Family Physicians create a task force to study the various possible mechanisms to achieve actual universal health coverage, and issue a report at several American Academy of Family Physicians venues throughout the 2016-2017 year, including but not limited to the National Conference of Family Medicine Residents and Medical Students, Congress of Delegates, and Family Medicine Experience (FMX), and be it further

RESOLVED, That the American Academy of Family Physicians ask the Robert Graham Center to study the effect of various health care systems (Canada, Germans, U.S.A, etc.) on those countries' primary care outcomes, and be it further

RESOLVED, That the American Academy of Family Physicians include lectures and continuing medical education, including but not limited to, American Academy of Family Physicians FMX and National Conference of Family Medicine Residents and Medical Students, focusing on comparing, contrasting, and analyzing the overlap between various currently popular models of payment reform, including but not limited to direct primary care, publicly-financed, privately-delivered national health care, and complete free market insurance.

While there was no testimony heard by the committee, the members were unanimous in their support for this resolution. The committee learned that the American Academy of Family Physicians currently maintains an active member single payer health care special interest group. Though United States government-led reforms to the health care delivery system have increased access to primary care, showed promise of decreasing Medicare expenditures and arguably improved the experience of care for insured patients, there remain opportunities for optimization and reforms that would support achievement of the Triple Aim. The committee believes that the American Academy of Family Physicians can continue to anticipate and take a leading role by systematically exploring avenues for improvement, including the possibilities of a single payer system.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-616 be adopted.

ITEM NO. 17: RESOLUTION R3-617: ADVOCATION OF LESBIAN, GAY, BISEXUAL, TRANSGENDER NON-DISCRIMINATION POLICIES WITHIN RESIDENCY CONTRACTS

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage family medicine residency programs and program directors to advocate for a lesbian, gay, bisexual, transgender non-discrimination policy within resident contracts at their respective institutions.

There were two testimonies that were heard that spoke for this resolution. One supporter of the resolution recognized that the American Academy of Family Physicians has a policy statement regarding non-discrimination of LGBT patients in general, but was looking for guidance from the

AAFP to see similar support in contracts. The other resident gave a personal example that because he works in a Catholic institution, he is unable to designate his practice as an LGBT safe zone.

The reference committee decided not to adopt this resolution because it was felt that the American Academy of Family Physicians doesn't have the authority to dictate what residencies put in residents contracts; furthermore, contracts are often produced by the sponsoring institution and not the residency itself.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-617 not be adopted.

ITEM NO. 18: RESOLUTION R3-618: ENACTING A DIVESTMENT STRATEGY

> RESOLVED, That the American Academy of Family Physicians (AAFP) develop policy and/or a committee to guide future investment practices, and be it further
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> RESOLVED, That the American Academy of Family Physicians' investment goal be to eliminate investment in companies or mutual funds including companies that produce or utilize tobacco, conflict minerals, conflict diamonds, weapons of war or defense, guns, alcohol, sugar sweetened beverages, fast food companies, candy making companies, fossil fuel companies that do not have clean energy divisions, pharmaceutical companies engaging in unethical price adjustments, and private health insurance.

The American Academy of Family Physicians received considerable and mixed testimony. Those members expressing support for the resolution described the importance for the American Academy of Family Physicians investment approach to be sensitive to the factors influencing the health of individuals and our communities. Those testifying in opposition, expressed an understanding of the spirit of the resolution but believed that there is a lack of understanding about the challenges of identifying "moral" individual investments while maximizing investment revenue. The committee heard information that the AAFP Commission on Finance & Insurance has been addressing this issue and will soon be offering plans that attempt to meet the spirit of this resolution. The committee believes that this resolution may offer additional information that may inform and develop a socially conscious policy and practice.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-618 be adopted.

ITEM NO. 19: RESOLUTION R3-619: PUBLIC FACILITY USE AND TRANSPHOBIA

> RESOLVED, That the American Academy of Family Physicians (AAFP) endorse existing state and federal laws that protect people from discrimination based on gender expression and identity, and oppose laws that compromise the safety and health of transgender people by failing to provide this protection, and be it further
>
> RESOLVED, That the American Academy of Family Physicians actively support the ability of transgender people to use the public facilities of the gender with which they identify and actively oppose any legislation which would infringe upon that ability.

The reference committee heard limited but favorable testimony stating that the American Academy of Family Physicians should build on its existing policies of non-discrimination to

address public facility use and transphobia. Transphobia has emerged, in part, as a crucial societal issue when North Carolina passed a law that restricted the use of public facilities for transgender people.

The reference committee is in support of the authors' intention though it is concerned about the potential unintended consequences of "actively" supporting legislation given the fact that the American Academy of Family Physicians has limited resources to proactively oppose law at the city, state and federal level.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. R3-619 be adopted in lieu of Resolution No. R3-619 which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians (AAFP) endorse existing state and federal laws that protect people from discrimination based on gender expression and identity, and oppose laws that compromise the safety and health of transgender people by failing to provide this protection, and be it further**
>
> **RESOLVED, That the American Academy of Family Physicians actively support the ability of transgender people to use the public facilities of the gender with which they identify and actively oppose any legislation which would infringe upon that ability.**

ITEM NO. 20: RESOLUTION R3-620: SUPPORTING MEDICARE DRUG NEGOTIATING POWERS

> RESOLVED, That the American Academy of Family Physicians (AAFP) create policy in support of allowing Medicare Part D to negotiate for drug prices, and be it further
>
> RESOLVED, That the American Academy of Family Physicians write a letter to the appropriate senators, and representatives, encouraging them to support legislation that would allow Medicare Part D to negotiate for drug prices.

Although this resolution, advocating for a Department of Health and Human Services (HHS) role in Medicare Part D price negotiations, was not supported by testimony, the reference committee concurred that it was congruent with other American Academy of Family Physicians policy regarding pharmaceutical pricing and reducing the cost of patient care. The committee acknowledged that Medicare Part D would save from $15.2 billion to $16 billion a year if it could secure the same prices that Medicaid and Veteran Benefits Administration (VBA) receives on the same brand-name drugs.

The reference committee further acknowledged that this topic was vast with many nuances, but stated that the spirit of the resolution and the concepts behind it are consistent with Academy positions, supported by residents, and would benefit from the American Academy of Family Physicians' support as outlined in the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-620 be adopted.

ITEM NO. 21: RESOLUTION R3-621: PROTECTING RURAL FAMILY MEDICINE TRAINING PROGRAMS DURING THE AOA/ACGME MERGER

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for continued viability of traditionally osteopathic family medicine residencies throughout the United States, especially in the rural areas, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for expansion of Centers of Medicare and Medicaid Services (CMS) resident caps to allow funding for the full, four-resident class required by the Accreditation Council of Graduate Medical Education (ACGME), and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with interested organizations such as the American Osteopathic Association (AOA), Association of Family Medicine Residency Directors (AFMRD), and the American College of Osteopathic Family Physicians (ACOFP) to expand existing resources for financially accessible consultative services for traditionally osteopathic programs to help understand and achieve requirements set by the ACGME for accreditation, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with organizations such as the Rural Training Track Collaborative and National Rural Health Association (NRHA) to facilitate interested rural family medicine programs in adapting to become rural training tracts of existing larger urban programs.

The reference committee heard testimony stating that many osteopathic programs attempting to achieve accreditation from the Accreditation Council for Graduate Medical Education (ACGME) are reporting potentially program-ending logistical and financial barriers in meeting the requirements of the ACGME. Among these are funding limitations resulting from Centers for Medicare & Medicaid Services (CMS) "caps," resulting in many programs having caps set at levels below the ACGME's Review Committee for Family Medicine (RC-FM) requirement of a minimum of four residents per class. In addition, many programs are encountering roadblocks with regard to accessing adequate and informed consultation to address their questions and needs.

The committee acknowledged that more than 250 residencies currently are accredited by the American Osteopathic Association (AOA), and that most of these serve rural or other underserved communities. The committee concluded that the support of this resolution was consistent with the American Academy of Family Physicians' policy on workforce reform and the nation's need to have an adequate workforce to support population health.

RECOMMENDATION: The reference committee recommends that Resolution No. R3-621 be adopted.

REAFFIRMATION CALENDAR

The following Item A is 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 Item A are current policy or are already addressed in current projects. At the request of the National Congress of Family Medicine Residents, 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.

(A) Resolution R3-622 entitled “Promoting The Resident And Student Discussion Forum” the resolved portion which reads as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) work with chapters, residency programs and medical schools to increase awareness and promote the American Academy of Family Physicians resident and student discussion group to exchange ideas and information.

The reference committee heard no testimony on this issue and it was made aware that the AAFP will soon be transitioning its Resident and Student Leaders list serve to an online community forum with features similar to that noted in this resolution.

RECOMMMENDATION: The Reference Committee recommends that Item A on the Reaffirmation Calendar be approved as current policy or as already being addressed in current projects.

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

Respectfully submitted,

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