



## Student 2 Agenda and Resolutions

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

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1. Resolution No. S2-201      Incorporating Health Policy Education Into Medical Schools and Residency Programs
2. Resolution No. S2-202      Policy Recommendations on Men Who Have Had Sex With Men (MSM) Blood Donation
3. Resolution No. S2-203      Importance of Oral Health in Medical Practice
4. Resolution No. S2-204      Investigating Supplemental Nutrition Assistance Program Block Grants
5. Resolution No. S2-205      Increase in Supplemental Nutrition Assistance Program (SNAP) Funding
6. Resolution No. S2-206      Climate Change Policy Adjustments
7. Resolution No. S2-207      Physician Suicide Prevention
8. Resolution No. S2-208      A Shot in the Dark: The Lack of Gun Violence Research is a Public Health Issue
9. Resolution No. S2-209      Supporting Common Sense Gun Legislation
10. Resolution No. S2-210      Improving Mental Health Care in the Primary Care Setting
11. Resolution No. S2-211      No Child “Lead” Behind – Improving Awareness, Detection and Prevention of Lead Contamination
12. Resolution No. S2-212      Climate Change Advocacy
13. Resolution No. S2-213      Against Public Funding of Crisis Pregnancy Centers
14. Resolution No. S2-214      Ending Direct Consumer Advertising
15. Resolution No. S2-215      Improving Medical Care in Immigrant Detention
16. Resolution No. S2-216      Improving Anal Cancer Care
17. Resolution No. S2-217      Revisiting the Creation of an Electronic Health Record by the American Academy of Family Physicians

1 **RESOLUTION NO. S2-201**

2 **Incorporating Health Policy Education Into Medical Schools and Residency Programs**

3 Introduced by: Laura Doan, MD, Los Angeles, CA  
4 Jeremy Mosher, Vallejo, CA  
5 Megan Chock, San Diego, CA  
6 Redmond Finney, Baltimore, MD  
7 Abeer Mousa, Tucson, AZ  
8

9 WHEREAS, Evidence shows that medical students have significant gaps in knowledge  
10 concerning the U.S. health-care system, and  
11

12 WHEREAS, evidence shows that most medical students perceive that these deficiencies are not  
13 adequately addressed in the medical school curriculum, and  
14

15 WHEREAS, 96 percent of surveyed medical students felt that knowledge of health policy is  
16 important to their career, and  
17

18 WHEREAS, there have been several recent calls for increased attention to health policy in  
19 medical education, both in the undergraduate and post-graduate education of physicians, and  
20

21 WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) endorses  
22 “systems-based practice,” which requires a broader knowledge of the health-care system, as  
23 one of the six general competencies expected of all residents, and  
24

25 WHEREAS, the Society of General Internal Medicine Task Force for Residency Reform  
26 recommended increased training to reduce health disparities, which should include curricular  
27 focus to address social and cultural issues of care, health policy, and health economics, and  
28

29 WHEREAS, there is a growing awareness that doctors need more training in the non-clinical  
30 parts of health care, and  
31

32 WHEREAS, there are several excellent and long-standing health policy courses educating  
33 residents on health policy topics applicable to daily physician practices, exposing residents to  
34 health policy careers through visits with policy makers and analysts, and promoting personal  
35 engagement in health policy, now, therefore, be it  
36

37 RESOLVED That the American Academy of Family Physicians (AAFP) explore a model two-to-  
38 four week or longitudinal health policy curriculum that can be modified by chapters based on  
39 local policies, and that medical schools and residency training programs can use to teach  
40 students and residents, and be it further  
41

42 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the Liaison  
43 Committee on Medical Education (LCME) and American Osteopathic Association (AOA)  
44 Commission on Osteopathic College Accreditation (COCA) to consider using the AAFP’s model  
45 curriculum as part of their accreditation guidelines for medical schools, and be it further  
46

47 RESOLVED, That the American Academy of Family Physicians (AAFP) ask the Accreditation  
48 Council for Graduate Medical Education (ACGME) to consider using the AAFP’s model  
49 curriculum as part of their accreditation guidelines for family medicine residency programs.

1 **RESOLUTION NO. S2-202**

2 **Policy Recommendations on Men Who Have Had Sex With Men (MSM) Blood Donation**

3 Introduced by: Diana Huang, Philadelphia, PA  
4 Kyle Gleaves, Scranton, PA  
5 Margot Brown, MD, Scranton, PA  
6 Matt Mullane, MD, Denver, CO  
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) Commission on Health of the  
9 Public and Science has previously agreed that the Food and Drug Administration (FDA) lifetime  
10 ban on men who have had sex with men (MSM) discriminated against gay men as potential  
11 donors, and  
12

13 WHEREAS, the AAFP has previously written letters to the FDA encouraging it to repeal the  
14 lifetime ban on blood donation by MSM, and  
15

16 WHEREAS, in December 2015, the FDA overturned its previous policy of lifetime ban for MSM  
17 and replaced it with a 12-month deferral period, and  
18

19 WHEREAS, on July 28, 2016, the FDA opened a request for comments on the Federal Register  
20 on “scientific evidence such as data from research regarding potential blood donor deferral  
21 policy options to reduce the risk of HIV transmission, including the feasibility of moving from the  
22 existing time-based deferrals related to risk behaviors to alternate deferral options, such as the  
23 use of individual risk assessments, and  
24

25 WHEREAS, comments are invited regarding the design of potential studies to evaluate the  
26 feasibility and effectiveness of such alternative deferral options,” now, therefore, be it  
27

28 RESOLVED, That the American Academy of Family Physicians develop policy  
29 recommendations for blood donation by men who have had sex with other men (MSM) by  
30 studying the risks and benefits of changing the Food and Drug Administration’s current 12-  
31 month deferral policy on MSM blood donation and consider potential alternative deferral options,  
32 such as the use of individual risk assessments, and be it further  
33

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

1 **RESOLUTION NO. S2-203**

2 **Importance of Oral Health in Medical Practice**

3 Introduced by: Caroline Yang, Norcester, MA  
4 Allen Rodriquez, Los Angeles, CA  
5 Ben Meyernik, Sioux Falls, SD  
6

7 WHEREAS, Although oral health is part of general health, medical and dental care have long  
8 functioned separately, and  
9

10 WHEREAS, Healthy People 2020 made oral health one of its top nine health indicators, yet in  
11 2012 (the most recent year recorded), only 42.1% of people age two years and older had a  
12 dental visit during the past 12 months, and half of the U.S seniors perceive their dental health as  
13 poor or very poor, and  
14

15 WHEREAS, the high cost and poor coverage of dental services is a large barrier to getting  
16 proper oral care, particularly for vulnerable populations including children, the elderly, and the  
17 socially and economically disadvantaged, and  
18

19 WHEREAS, approximately 108 million people in the U.S. (nearly 35% of the population) do not  
20 have dental insurance – more than three times the number of Americans who lack medical  
21 insurance, and  
22

23 WHEREAS, although Medicaid provides dental benefits for all children, only 15 state Medicaid  
24 programs provide a comprehensive dental benefit for adults, and “routine dental care” is  
25 explicitly excluded from Medicare by federal statue, and  
26

27 WHEREAS, periodontal disease affects 743 million people worldwide, making it the sixth-most  
28 common chronic condition, and affects about half of all adults in the United States, and  
29

30 WHEREAS, bacteria normally found in the mouth can migrate throughout the body and affect  
31 other systems, having isolated brain abscesses, placenta, and atherosclerotic plaques in  
32 coronary arteries, and  
33

34 WHEREAS, poor oral health can elevate risks for chronic conditions such as diabetes and heart  
35 disease, and can lead to lost workdays, reduced employability, and the preventable use of  
36 costly acute care, and  
37

38 WHEREAS, children with poor oral health status have substantially more school absences and  
39 significantly poorer academic performance compared to their peers, independent of  
40 socioeconomic factors and race, and  
41

42 WHEREAS, total spending on dental services reached \$113.5 billion in 2014 in the United  
43 States, with significant spending on restorative care for oral disease that could have been  
44 prevented or diagnosed and treated more expediently, and  
45

46 WHEREAS, in a national survey of pediatricians, one of the most common barriers to  
47 participating in oral health-related activities was lack of training, which was endorsed by 35.4%  
48 of respondents, and  
49

50 WHEREAS, delivering oral health preventative care in the primary care setting offers the  
51 opportunity to expand access for nearly all patients, particularly high-risk and vulnerable  
52 patients who bear the greatest burden of oral disease, and

53  
54 WHEREAS, Oral Health in America: A Report of the Surgeon General, published in 2000, called  
55 for all healthcare providers to participate in oral healthcare, a call to action reaffirmed by the  
56 Institute of Medicine in 2010 and the Health Resources and Services Administration (HRSA) in  
57 2014, and

58  
59 WHEREAS, HRSA developed the Integration of Oral Health and Primary Care Practice  
60 (IOHPCP) initiative aimed at expanding oral health clinical competency of primary care  
61 clinicians to improve early detection and preventive interventions of oral conditions, ultimately  
62 leading to improved oral health, and

63  
64 WHEREAS, in 2014, the American Academy of Family Physicians, the American Academy of  
65 Pediatrics, and the American Academy of Pediatric Dentistry released a report entitled  
66 "Interprofessional Study of Oral Health in Primary Care" with the goal of identifying elements  
67 that lead to successful promotion of oral health services in primary care offices, and

68  
69 WHEREAS, with appropriate training, non-dental healthcare professionals, such as physicians,  
70 nurses, pharmacists, and physicians assistants, can screen for oral diseases and deliver  
71 preventive care services, and

72  
73 WHEREAS, it is critical for primary care providers to be educated on common oral conditions,  
74 risk factors, and health behaviors along with the medical, functional, emotional, and social  
75 consequences of poor oral health, now, therefore, be it

76  
77 RESOLVED, That the American Academy of Family Physicians recognize the importance of  
78 managing oral health as part of overall patient care, and be it further

79  
80 RESOLVED, That the American Academy of Family Physicians support efforts to educate  
81 physicians on oral condition screening and management, as well as the consequences of poor  
82 oral hygiene on overall health, and be it further

83  
84 RESOLVED, That the American Academy of Family Physicians encourage closer collaboration  
85 of physicians with dental providers to provide comprehensive medical care, and be it further

86  
87 RESOLVED, That the American Academy of Family Physicians support efforts to increase  
88 access to oral health services.

1 **RESOLUTION NO. S2-204**

2 **Investigating Supplemental Nutrition Assistance Program Block Grants**

3 Introduced by: Kandis Samuale-Leutzinger, New Castle, DE  
4 Paige Ely, Yakima, WA  
5

6 WHEREAS, Children and adolescents who eat a healthful diet are more likely to reach and  
7 maintain a healthy weight, achieve normal growth and development, and have strong immune  
8 systems, and  
9

10 WHEREAS, adults who eat a healthful diet and stay physically active can decrease their risk of  
11 a number of adult-onset health conditions and diseases, including heart disease and diabetes,  
12 and  
13

14 WHEREAS, the Supplemental Nutrition Assistance Program (SNAP) is the largest program in  
15 the domestic hunger safety net that offers nutrition assistance to millions of eligible, low-income  
16 individuals and families, and  
17

18 WHEREAS, the SNAP program is administered by the state which has considerable discretion  
19 to adapt the program, and  
20

21 WHEREAS, in 2015 SNAP provided \$4.23 per person per day, and  
22

23 WHEREAS, under a block grant, some states facing large budget shortfalls may shift funds from  
24 food assistance to other programs including non-food components such as job training and  
25 related childcare, now, therefore, be it  
26

27 RESOLVED, That the American Academy of Family Physicians research the effects of block  
28 grants on patient health, and be it further  
29

30 RESOLVED, That the American Academy of Family Physicians oppose the implementation of  
31 the Supplemental Nutrition Assistance Program (SNAP) becoming funded through block grants  
32 if it decreases funding to the program.

1 **RESOLUTION NO. S2-205**

2 **Increase in Supplemental Nutrition Assistance Program (SNAP) Funding**

3 Introduced by: Paige Ely, Yakima, WA  
4 Kandis Samuels-Leutzinger, New Castle DE

5  
6 WHEREAS, One in five children in the United States lives in a household that worries where  
7 their next meal will come from, and

8  
9 WHEREAS, the Supplemental Nutrition Assistance Program (SNAP) provides nutrition  
10 assistance to low-income families so that children can have proper nutrition to have adequate  
11 health and succeed in school, and

12  
13 WHEREAS, SNAP funding has been cut the last three years, and

14  
15 WHEREAS, millions of low-income families who are struggling to put food on the table are  
16 ineligible for SNAP, and

17  
18 WHEREAS, of those who receive SNAP, the average amount of nutrition assistance is now only  
19 \$4.23 per person per day, or \$1.41 per person per meal, and

20  
21 WHEREAS, SNAP funding is projected to continue to decrease in coming years, now, therefore,  
22 be it

23  
24 RESOLVED, That the American Academy of Family Physicians lobby to maintain current  
25 Supplemental Nutrition Assistance Program funding, and be it further

26  
27 RESOLVED, That the American Academy of Family Physicians lobby to increase future  
28 Supplemental Nutrition Assistance Program funding.

1 **RESOLUTION NO. S2-206**

2 **Climate Change Policy Adjustments**

3 Introduced by: Stewart Decker, MD, Klamath Falls, OR  
4 Redmond Finney, Baltimore, MD  
5

6 WHEREAS, The 2015 American Academy of Family Physicians (AAFP) Congress of Delegates  
7 reaffirmed the 1969 policy, "On Climate Change and Air Pollution," stating "In recognition of the  
8 numerous and serious adverse health consequences resulting from pollution, climate change,  
9 and ozone-layer depletion, the AAFP recommends strong action on all public and private levels  
10 to limit and correct the pollution of our land, atmosphere and water," and  
11

12 WHEREAS, greenhouse gas emissions from human activities are generally recognized as the  
13 primary causative factor in modern climate change, and  
14

15 WHEREAS, it is important for a medical organization such as the AAFP to specifically identify  
16 causative factors in order to better focus intervention, and  
17

18 WHEREAS, the controversy surrounding greenhouse emissions from human activities is  
19 political and economic rather than scientific, and  
20

21 WHEREAS, the AAFP ought to base policy on sound science and resist scientific  
22 misinformation that has a direct effect on the health of our population, now, therefore, be it  
23

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



1 **RESOLUTION NO. S2-207**

2 **Physician Suicide Prevention**

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

8 WHEREAS, Physicians are two-three times more likely to commit suicide compared to the  
9 general U. S. population, and

10

11 WHEREAS, 10 percent of medical students and residents have experienced suicidal ideation in  
12 the last year, and

13

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

16

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

1 **Resolution NO. S2-208**

2 **A Shot in the Dark: The Lack of Gun Violence Research is a Public Health Issue**

3 Introduced by: Meray Ohanassian, Gainesville, FL  
4 Ashlin Mountjoy, MD, Seattle, WA  
5 Alexander Langley, MD, Seattle, WA  
6

7 WHEREAS, Gun violence accounts for 33,000 deaths and 76,000 non-fatal gun injuries each  
8 year in the United States, and  
9

10 WHEREAS, the United States has a homicide rate from gun violence that is 25.2 times greater  
11 than other high-income developed countries, and  
12

13 WHEREAS, there remains a ban on research determining the cause of this disparity, and  
14

15 WHEREAS, Japan, Germany, Australia, and the United Kingdom have developed stricter gun  
16 laws and decreased the homicide rates due to gun violence, and  
17

18 WHEREAS, the United States has no evidence that previously implemented gun control policies  
19 have had a similar effect, and  
20

21 WHEREAS, public health research into motor vehicle accidents and tobacco use has guided  
22 evidence-based interventions and policies to reduce the disease burden from these issues, and  
23

24 WHEREAS, gun violence continues to be a key political issue with significant uncertainty  
25 regarding the best solutions, and  
26

27 WHEREAS, the American Academy of Family Physicians (AAFP) has policies on the prevention  
28 of gun violence, violence as a public health concern, and firearms and safety issues, and  
29

30 WHEREAS, the AAFP has partnered with other organizations to author a letter to US  
31 Representatives and Senators requesting removal of restrictions on gun violence research by  
32 the Centers for Disease Control and Prevention, and  
33

34 WHEREAS, there has still not been action on this issue by the US Congress, now, therefore, be  
35 it  
36

37 RESOLVED, That the American Academy of Family Physicians continue to partner with other  
38 health organizations and the Fam Med PAC to actively lobby for the removal of restrictions on  
39 gun violence research.

1 **RESOLUTION NO. S2-209**

2 **Supporting Common Sense Gun Legislation**

3 Introduced by: Stewart Decker, MD, Klamath Falls, OR  
4 Redmond Finney, Baltimore, MD  
5 Maya Siegel, Baltimore, MD  
6

7 WHEREAS, There were 33,636 gun deaths in the United States in 2013, which is a  
8 representative number over the last decade, and  
9

10 WHEREAS, 62 percent of these deaths were completed suicides, 36 percent were homicides,  
11 and 2 percent were accidental deaths, and  
12

13 WHEREAS, only 5.6 percent of all suicide attempts are with firearm, but 51-55 percent of  
14 completed suicides are with firearm, meaning that suicide attempts by firearm are 85 percent  
15 fatal, and  
16

17 WHEREAS, firearms were used in 69.9 percent of all homicides in 2012, again a representative  
18 number, and  
19

20 WHEREAS, if a person's preferred suicide method is unavailable, it is unlikely they will switch to  
21 a different one, and  
22

23 WHEREAS, in the first week after the purchase of a handgun, the rate of suicide by means of  
24 firearms among purchasers was 57 times higher than the general population, and  
25

26 WHEREAS, in the 11 states that have "waiting periods" there is a lower overall suicide rate  
27 ( $P=.001$ ), a lower firearms suicide rate ( $P<.001$ ), and a lower proportion of suicide deaths  
28 resulting from firearms, and  
29

30 WHEREAS, in the year immediately following the repeat of their 48-hour waiting period law,  
31 South Dakota saw a 7.6-percent increase in its overall suicide rate compared with 3.3 percent  
32 for the United States in general, and  
33

34 WHEREAS, in the year following implementation of a law that extended the waiting period for  
35 acquiring a handgun, Washington, DC, saw a 2.2-percent decrease in their overall suicide rate  
36 compared with a 2.1-percent increase in the United States overall, and  
37

38 WHEREAS, states with laws that required background checks at the point of transfer or before  
39 obtaining a permit to purchase a handgun from a private seller exhibited a lower overall suicide  
40 rate ( $P<.001$ ), a lower firearms suicide rate ( $P<.001$ ), and a lower proportion of suicide deaths  
41 resulting from firearms (36.8 percent vs. 58.8 percent,  $P<.001$ ), and  
42

43 WHEREAS, when threatening intimate partners, gun owners are 7.8 times more likely to  
44 threaten their partners with a gun than non-gun owners, and  
45

46 WHEREAS, family and intimate partner assaults with firearms are 12 more times likely to result  
47 in death than non-firearm assaults, and  
48

49 WHEREAS, the American Academy of Family Physicians (AAFP) currently “supports increased  
50 research,” “supports strong and robust enforcement of existing federal, state, and local laws and  
51 regulations regarding the manufacture, sale and possession of funds,” “supports legislation  
52 restricting unsupervised access to both firearms and ammunition by children,” and “opposes  
53 private ownership of weapons designed primarily to fire multiple (greater than 10) rounds  
54 quickly,” and  
55

56 WHEREAS, the AAFP has also stated that the “background-check requirement should be  
57 expanded to include the sale of firearms at gun shows, over the Internet and in classified ads,  
58 and has “call(ed) for ‘an elimination of the ban on federal funding for objective, scientific  
59 research on gun violence,’” and  
60

61 WHEREAS, the AAFP has been uncharacteristically silent on gun control interventions such as  
62 waiting periods and laws about removing guns from homes with domestic violence claims, now,  
63 therefore, be it  
64

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

1 **RESOLUTION NO. S2-210**

2 **Improving Mental Health Care in the Primary Care Setting**

3 Introduced by: Sway Wu, MD, Detroit, MI  
4 Katie Zurek, MD, Traverse City, MI  
5 Michael Collins, MD, Flint, MI  
6 Max Weston, MD, Seattle, WA  
7

8 WHEREAS, 43.8 million (about 20%) of adults in the United States experiences mental illness in  
9 any given year, and

10

11 WHEREAS, only half of the patients with a mental health disorder are diagnosed, and

12

13 WHEREAS, only half of diagnosed patients are effectively treated, and

14

15 WHEREAS, access to mental health care is of significant national public health concern, now,  
16 therefore, be it

17

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

21

22 RESOLVED, That the American Academy of Family Physicians website provide links to the  
23 American Psychiatric Association for physician use in identifying mental health disorders, and  
24 be it further

25

26 RESOLVED, That the American Academy of Family Physicians provide continuing medical  
27 education at such events as Family Medicine Experience and the National Conference of Family  
28 Medicine Residents and Medical Students to improve physician diagnosis of mental health  
29 disorders.

1 **RESOLUTION NO. S2-211**

2 **No Child “Lead” Behind – Improving Awareness, Detection and Prevention of Lead**  
3 **Contamination**

4 Introduced by: Allen Rodriguez, Los Angeles, CA  
5 Michael Collins, MD, Grand Blanc, MI  
6 Ben Meyernik, Sioux Falls, SD  
7

8 WHEREAS, No safe level of lead for human consumption has ever been determined, and  
9

10 WHEREAS, lead poisoning has severe adverse health effects for children and adults, including  
11 impaired cognitive and behavioral development, hypertension, cardiovascular disease, toxicity  
12 to the reproductive organs, miscarriages and birth complications, kidney damage, and cancer,  
13 and  
14

15 WHEREAS, the present value of economic losses associated with early exposure to lead,  
16 including increased rates of criminality, drug abuse, incarceration, lower wages, diminished  
17 lifetime earning power, and the burden of chronic diseases, is estimated at \$43.4 billion  
18 annually, and  
19

20 WHEREAS, the Centers for Disease Control and Prevention (CDC) recognizes that reducing  
21 water lead levels is an important step to primary prevention of lead exposure and elevated blood  
22 lead levels in children, and  
23

24 WHEREAS, the 1974 Safe Drinking Water Act authorizes the Environmental Protection Agency  
25 (EPA) to establish minimum treatment and testing standards to protect tap water, require all  
26 owners or operators of public water systems to comply with health-related standards, and grant  
27 primary enforcement responsibility to states to implement safe drinking water standards on  
28 behalf of the EPA, and  
29

30 WHEREAS, public water systems are responsible for collective drinking water samples, sending  
31 samples for analysis by laboratories certified by the state or EPA, and reporting water quality  
32 parameters, including lead and copper levels, to the state, and  
33

34 WHEREAS, states and the EPA are jointly responsible for working with public water systems to  
35 take steps to prevent or remove contaminants and notify consumers when water-testing results  
36 indicate that a contaminant exceeds federal standards under the Safe Drinking Water Act, and  
37

38 WHEREAS, EPA water testing requirements set by the 2005 Lead and Copper Rule specify  
39 lead levels must be tested in one liter of first-draw water taken after the water has been standing  
40 in the pipes for at least six hours, and  
41

42 WHEREAS, public water systems across the Eastern U.S. have adopted methods, including  
43 pre-flushing taps before gathering testing samples, in order to lower the amount of lead  
44 detected in water contaminant tests, and  
45

46 WHEREAS, public officials at the state and municipal level have 1) failed to adequately test for  
47 lead in water, 2) failed to mitigate lead contamination in water despite knowledge of exposure,  
48 and 3) failed to mitigate lead contamination in water to the public (e.g. Flint, MI and Newark, NJ

49 where health departments were aware of dangerous levels of contamination for months before  
50 taking action), and

51  
52 WHEREAS, an Associated Press analysis of EPA data found that nearly 1,400 water systems  
53 serving 3.6 million Americans exceeded the federal lead limit of 15 parts per billion at least once  
54 between January 1, 2013 and September 30, 2015, including both public and private water  
55 systems in 41 states, and

56  
57 WHEREAS, a Today analysis of EPA data showed 350 schools and child care facilities  
58 exceeded the federal lead limit a total of 470 times from 2012 to 2015, and

59  
60 WHEREAS, 90,000 public schools and 500,000 child care facilities are not regulated under the  
61 Safe Drinking Water Act because they rely on municipal water utilities instead of maintaining  
62 their own water supplies and are, therefore, not required to test drinking water quality, and

63  
64 WHEREAS, lead is the most prevalent toxicant in U.S. school drinking water, and

65  
66 WHEREAS, children in low-income families tend to reside in older houses, which are more likely  
67 to contain lead pipes, and experience a significantly greater burden of lead poisoning than their  
68 peers, and

69  
70 WHEREAS, it is difficult to fully assess the effect of water lead levels on blood lead levels of  
71 children and other at-risk populations, as current water sampling protocols were designed to  
72 assess water treatment, not the level of human exposure to lead, now, therefore, be it

73  
74 RESOLVED, That the American Academy of Family Physicians support future research  
75 collaborations with other epidemiological and public health organizations regarding water  
76 sampling techniques and reporting protocols to better detect and how to reduce human  
77 exposure to lead at the point of consumption, and be it further

78  
79 RESOLVED, That the American Academy of Family Physicians support innovative testing  
80 practices for water utilities and at risk populations, such as schools and child care facilities, to  
81 accurately measure and reflect lead contamination levels in water, incorporating Environmental  
82 Protection Agency testing guidelines, and be it further

83  
84 RESOLVED, That the American Academy of Family Physicians support improved open public  
85 access to testing data on water lead levels by requiring all public water system testing results be  
86 posted on a publicly available website in an appropriate and timely fashion, and be it further

87  
88 RESOLVED, That the American Academy of Family Physicians support federal legislation to  
89 reduce, and ultimately, remove lead from the country's public and private water infrastructure,  
90 especially focusing on low-income areas, which have the highest burden of lead poisoning, and  
91 be it further

92  
93 RESOLVED, That the American Academy of Family Physicians support efforts by the  
94 Environmental Protection Agency (EPA) to examine compliance with the Safe Drinking Water  
95 Act for appropriate water utilities and to exercise the EPA's oversight and enforcement authority  
96 to ensure public protection from lead contamination, and be it further

97  
98 RESOLVED, That the American Academy of Family Physicians support research and  
99 collaboration with the Environmental Protection Agency (EPA) and other public health

100 stakeholders into the development of a standardized national reporting procedure for blood  
101 levels of toxic metals.



1 **RESOLUTION NO. S2-212**

2 **Climate Change Advocacy**

3 Introduced by: Stewart Decker, MD, Klamath Falls, OR  
4 Redmond Finney, Baltimore, MD  
5 Maya Siegel, Baltimore, MD  
6

7 WHEREAS, The health implications of climate change have a profound direct and indirect effect  
8 on the health of our patients, and  
9

10 WHEREAS, the Lancet Commission on Climate Change and Health states that “..tackling  
11 climate change could be the greatest global health opportunity of the 21<sup>st</sup> century” and “(t)he  
12 effects of climate change are being felt today, and future projections represent an unacceptably  
13 high and potentially catastrophic risk to human health;”, and  
14

15 WHEREAS, the World Health Organization estimates that between 2030 and 2050 climate  
16 change is expected to cause approximately 250,000 additional deaths per year, from  
17 malnutrition, malaria, diarrhea, and heat stress, and  
18

19 WHEREAS, direct damage costs to health is estimated to be between U.S. \$2-4 billion/year by  
20 2030, and  
21

22 WHEREAS, the 2015 United Nations Framework Convention on Climate Change (UNFCCC)  
23 Conference of Parties 21 (COP21) resulted in the Paris Agreement, in which government  
24 agreed to:

- 25 1. “aim to limit [global average temperature] increase(s) to 1.5C, since this would  
26 significantly reduce risks and the impacts of climate change;”
- 27 2. Peak global emissions as soon as possible,
- 28 3. Utilize the best current science utilizing carbon sinks to decrease net emission  
29 reduction,
- 30 4. Utilize systems of accountability and transparency to assure goals are met,
- 31 5. Support climate action in developing countries, and  
32

33 WHEREAS, the agreement will open for ratification between April 2016-2017 and will only  
34 become binding if 55 countries that produce at least 55% of the world’s greenhouse gas  
35 emissions ratify the agreement, and  
36

37 WHEREAS, the United States was the second largest producer of greenhouse gasses in 2010,  
38 responsible for 15.6% of global production, and  
39

40 WHEREAS, the Paris Agreement utilizes Nationally Determined Contributions (NDCs) to  
41 quantify and make binding an individual country’s emission reduction targets but does not detail  
42 how to do so, and  
43

44 WHEREAS, the United States’ NDC is to achieve an economy-wide reduction of its greenhouse  
45 gas emissions by 26-28% below its 2005 level in 2025, and  
46

47 WHEREAS, health professionals have an obligation to advocate for efforts to improve the health  
48 of our patients, now, therefore, be it  
49

50 RESOLVED, That the American Academy of Family Physicians endorse U.S. efforts to develop  
51 and implement national policies that facilitate U.S. compliance with the 2015 United Nations  
52 Framework Convention on Climate Change international agreement reached by over 190  
53 countries in Paris, and be it further  
54

55 RESOLVED, That the American Academy of Family Physicians recommend to medical schools,  
56 National Board of Medical Examiners (NBME), the Liaison Committee on Medical Education  
57 (LCME), the Accreditation Council for Graduate Medical Education (ACGME), and the American  
58 Board of Family Medicine that medical education curricula, core competencies and/or  
59 milestones should include the effects of climate change on human health, including on the  
60 social determinants of health, and be it further  
61

62 RESOLVED, That the American Academy of Family Physicians support local and national  
63 climate change mitigation and adaptation strategies which seek to realize the United States'  
64 Nationally Determined Contribution by (1) endorsing state and federal legislation and  
65 regulations to curb greenhouse gas emissions and (2) collaborating with other health  
66 professional and environmental organizations to promote ambitious national and international  
67 action on climate change, and be it further  
68

69 RESOLVED, That the American Academy of Family Physicians provide education to its  
70 members on methods for achieving environmental sustainability of medical workplaces (e.g.  
71 reducing energy use, increasing energy efficiency, etc.), and be it further  
72

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

1 **RESOLUTION NO. S2-213**

2 **Against Public Funding of Crisis Pregnancy Centers**

3 Introduced by: Maya Siegel, Baltimore, MD  
4 Naomi Gorfinkle, Baltimore, MD  
5 Redmond Finney, Baltimore, MD  
6 Stewart Decker, MD, Klamath Falls, OR  
7

8 WHEREAS, The importance of the patient-physician relationship is integral to patient health,  
9 trust of physicians, and the health care system as a whole, and  
10

11 WHEREAS, “crisis pregnancy centers” often masquerade as women’s health clinics, misleading  
12 women in relation to their reproductive health, while often not having a physician or nurse on  
13 staff, and  
14

15 WHEREAS, many of these centers choose names similar to women’s health clinics to confuse  
16 patients, and  
17

18 WHEREAS, these centers often try to frighten patients with misleading films or pictures to  
19 influence women seeking abortion care against obtaining an abortion, and  
20

21 WHEREAS, these centers are known to give incomplete or misleading information about  
22 pregnancy options including abortion, adoption, and parenting, and  
23

24 WHEREAS, many states have introduced legislation that would require women to attend these  
25 centers prior to obtaining an abortion, and  
26

27 WHEREAS, these centers have been known to misinform women of their pregnancy status and  
28 dating thereby leading women to think they are earlier along in their pregnancy, and  
29

30 WHEREAS, these efforts to misinform can divert women from accessing comprehensive and  
31 timely care from appropriately trained and licensed medical providers, and  
32

33 WHEREAS, the American Academy of Family Physicians policy states that “the woman  
34 considering an elective abortion should be informed adequately of the potential health risks of  
35 both abortion and continued pregnancy”, and  
36

37 WHEREAS, women who go to one of these centers often feel misled and may lose trust in  
38 medical providers as a whole, and  
39

40 WHEREAS, 12 states provide public funding to these centers, and  
41

42 WHEREAS, 20 states refer women to crisis pregnancy centers or compel physicians to provide  
43 a list of these centers to patients, and  
44

45 WHEREAS, the public funding of these centers indicates a public support of these institutions,  
46 now, therefore, be it  
47

48 RESOLVED, That the American Academy of Family Physicians oppose funding of “crisis  
49 pregnancy centers” at the national level and other organizations that mislead patients to further

50 a political or religious agenda, or to delay them from getting adequate reproductive care, and be  
51 it further

52

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

1 **RESOLUTION NO. S2-214**

2 **Ending Direct Consumer Advertising**

3 Introduced by: Stewart Decker, MD, Klamath Falls, OR  
4 Redmond Finny, Baltimore, MD  
5

6 WHEREAS, The United States (U.S.) and New Zealand are the only two countries in the world  
7 that allow direct-to-consumer advertising (DTCA) of prescription drugs, and  
8

9 WHEREAS, DTCA spending in the U.S. was \$4.23 billion in 2014, up from 18% from \$3.83  
10 billion in 2013, and  
11

12 WHEREAS, drug spending increased 86% between 1997 and 2001, up about 18% from \$3.83  
13 billion in 2013, and  
14

15 WHEREAS, increases in DTCA between 1999 and 2000 accounted for 12% of drug sales  
16 growth during that period, resulting in an additional \$2.6 billion in drug spending in 2000, and  
17

18 WHEREAS, physicians wrote 34.2% more prescriptions in 1999 than in 1998 for the 25 most  
19 DTCA – promoted drugs, and  
20

21 WHEREAS, physicians wrote only 5.1% more prescriptions for all other prescription drugs, and  
22

23 WHEREAS, the Food and Drug Administration (FDA) is charged with regulation of the accuracy,  
24 honesty, and legality of DTCA but is increasingly unable to do so efficiently due to underfunding  
25 despite expansion of responsibilities, resulting in a decreased number of regulatory letters and  
26 delay in receipt of them (the FDA sees the ads after they air, when the public does), and  
27

28 WHEREAS, 78% of physicians believe their patients understand the possible benefits of  
29 advertised drugs very well or somewhat well but only 40% believe their patients understand the  
30 possible risks, and  
31

32 WHEREAS, 65% of physicians believe DTC ads confuse patients about the relative risks and  
33 benefits of prescription drugs, and  
34

35 WHEREAS, 75% of physicians believed that DTC ad cause patients to think that the drug works  
36 better than it does, and  
37

38 WHEREAS, 58% of physicians agreed strongly that DTC ads make the drugs seem better than  
39 they really are, and  
40

41 WHEREAS, the success or failure of a pharmaceutical should depend on its safety and efficacy  
42 rather than the skill of its marketing team, and  
43

44 WHEREAS, the American television viewer watches as many as nine drug ads a day, totaling  
45 16 hours per year, which far exceeds the amount of time the average individual spends with a  
46 primary care physician, and  
47

48 WHEREAS, in November 2015 the American Medical Association called for “Ban on Direct to  
49 Consumer Advertising of Prescription Drugs and Medical Devices” by convening a physician

50 task force and launching an advocacy campaign to promote prescription drug affordability  
51 through pushes for greater transparency from drug makers in how they price their medicines,  
52 and

53  
54 WHEREAS, The American Academy of Family Physicians (AAFP) policy on DTCA currently  
55 states “The AAFP supports efforts by manufacturers of prescription pharmaceuticals,  
56 nonprescription medications, health care devices and health related products and services to  
57 provide general health information to the public. At the same time, the AAFP urges that any  
58 direct-to-consumer advertising of prescription drugs by pharmaceutical companies be based on  
59 disease state only, without mention of a specific drug by name,” and includes a list of conditions  
60 that must be met to maintain acceptability, now, therefore, be it

61  
62 RESOLVED, The American Academy of Family Physicians change its policy to support a ban  
63 on and/or limitations on direct-to-consumer advertising of prescription drugs and medical  
64 devices, and be it further

65  
66 RESOLVED, That the American Academy of Family Physicians reach out to the American  
67 Medical Association to coordinate on efforts to advocate in support of a ban on and/or limitation  
68 on direct to consumer advertising.  
69

1 **Resolution NO. S2-215**

2 **Improving Medical Care in Immigrant Detention**

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

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

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

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

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

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

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

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

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

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

1 **RESOLUTION NO. S2-216**

2 **Improving Anal Cancer Care**

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

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

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

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

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

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



1 **RESOLUTION NO. S2-217**

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

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

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

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

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

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

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

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