



Resident 3 Consent Calendar

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

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

3
4 **Item 1:** Adopt Substitute Resolution R3-601: “Eliminating the Gender Salary Wage Gap” (pp. 1-
5 2)

6
7 **Item 2:** Adopt Resolution R3-602: “Uniformed Services Student Dual Membership” (p. 2)

8
9 **Item 3:** Adopt Resolution R3-603: “Uniformed Services Members Self-Identification” (p. 2)

10
11 **Item 4:** Not Adopt Resolution R3-604: “Advocate for Medication Coverage until Prior
12 Authorization” (pp. 2-3)

13
14 **Item 5:** Not Adopt Resolution R3-605: “Protecting Resident Education by Limiting Time Spec on
15 Prior Authorizations” (p. 3)

16
17 **Item 6:** Adopt Substitute Resolution R3-606: “Asking Gender Identity and the Clinic Experience
18 of Transgender Patients” (pp. 3-4)

19
20 **Item 7:** Adopt Resolution R3-607: “Enhanced Understanding of MACRA, Medicare Access and
21 Chip Reauthorization Act of 2015, for Resident and Student AAFP Members” (p. 4)

22
23 **Item 8:** Adopt Resolution R3-608: “Climate Change Policy Adjustments” (p. 5)

24
25 **Item 9:** Adopt Substitute Resolution R3-609: Policy Recommendations on Men Who Have Had
26 Sex with Men (MSM) Blood Donation” (pp. 5-6)

27
28 **Item 10:** Adopt Resolution R3-610: “Discontinuation of Discriminating Native American Imagery”
29 (p. 6)

30
31 **Item 11:** Adopt Resolution R3-611: “Partnerships In Developing A Rural Training Database” (p.
32 6)

33
34 **Item 12:** Adopt Resolution R3-612: “Lobby To End Step 2 Cs and Level PE” (p. 7)

35
36 **Item 13:** Adopt Resolution R3-613: “Student Debt Reform” (pp. 7-8)

37
38 **Item 14:** Adopt Resolution R3-614: “No Child “Lead” Behind – Improving Awareness, Detection
39 and Prevention Of Lead Contamination” (pp. 8-9)

40
41 **Item 15:** Adopt Resolution R3-615: “Climate Change Advocacy” (p. 9)

- 42 **Item 16:** Adopt Resolution R3-616: "Researching Publicly-Financed, Privately-Delivered
43 National Health Care Systems" (p. 10)
44
- 45 **Item 17:** Not Adopt Resolution R3-617: "Advocation of Lesbian, Gay, Bisexual, Transgender
46 Non-Discrimination Policies within Residency Contracts" (pp. 10-11)
47
- 48 **Item 18:** Adopt Resolution R3-618: "Enacting a Divestment Strategy" (p. 11)
49
- 50 **Item 19:** Adopt Substitute Resolution R3-619: "Public Facility Use And Transphobia" (pp. 11-12)
51
- 52 **Item 20:** Adopt Resolution R3-620: "Supporting Medicare Drug Negotiating Powers" (p. 12)
53
- 54 **Item 21:** Adopt Resolution R3-621: "Protecting Rural Family Medicine Training Programs During
55 the AOA/ACGME Merger" (pp. 12-13)
56
- 57 **REAFFIRMATION CALENDAR:**
- 58 (A) Resolution R3-622 "Promoting The Resident And Student Discussion Forum" (pp. 13-
59 14)



Resident 3 Reference Committee Report

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

1 **The Resident 3 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 R3-601: ELIMINATING THE GENDER SALARY WAGE GAP**

7
8 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a
9 strategic objective to the AAFP strategic plan to improve payment equity for female
10 family physicians by advocating for the elimination of the income gap between male and
11 female family physicians, and be it further

12
13 RESOLVED, That the American Academy of Family Physicians advocate to eliminate
14 payment inequity between male and female family physicians, and be it further

15
16 RESOLVED, That the American Academy of Family Physicians discuss and promote
17 existing and potential programs to eliminate payment inequity between male and female
18 family physicians.

19
20 The reference committee heard testimony in support of this resolution, which noted that the
21 American Academy of Family Physicians has published several policies in support of improving
22 payment equity for family physicians in relation to other specialties, but nothing specifically
23 addressing to pay discrepancies with respect to gender. The testimony included reference to the
24 increasing number of women in family medicine, which is further exacerbating the wage gap
25 problem. The committee urged the American Academy of Family Physicians to serve as bold
26 champions for women members on this issue and take a leadership role as the specialty society
27 representing all family physicians.

28
29 The committee believes that the first "Resolved" statement is too narrow to be incorporated as a
30 strategic objective.

31
32 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
33 **No. R3-601 be adopted in lieu of Resolution No. R3-601, which reads as follows:**

34
35 **RESOLVED, That the American Academy of Family Physicians (AAFP) develop a**
36 **non-clinical policy statement and a strategic objective that supports improvement**
37 **of payment equity for male and female family physicians, and be it further**

38
39 **RESOLVED, That the American Academy of Family Physicians advocate to**
40 **eliminate payment inequity between male and female family physicians, and be it**
41 **further**

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

45
46 **ITEM NO. 2: RESOLUTION R3-602: UNIFORMED SERVICES STUDENT DUAL**
47 **MEMBERSHIP**

48
49 RESOLVED, That medical students who self-identify as active duty, reserve, or receipt
50 of a Health Professions Scholarship be able to obtain a secondary membership to the
51 Uniformed Services Academy of Family Physicians in addition to their primary state
52 chapter members.

53
54 This resolution, specific to student membership, was submitted in support of students serving in
55 the military to be allowed to obtain a secondary American Academy of Family Physicians
56 membership. Specifically, this resolution seeks to allow students in the military to obtain
57 secondary membership in their state chapter or the USAFP chapter in order to fully take
58 advantage of American Academy of Family Physicians offerings, promote early involvement of
59 these students to the fullest extent possible, and aid in career progression. The testimony noted
60 limitations with single-chapter membership such as limitations to military specific information
61 and access to conferences that may be of specific interest to these students.

62
63 **RECOMMENDATION: The reference committee recommends that Resolution No.R3-602**
64 **be adopted.**

65
66 **ITEM NO. 3: RESOLUTION R3-603: UNIFORMED SERVICES MEMBERS SELF-**
67 **IDENTIFICATION**

68
69 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the
70 feasibility of a mechanism of self-identification as active duty, reserve or recipient of a
71 Health Professions Scholarship for the purposes of increasing awareness and
72 membership in the Uniformed Services Academy of Family Physicians.

73
74 The reference committee heard testimony from the author that by adding the option to self-
75 identify as an active duty military member, these individuals would have more access to
76 information and networking, and would expand participation in the American Academy of Family
77 Physicians at the student and resident level. Those in favor also stated this self-identification
78 will provide information that may support more military residents choosing family medicine.

79
80 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-603**
81 **be adopted**

82
83 **ITEM NO. 4: RESOLUTION R3-604: ADVOCATE FOR MEDICATION COVERAGE UNTIL**
84 **PRIOR AUTHORIZATION IS DECIDED**

85
86 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that
87 patients receive medications until their prior authorizations are resolved.

88
89 The limited testimony was in support of this resolution because the wait to receive medications
90 could negatively impact the patient. Personal experiences were also discussed that included
91 patients having to take alternative medications and/or ending up in the emergency department.
92 One resident testified about a resident having to stay on the phone with the insurance company

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

96
97 It was decided by the reference committee to not adopt the resolution because the process of
98 prior authorizations, as a whole, requires a broad set of reforms. In addition, there were
99 questions surrounding “who to advocate to”. Though the residents providing testimony
100 mentioned that pharmacy companies should be the entities to advocate to, the reference
101 committee felt that pharmacy companies may not be the appropriate entity. The reference
102 committee also voiced concerns about patient safety. Lastly, the Academy is currently doing
103 work to reform prior authorizations.

104
105 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-604**
106 **not be adopted.**

107
108 **ITEM NO. 5: RESOLUTION R3-605: PROTECTING RESIDENT EDUCATION BY LIMITING**
109 **TIME SPENT ON PRIOR AUTHORIZATIONS**

110
111 RESOLVED, That the American Academy of Family Physicians (AAFP) improve
112 patients’ access to the medication they need, and be it further

113
114 RESOLVED That the American Academy of Family Physicians reduce the amount of
115 time residents spend on administrative tasks related to prior authorizations.

116
117 The reference committee heard testimony from the author and favorable testimony detailing the
118 everyday dilemmas and hassles that family medicine residents experience with medication-
119 related prior authorizations. Members of the reference committee discussed and affirmed that
120 administrative hassles, such as prior authorization, do interfere with effective resident education
121 and patient outcomes but the language in the resolution is too ambiguous to adequately frame
122 effective strategies and tactics to support patient access to medication in a timely fashion within
123 the context of patients’ financial means.

124
125 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-605**
126 **not be adopted.**

127
128 **ITEM NO. 6: RESOLUTION R3-606: ASKING GENDER IDENTITY AND THE CLINIC**
129 **EXPERIENCE OF TRANSGENDER PATIENTS**

130
131 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with
132 partner organizations to develop best practices with regard to making clinics a safe place
133 for transgender and gender non-binary patients and publish them on the AAFP’s website
134 (aafp.org), and be it further

135
136 RESOLVED, That these best practices include asking the gender identity of all patients
137 as a distinct entity from their sex assigned at birth in accordance with the most recent
138 Health Resources and Services Administration (HRSA) policy, and be it further

139
140 RESOLVED, That the American Academy of Family Physicians approach electronic
141 health record vendors about including a designated space in their demographic sections
142 to specifically ask patients’ gender identity as distinct from their sex assigned at birth in
143 the medical record.

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

150
151 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
152 **No. R3-606 be adopted in lieu of Resolution No. R3-606, which reads as follows:**

153
154 **RESOLVED, That the American Academy of Family Physicians (AAFP) develop**
155 **best practices regarding transgender and gender non-binary patients that include**
156 **asking the gender identity of all patients as a distinct entity from their sex**
157 **assigned at birth in accordance with the most recent Health Resources and**
158 **Services Administration (HRSA) policy, and be it further**

159
160 **RESOLVED, That the American Academy of Family Physicians petition electronic**
161 **health record vendors to include a designated space in their demographic**
162 **sections to specifically ask patients' gender identity as distinct from their sex**
163 **assigned at birth in the medical record.**

164
165 **ITEM NO. 7: RESOLUTION R3-607: ENHANCED UNDERSTANDING OF MACRA,**
166 **MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015, FOR RESIDENT AND**
167 **STUDENT AAFP MEMBERS**

168
169 RESOLVED, That the American Academy of Family Physicians (AAFP) create an online
170 module, handout, or webinar addressing Medicare Access and CHIP Reauthorization
171 Act of 2015 and its quality payment programs (QPP), merit-based payment system
172 (MIPS) and alternative payment programs (APMs), at the appropriate level and context
173 for family medicine residents and medical students on the AAFP website as well as on
174 the Family Medicine Interest Group (FMIG) Network, and be it further

175
176 RESOLVED, That the American Academy of Family Physicians offer Medicare Access
177 and CHIP Reauthorization Act of 2015 based informative lectures for family medicine
178 residents and medical students at the National Conference for Family Medicine
179 Residents and Medical Students.

180
181 The reference committee heard testimony from the author describing the risks of family
182 medicine residents not understanding and engaging in active exploration of the emerging
183 Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The reference committee
184 learned that the American Academy of Family Physicians is currently executing a mass
185 communications and education campaign targeting active family physician members. The
186 committee learned that some inquiring family medicine residents had accessed and utilized
187 AAFP resources and recorded webinars from the Academy, but uptake data so far showed that
188 there was very limited awareness of these modules among family medicine residents. In
189 supporting this resolution, the members of the committee were compelled by the need for family
190 medicine residents to be prepared to excel in MACRA and other value based payment to
191 maximize their compensation and ability to care for our most vulnerable patients.

192
193 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-607**
194 **be adopted.**

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

196
197 RESOLVED, That the American Academy of Family Physicians (AAFP) update their
198 climate change and air pollution policy to specifically include language about
199 “greenhouse emissions from human activities,” i.e. “In recognition of the numerous and
200 serious health consequences resulting from pollution, greenhouse emissions from
201 human activities, climate change, and ozone layer depletion, the American Academy of
202 Family Physicians (AAFP) recommends strong action on all public and private levels to
203 limit and correct the pollution of our land, atmosphere and water.”
204

205 While there was no testimony, the members of the reference committee deeply appreciate the
206 Academy’s leading role among professional medical societies in addressing climate change
207 starting in 1969. The committee also appreciates the authors’ perspectives for the American
208 Academy of Family Physicians to maintain a climate change policy that is aligned with emerging
209 issues, contemporary science and breakthrough strategies to reduce greenhouse emissions.
210

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

213
214 **ITEM NO. 9: RESOLUTION R3-609: POLICY RECOMMENDATIONS ON MEN WHO HAVE**
215 **HAD SEX WITH MEN (MSM) BLOOD DONATION**

216
217 RESOLVED, That the American Academy of Family Physicians (AAFP) develop policy
218 recommendations for blood donation by men who have had sex with other men (MSM)
219 by studying the risks and benefits of changing the Food and Drug Administration’s
220 current 12-month deferral policy on MSM blood donation and consider potential
221 alternative deferral options, such as the use of individual risk assessments, and be it
222 further
223

224 RESOLVED, That the American Academy of Family Physicians advocate for the Food
225 and Drug Administration to adopt blood donation policies that protect the safety of blood
226 donation while avoiding discrimination towards presumed risk groups such as men who
227 have had sex with men.
228

229 While there was no testimony on the resolution, the reference committee determined that the
230 resolution recommending that the American Academy of Family Physicians develop a policy
231 statement for blood donation by MSM by studying specific risks and benefits was outside of the
232 AAFP’s purview. This decision was based on the fact that the AAFP has limited resource and
233 capabilities to engage in research of this complexity and magnitude to conduct studies.
234

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

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

247
248 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate**
249 **for the Food and Drug Administration to adopt blood donation policies that**
250 **protect the safety of blood donation while avoiding discrimination towards**
251 **presumed risk groups such as men who have had sex with men.**

252
253 **ITEM NO. 10: RESOLUTION R3-610: DISCONTINUATION OF DISCRIMINATING NATIVE**
254 **AMERICAN IMAGERY**

255
256 RESOLVED, That the American Academy of Family Physicians (AAFP) support
257 discontinuation of disparaging Native American imagery in the form of “native” names
258 and mascots of sport teams, schools, and athletic programs.

259
260 The reference committee heard testimony in favor of the American Academy of Family
261 Physicians supporting a resolution to discontinue the use of Native American imagery in various
262 forms for sports teams, schools, and athletic programs. The committee was informed that the
263 National Congress of American Indians has created its own resolution in this regard, and that
264 perpetuation of negative imagery and lack of positive imagery leads to low self-esteem of native
265 youth, contributing to elevated rates of suicide in the Native American youth and adult male
266 community, and predisposing native youth to physical violence.

267
268 The reference committee acknowledged the existence of American Academy of Family
269 Physicians’ policy opposing patient discrimination “on the basis of actual or perceived race,
270 color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age,
271 disability, economic status, body habitus or national origin,” and favored this resolution as a
272 natural extension of this policy.

273
274 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-610**
275 **be adopted.**

276
277 **ITEM NO. 11: RESOLUTION R3-611: PARTNERSHIPS IN DEVELOPING A RURAL**
278 **TRAINING DATABASE**

279
280 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with
281 the Rural Training Track Collaborative and National Rural Health Association to help
282 develop a database of rural training opportunities for family physicians, residents, and
283 medical students.

284
285 There was no testimony received from the attendees. However, the reference committee
286 decided to adopt this resolution because it is recognized that rural health is a critical priority to
287 the American Academy of Family Physicians. Clinicians that practice in a rural community are
288 usually practicing in communities that other practitioners refuse to consider as an option. In
289 addition, patients living in these communities are those that suffer worse health outcomes due
290 to lack of access and other social determinants of health. Thus, it is important for family
291 physicians, family medicine residents, and medical students that have aspirations to work in
292 rural communities should have access to opportunities.

293
294 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-611**
295 **be adopted.**

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

297
298 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby the
299 Federation of State Medical Boards and their member licensing boards to advocate for
300 elimination of the United States Medical Licensing Examination (USMLE) Step 2 CS and
301 the COMLEX Level 2 PE as a requirement for Liaison Committee on Medical Education
302 accredited and Commission on Osteopathic College Accreditation accredited medical
303 school graduates who have passed a school-administered clinical skills examination.
304

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

311
312 There was limited testimony in opposition of the resolution noting that the test could highlight a
313 shortcoming in some candidates.

314
315 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-612**
316 **be adopted.**

317
318 **ITEM NO. 13: RESOLUTION R3-613: STUDENT DEBT REFORM**

319
320 RESOLVED, That the American Academy of Family Physicians (AAFP) use its
321 legislative advocacy and lobbying efforts to support legislation that reduces the debt
322 burden of past and current student borrowers, and be it further
323

324 RESOLVED, That the American Academy of Family Physicians use its legislative
325 advocacy to influence the U.S. Congress to enact policies that would curb the growth of
326 tuition, and be it further
327

328 RESOLVED, That the American Academy of Family Physicians use its legislative
329 advocacy to influence the U.S. Congress to increase the funding to student loans at a
330 discounted interest rate for medical students who commit to specializing in family
331 medicine, and be it further
332

333 RESOLVED, That the American Academy of Family Physicians use its legislative
334 advocacy and lobbying efforts to support legislation that reduces the interest rate of
335 student loans, and be it further
336

337 RESOLVED, That the American Academy of Family Physicians use its legislative
338 advocacy and lobbying efforts to support legislation that removes the adjusted gross
339 income cap to qualify for student loan interest payment tax deduction.
340

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

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

350
351 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-613**
352 **be adopted.**

353
354 **ITEM NO. 14: RESOLUTION R3-614: NO CHILD “LEAD” BEHIND – IMPROVING**
355 **AWARENESS, DETECTION AND PREVENTION OF LEAD CONTAMINATION**

356
357 RESOLVED, That the American Academy of Family Physicians (AAFP) support future
358 research collaborations with other epidemiological and public health organizations
359 regarding water sampling techniques and reporting protocols to better detect and how to
360 reduce human exposure to lead at the point of consumption, and be it further

361
362 RESOLVED, That the American Academy of Family Physicians support innovative
363 testing practices for water utilities and at risk populations, such as schools and child care
364 facilities, to accurately measure and reflect lead contamination levels in water,
365 incorporating Environmental Protection Agency testing guidelines, and be it further

366
367 RESOLVED, That the American Academy of Family Physicians support improved open
368 public access to testing data on water lead levels by requiring all public water system
369 testing results be posted on a publicly available website in an appropriate and timely
370 fashion, and be it further

371
372 RESOLVED, That the American Academy of Family Physicians support federal
373 legislation to reduce, and ultimately, remove lead from the country’s public and private
374 water infrastructure, especially focusing on low-income areas, which have the highest
375 burden of lead poisoning, and be it further

376
377 RESOLVED, That the American Academy of Family Physicians support efforts by the
378 Environmental Protection Agency (EPA) to examine compliance with the Safe Drinking
379 Water Act for appropriate water utilities and to exercise the EPA’s oversight and
380 enforcement authority to ensure public protection from lead contamination, and be it
381 further

382
383 RESOLVED, That the American Academy of Family Physicians support research and
384 collaboration with the Environmental Protection Agency (EPA) and other public health
385 stakeholders into the development of a standardized national reporting procedure for
386 blood levels of toxic metals.

387
388 There was compelling testimony from the authors, including an individual from Flint, Michigan
389 that described how a primary care physician was able to identify the extent of the lead issue in
390 the Flint city water supply. Members of the reference committee decided to adopt all parts of
391 the resolution because they agreed that this is truly a public health concern that has detrimental
392 effects on the physical, social and mental well-being (cardiovascular disease, higher rates of
393 incarceration, and drug abuse, respectively) of children exposed to lead-polluted water and
394 these poor outcomes can be prevented with established mechanisms of testing and purifying
395 waters. Furthermore, children from low-income families are disproportionately affected from
396 lead contamination.

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

399
400 **ITEM NO. 15: RESOLUTION R3-615: CLIMATE CHANGE ADVOCACY**

401
402 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse U.S.
403 efforts to develop and implement national policies that facilitate U.S. compliance with the
404 2015 United Nations Framework Convention on Climate Change international
405 agreement reached by over 190 countries in Paris, and be it further
406

407 RESOLVED, That the American Academy of Family Physicians recommend to medical
408 schools, National Board of Medical Examiners (NBME), the Liaison Committee on
409 Medical Education (LCME), the Accreditation Council for Graduate Medical Education
410 (ACGME), and the American Board of Family Medicine that medical education curricula,
411 core competencies and/or milestones should include the effects of climate change on
412 human health, including on the social determinants of health, and be it further
413

414 RESOLVED, That the American Academy of Family Physicians support local and
415 national climate change mitigation and adaptation strategies which seek to realize the
416 United States' Nationally Determined Contribution by (1) endorsing state and federal
417 legislation and regulations to curb greenhouse gas emissions and (2) collaborating with
418 other health professional and environmental organizations to promote ambitious national
419 and international action on climate change, and be it further
420

421 RESOLVED, That the American Academy of Family Physicians provide education to its
422 members on methods for achieving environmental sustainability of medical workplaces
423 (e.g. reducing energy use, increasing energy efficiency, etc.), and be it further
424

425 RESOLVED, That the American Academy of Family Physicians express to appropriate
426 entities in writing its support for the prioritization of epidemiological, translational, clinical
427 and basic science research necessary for evidence-based global climate change policy
428 decisions related to health care and treatment.
429

430 The reference committee heard testimony regarding the health implications of climate change
431 and its profound effect on the health of patients. Additional information supporting this resolution
432 included the Lancet Commission on Climate Change and Health statement that "...tackling
433 climate change could be the greatest global health opportunity of the 21st century" and "(t)he
434 effects of climate change are being felt today, and future projections represent an unacceptably
435 high and potentially catastrophic risk to human health." Further, the committee took into account
436 the World Health Organization estimates that between 2030 and 2050 climate change is
437 expected to cause approximately 250,000 additional deaths per year, from malnutrition, malaria,
438 diarrhea, and heat stress. This, along with the direct damage costs to health estimated to be
439 between United States \$2-4 billion/year by 2030, contributed to the committee's decision to
440 adopt.
441

442 In addition, the reference committee acknowledged that the existing American Academy of
443 Family Physicians policy statement on climate change was adopted originally in 1969 and in
444 need of an update in keeping with contemporary climate change issues.
445

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

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

450
451 RESOLVED, That the American Academy of Family Physicians (AAFP) create and
452 disseminate a brief survey designed to gauge member support for “government
453 legislation to establish national health insurance” in order to achieve actual universal
454 health coverage, and be it further

455
456 RESOLVED, That the American Academy of Family Physicians create a task force to
457 study the various possible mechanisms to achieve actual universal health coverage, and
458 issue a report at several American Academy of Family Physicians venues throughout the
459 2016-2017 year, including but not limited to the National Conference of Family Medicine
460 Residents and Medical Students, Congress of Delegates, and Family Medicine
461 Experience (FMX), and be it further

462
463 RESOLVED, That the American Academy of Family Physicians ask the Robert Graham
464 Center to study the effect of various health care systems (Canada, Germans, U.S.A,
465 etc.) on those countries’ primary care outcomes, and be it further

466
467 RESOLVED, That the American Academy of Family Physicians include lectures and
468 continuing medical education, including but not limited to, American Academy of Family
469 Physicians FMX and National Conference of Family Medicine Residents and Medical
470 Students, focusing on comparing, contrasting, and analyzing the overlap between
471 various currently popular models of payment reform, including but not limited to direct
472 primary care, publicly-financed, privately-delivered national health care, and complete
473 free market insurance.

474
475 While there was no testimony heard by the committee, the members were unanimous in their
476 support for this resolution. The committee learned that the American Academy of Family
477 Physicians currently maintains an active member single payer health care special interest
478 group. Though United States government-led reforms to the health care delivery system have
479 increased access to primary care, showed promise of decreasing Medicare expenditures and
480 arguably improved the experience of care for insured patients, there remain opportunities for
481 optimization and reforms that would support achievement of the Triple Aim. The committee
482 believes that the American Academy of Family Physicians can continue to anticipate and take a
483 leading role by systematically exploring avenues for improvement, including the possibilities of a
484 single payer system.

485
486 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-616**
487 **be adopted.**

488
489 **ITEM NO. 17: RESOLUTION R3-617: ADVOCATION OF LESBIAN, GAY, BISEXUAL,**
490 **TRANSGENDER NON-DISCRIMINATION POLICIES WITHIN RESIDENCY CONTRACTS**

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

495
496 There were two testimonies that were heard that spoke for this resolution. One supporter of the
497 resolution recognized that the American Academy of Family Physicians has a policy statement
498 regarding non-discrimination of LGBT patients in general, but was looking for guidance from the

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

502
503 The reference committee decided not to adopt this resolution because it was felt that the
504 American Academy of Family Physicians doesn't have the authority to dictate what residencies
505 put in residents contracts; furthermore, contracts are often produced by the sponsoring
506 institution and not the residency itself.

507
508 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-617**
509 **not be adopted.**

510
511 **ITEM NO. 18: RESOLUTION R3-618: ENACTING A DIVESTMENT STRATEGY**

512
513 RESOLVED, That the American Academy of Family Physicians (AAFP) develop policy
514 and/or a committee to guide future investment practices, and be it further

515
516 RESOLVED, That the American Academy of Family Physicians' investment goal be to
517 eliminate investment in companies or mutual funds including companies that produce or
518 utilize tobacco, conflict minerals, conflict diamonds, weapons of war or defense, guns,
519 alcohol, sugar sweetened beverages, fast food companies, candy making companies,
520 fossil fuel companies that do not have clean energy divisions, pharmaceutical
521 companies engaging in unethical price adjustments, and private health insurance.

522
523 The American Academy of Family Physicians received considerable and mixed testimony.
524 Those members expressing support for the resolution described the importance for the
525 American Academy of Family Physicians investment approach to be sensitive to the factors
526 influencing the health of individuals and our communities. Those testifying in opposition,
527 expressed an understanding of the spirit of the resolution but believed that there is a lack of
528 understanding about the challenges of identifying "moral" individual investments while
529 maximizing investment revenue. The committee heard information that the AAFP Commission
530 on Finance & Insurance has been addressing this issue and will soon be offering plans that
531 attempt to meet the spirit of this resolution. The committee believes that this resolution may offer
532 additional information that may inform and develop a socially conscious policy and practice.

533
534 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-618**
535 **be adopted.**

536
537 **ITEM NO. 19: RESOLUTION R3-619: PUBLIC FACILITY USE AND TRANSPHOBIA**

538
539 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse existing
540 state and federal laws that protect people from discrimination based on gender
541 expression and identity, and oppose laws that compromise the safety and health of
542 transgender people by failing to provide this protection, and be it further

543
544 RESOLVED, That the American Academy of Family Physicians actively support the
545 ability of transgender people to use the public facilities of the gender with which they
546 identify and actively oppose any legislation which would infringe upon that ability.

547
548 The reference committee heard limited but favorable testimony stating that the American
549 Academy of Family Physicians should build on its existing policies of non-discrimination to

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

553
554 The reference committee is in support of the authors' intention though it is concerned about the
555 potential unintended consequences of "actively" supporting legislation given the fact that the
556 American Academy of Family Physicians has limited resources to proactively oppose law at the
557 city, state and federal level.

558
559 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
560 **No. R3-619 be adopted in lieu of Resolution No. R3-619 which reads as follows:**

561
562 **RESOLVED, That the American Academy of Family Physicians (AAFP) endorse**
563 **existing state and federal laws that protect people from discrimination based on**
564 **gender expression and identity, and oppose laws that compromise the safety and**
565 **health of transgender people by failing to provide this protection, and be it further**
566

567 **RESOLVED, That the American Academy of Family Physicians actively support**
568 **the ability of transgender people to use the public facilities of the gender with**
569 **which they identify and actively oppose any legislation which would infringe upon**
570 **that ability.**

571
572 **ITEM NO. 20: RESOLUTION R3-620: SUPPORTING MEDICARE DRUG NEGOTIATING**
573 **POWERS**

574
575 RESOLVED, That the American Academy of Family Physicians (AAFP) create policy in
576 support of allowing Medicare Part D to negotiate for drug prices, and be it further
577

578 RESOLVED, That the American Academy of Family Physicians write a letter to the
579 appropriate senators, and representatives, encouraging them to support legislation that
580 would allow Medicare Part D to negotiate for drug prices.

581
582 Although this resolution, advocating for a Department of Health and Human Services (HHS) role
583 in Medicare Part D price negotiations, was not supported by testimony, the reference committee
584 concurred that it was congruent with other American Academy of Family Physicians policy
585 regarding pharmaceutical pricing and reducing the cost of patient care. The committee
586 acknowledged that Medicare Part D would save from \$15.2 billion to \$16 billion a year if it could
587 secure the same prices that Medicaid and Veteran Benefits Administration (VBA) receives on
588 the same brand-name drugs.

589
590 The reference committee further acknowledged that this topic was vast with many nuances, but
591 stated that the spirit of the resolution and the concepts behind it are consistent with Academy
592 positions, supported by residents, and would benefit from the American Academy of Family
593 Physicians' support as outlined in the resolution.

594
595 **RECOMMENDATION: The reference committee recommends that Resolution No. R3-620**
596 **be adopted.**

597
598 **ITEM NO. 21: RESOLUTION R3-621: PROTECTING RURAL FAMILY MEDICINE TRAINING**
599 **PROGRAMS DURING THE AOA/ACGME MERGER**

600 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
601 continued viability of traditionally osteopathic family medicine residencies throughout the
602 United States, especially in the rural areas, and be it further
603

604 RESOLVED, That the American Academy of Family Physicians advocate for expansion
605 of Centers of Medicare and Medicaid Services (CMS) resident caps to allow funding for
606 the full, four-resident class required by the Accreditation Council of Graduate Medical
607 Education (ACGME), and be it further
608

609 RESOLVED, That the American Academy of Family Physicians collaborate with
610 interested organizations such as the American Osteopathic Association (AOA),
611 Association of Family Medicine Residency Directors (AFMRD), and the American
612 College of Osteopathic Family Physicians (ACOF) to expand existing resources for
613 financially accessible consultative services for traditionally osteopathic programs to help
614 understand and achieve requirements set by the ACGME for accreditation, and be it
615 further
616

617 RESOLVED, That the American Academy of Family Physicians collaborate with
618 organizations such as the Rural Training Track Collaborative and National Rural Health
619 Association (NRHA) to facilitate interested rural family medicine programs in adapting to
620 become rural training tracts of existing larger urban programs.
621

622 The reference committee heard testimony stating that many osteopathic programs attempting to
623 achieve accreditation from the Accreditation Council for Graduate Medical Education (ACGME)
624 are reporting potentially program-ending logistical and financial barriers in meeting the
625 requirements of the ACGME. Among these are funding limitations resulting from Centers for
626 Medicare & Medicaid Services (CMS) "caps," resulting in many programs having caps set at
627 levels below the ACGME's Review Committee for Family Medicine (RC-FM) requirement of a
628 minimum of four residents per class. In addition, many programs are encountering roadblocks
629 with regard to accessing adequate and informed consultation to address their questions and
630 needs.
631

632 The committee acknowledged that more than 250 residencies currently are accredited by the
633 American Osteopathic Association (AOA), and that most of these serve rural or other
634 underserved communities. The committee concluded that the support of this resolution was
635 consistent with the American Academy of Family Physicians' policy on workforce reform and the
636 nation's need to have an adequate workforce to support population health.
637

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

640 **REAFFIRMATION CALENDAR**

641 **The following Item A is presented by the Reference Committee on the Reaffirmation**

642 **Calendar. Testimony in the Reference Committee hearing and discussion by the**

643 **Reference Committee in Executive Session concurred that the resolutions presented in**

644 **Item A are current policy or are already addressed in current projects. At the request of**

645 **the National Congress of Family Medicine Residents, any item may be taken off the**
646

647 **Reaffirmation Calendar for an individual vote on that item. Otherwise, the Committee will**
648 **request approval of the Reaffirmation Calendar in single vote.**

649
650 (A) Resolution R3-622 entitled "Promoting The Resident And Student Discussion Forum"
651 the resolved portion which reads as printed below:
652

653 RESOLVED, That the American Academy of Family Physicians (AAFP) work with
654 chapters, residency programs and medical schools to increase awareness and
655 promote the American Academy of Family Physicians resident and student
656 discussion group to exchange ideas and information.
657

658 The reference committee heard no testimony on this issue and it was made aware that the
659 AAFP will soon be transitioning its Resident and Student Leaders list serve to an online
660 community forum with features similar to that noted in this resolution.
661

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

665
666 **I wish to thank those who appeared before the reference committee to give testimony**
667 **and the reference committee members for their invaluable assistance. I also wish to**
668 **commend the AAFP staff for their help in the preparation of this report.**

669
670 Respectfully submitted,
671

672
673 _____
674 Kenetra Hix, MD, MPH, Chair

675
676 Daniel Gordon, MD
677 Vivian Jiang, MD
678 Jessica MacHue, MD
679 Ashlin Mountjoy, MD
680 Alex Mroszczyk-McDonald, MD
681 Lauren Williams, MD