



Resident 3 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 – Kansas City, MO

1. Resolution No. R3-601 Oppose the Criminalization of Self-Induced Abortion
2. Resolution No. R3-602 Add a Student and Resident Position to the Family
Medicine Political Action Committee Board
3. Resolution No. R3-603 Oppose Shackling in Labor
4. Resolution No. R3-604 Electronic Medical Record Integration of Prescription Drug
5. Resolution No. R3-605 Advocacy Education as a Requirement for Family Medicine
Residency Training
6. Resolution No. R3-606 Universal Recognition of and Access to Menstrual Hygiene
Products as Medical Necessities in Correctional and
Detention Facilities
7. Resolution No. R3-607 Funding for Graduate Medical Education Positions in
Puerto Rico
8. Resolution No. R3-608 The Plight of Unmatched Physicians
9. Resolution No. R3-609 Residency and Patient Population Diversity

1 **Resolution No. R3-601**

2
3 **Oppose the Criminalization of Self-Induced Abortion**

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5 Introduced by: Rebekah Rollston, MD, MPH, Johnson City, TN
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8 WHEREAS, Barriers to abortion care are widespread and multifactorial, including but not limited
9 to: lack of access to clinics or providers, limited clinic capacity, the need for multiple
10 appointments, state-imposed waiting periods, lack of insurance coverage, cost, gestational age
11 limits, parental notification laws, stigma, and misinformation, and
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13 WHEREAS, anti-abortion protesters employ tactics to intimidate, shame, and violate the privacy
14 of women who present for reproductive health services, which further inhibits access to care,
15 and
16

17 WHEREAS, from the beginning of 2011 through July 2016, states enacted 334 new legal
18 restrictions on abortion, further limiting access to abortion care. In 2018 alone, 695 provisions
19 have already been introduced to further restrict abortion, and
20

21 WHEREAS, these barriers are some of the many factors that cause patients to consider self-
22 induced abortion, and
23

24 WHEREAS, in 2015, there were more than 700,000 google searches for information regarding
25 self-induced abortion in the U.S. suggesting that many patients consider this option, and
26

27 WHEREAS, national studies of abortion patients have shown that approximately 2% of patients
28 attempted to self-induce an abortion at some point in their lives, and
29

30 WHEREAS, that number is higher in states such as Texas with stricter legal restrictions on
31 abortion, where one study showed that 7% of patients attempted some method to end their
32 pregnancy before presenting to the clinic, and
33

34 WHEREAS, laws criminalizing self-induced abortion increase health risks and deter patients
35 from seeking necessary healthcare services related to self-induced abortion or miscarriage, and
36

37 WHEREAS, laws criminalizing patients who self-induce abortion lead to increased suspicion
38 towards patients presenting to healthcare providers for miscarriage, and
39

40 WHEREAS, people of color are disproportionately targeted for prosecution and criminalization
41 related to pregnancy outcomes, now, therefore, be it
42

43 RESOLVED, That the American Academy of Family Physicians lobby against legislative efforts
44 to criminalize self-induced abortion.

1 **Resolution No. R3-602**

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3 **Add a Student and Resident Position to the Family Medicine Political Action Committee**
4 **Board**

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6 Introduced by: Anthony Markuson, MD, Boise, ID
7 Lauren Williams, MD, Minneapolis, MN

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10 WHEREAS, the American Academy of Family Physicians (AAFP) has created a Political Action
11 Committee (PAC) titled, "The Family Medicine PAC (FamMedPAC)" that is the only national
12 political action committee focused on family medicine, and

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14 WHEREAS, the AAFP recognizes the importance of a PAC as it influences physician
15 reimbursement, family medicine training, and access to health-care coverage, and

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17 WHEREAS, FamMedPAC is the financial vehicle through which members support the election
18 or reelection of those Congressional candidates that share a commitment to family medicine,
19 and

20

21 WHEREAS, the AAFP has multiple student and resident positions on commissions and boards,
22 and

23

24 WHEREAS, FamMedPAC actively requests donations from students and residents, and

25

26 WHEREAS, the student and resident voice is not actively accounted for through membership on
27 this board, now, therefore, be it

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29 RESOLVED, That the American Academy of Family Physicians encourage the Family Medicine
30 Political Action Committee to create a student and resident position on its board either as an
31 appointed member or as an expansion of the student and resident positions on the Commission
32 for Governmental Advocacy.

1 **Resolution No.-R3-603**

2
3 **Oppose Shackling in Labor**

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5 Introduced by: Jessica Friedman, MD, Chapel Hill, NC
6 Mansi Shah, MD, Durham, NC
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9 WHEREAS, In the U.S., the population of women in prison has grown by 834% since 1978,
10 which is more than double the pace of the growth of the population of men in prison, and

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12 WHEREAS, in the U.S. detained and incarcerated people who are pregnant are frequently
13 shackled throughout their pregnancy, including during labor, delivery, and the immediate
14 postpartum period, and

15
16 WHEREAS, pregnant people that are restrained are at increased risk for falling or not being
17 able to catch their fall, increasing the risk of physical harm to the person and the fetus, and

18
19 WHEREAS, the use of shackles in pregnancy interferes with the ability of health-care providers
20 to safely care for the patient and fetus by reducing the provider's ability to evaluate the patient
21 and the fetus, and

22
23 WHEREAS, the use of shackles on pregnant and postpartum people is demeaning, inhumane
24 and rarely necessary to ensure safety, and

25
26 WHEREAS, ambulation during labor and delivery improves pain management in labor and
27 increases the likelihood of having a vaginal delivery, and

28
29 WHEREAS, the ability for people to move or be moved during labor and delivery is essential to
30 the proper management of many obstetrical emergencies as outlined in the American Academy
31 of Family Physicians Advanced Life Support in Obstetrics (ALSO®) curriculum, now, therefore,
32 be it

33
34 RESOLVED, That the American Academy of Family Physicians develop a position paper
35 opposing the shackling of detained or incarcerated people who are pregnant or in the
36 postpartum period, defined as six weeks after delivery of the infant, and be it further

37
38 RESOLVED, That American Academy of Family Physicians (AAFP) educate its members
39 regarding American Medical Association model state legislation, entitled "Act to Prohibit the
40 Shackling of Pregnant Prisoners," specifically emailing AAFP chapter leaders and members in
41 states without policies concerning shackling in labor.

1 **Resolution No. R3-604**

2
3 **Electronic Medical Record Integration of Prescription Drug**

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5 Introduced by: Lily Payvandi, MD, Philadelphia, PA

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8 WHEREAS, Cost-related prescription non-adherence is significantly greater in the U.S. as
9 compared to other developed countries, and

10
11 WHEREAS, prescription non-adherence is associated with poor health outcomes and increased
12 avoidable health care costs, estimated between \$100-300 billion annually, and

13
14 WHEREAS, physicians value the awareness of drug costs, but this value is not reflected in their
15 ability to estimate the cost of frequently prescribed drugs for patients, and

16
17 WHEREAS, improvement in physician knowledge of drug-cost changes prescribing behavior to
18 reduce patient cost burden, and

19
20 WHEREAS, a proposed solution to prescription cost-related non-adherence is the use of
21 electronic health record (EHR) point-of-care prescription cost displays, and

22
23 WHEREAS, the integration of EHR point-of-care cost display tools is associated with substantial
24 cost savings and improvement in medication adherence, and

25
26 WHEREAS, existing American Academy of Family Physicians (AAFP) objectives include
27 assisting family physicians with technology to expand access to quality, affordable health care
28 for their patients, and

29
30 WHEREAS, existing AAFP policy supports prescription price transparency, now, therefore, be it

31
32 RESOLVED, That the American Academy of Family Physicians collaborate with the American
33 Medical Association, electronic health record (EHR) suppliers, primary care physician groups,
34 and other stakeholders in order to integrate EHR point-of-care clinical decision support tools
35 that provide estimated out-of-pocket prescription costs into the EHR to reduce prescription
36 expenses.

1 **Resolution No. R3-605**

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3 **Advocacy Education as a Requirement for Family Medicine Residency Training**

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5 Introduced by: Alexandra Gits, MD, Minneapolis, MN

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8 WHEREAS, Health advocacy is an essential physician skill incorporated into numerous
9 professional charters, and

10

11 WHEREAS, there are no detailed advocacy training requirements for family medicine
12 residencies, and

13

14 WHEREAS, there is no defined national health advocacy competency framework within
15 graduate medical education in the U.S., and

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17 WHEREAS, advocacy work by family physicians can significantly impact the health and well
18 being of patients, and

19

20 WHEREAS, family medicine residency educational milestones, requirements, and
21 competencies are determined by the Accreditation Council for Graduate Medical Education,
22 now, therefore, be it

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24 RESOLVED, That the American Academy of Family Physicians urge the Accreditation Council
25 for Graduate Medical Education to establish a milestone that specifically requires advocacy
26 education in medical training.

1 **Resolution No. R3-606**

2
3 **Universal Recognition of and Access to Menstrual Hygiene Products as Medical**
4 **Necessities in Correctional and Detention Facilities**

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6 Introduced by: Kaci Larsen, MD, Columbia, MO
7 Caitlin Farrell, DO, MPH, Chicago, IL
8 Mansi Shah, MD, Durham, NC
9 Jess Friedman, MD, Chapel Hill, NC

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12 WHEREAS, The U.S. has the highest rate of incarceration in the world with an estimated
13 6,899,000 individuals held under the supervision of the correctional system at year end 2013,
14 and

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16 WHEREAS, there were over 222,000 women incarcerated at the end of 2014 and the number of
17 incarcerated women has grown over 700% between the years 1980 and 2014, and

18
19 WHEREAS, the Federal Bureau of Prisons provides incarcerated people who menstruate in
20 federal prisons access to a range of products related to feminine hygiene, including tampons,
21 maxi pads and panty liners free of charge to the inmate per the Provision of Feminine Hygiene
22 Products, and

23
24 WHEREAS, the majority of incarcerated people are housed within state jails rather than federal
25 prisons and, therefore, are not affected by the Provision of Feminine Hygiene Products, and

26
27 WHEREAS, the lack of universal state policy on supplying menstrual products within state jails
28 and prisons results in limited access to menstrual supplies or necessitating the purchase of
29 supplies using personal funds and therefore restricting access, and

30
31 WHEREAS, purchasing tampons from the commissary places undue burden on incarcerated
32 people who menstruate, as exemplified by the statistic that women in Arizona state prisons
33 would have to work an estimated 20-27 hours to buy a box of pads or tampons, and

34
35 WHEREAS, begging and bartering for menstrual hygiene supplies and having bloodstained
36 clothing and bedding is dehumanizing, now, therefore, be it

37
38 RESOLVED, That the American Academy of Family Physicians support the recognition of
39 menstrual hygiene products as medical necessities, and be it further

40
41 RESOLVED, That the American Academy of Family Physicians encourage chapters to
42 advocate for people capable of menstruation who are incarcerated or detained to have access
43 to unlimited, free menstrual hygiene products, including pads, tampons and clean underwear.

1 **Resolution No. R3-607**

2

3 **Funding for Graduate Medical Education Positions in Puerto Rico**

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5 Introduced by: David Cevallos, MD, Manati, PR

6 Viviana Melendez-Muñiz, MD, Carolina, PR

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9 WHEREAS, The average Medicare Graduate Medical Education payment per resident in Puerto
10 Rico is \$38,294 and per population is \$3.71, compared to the United States average of
11 \$117,642 per resident and \$32.31 per population, and

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13 WHEREAS, these numbers are used to calculate the amount Medicare funding provided to local
14 residency and fellowship programs, independently of the population needs, and

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16 WHEREAS, recent graduates and local physicians are moving to the mainland in high numbers
17 due to inadequate pay and few fellowship opportunities, which jeopardize the population's
18 health, and

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20 WHEREAS, it is known that there is high retention rates of recent graduates in their place of
21 training, now, therefore, be it

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23 RESOLVED, That the American Academy of Family Physicians write a letter to Centers for
24 Medicare & Medicaid Services advocating to increase Medicare Graduate Medical Education
25 funding for current and new residency and fellowship positions in Puerto Rico to address the
26 current shortage of primary care physicians, and, be it further

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28 RESOLVED, That the American Academy of Family Physicians work in collaboration with the
29 AAFP Puerto Rico chapter and Puerto Rico's local government to aid in the growth of family
30 medicine residencies and fellowship programs.

1 **Resolution No. R3-608**

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3 **The Plight of Unmatched Physicians**

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5 Introduced by: Christen Johnson, MD, MPH, Columbus, Ohio
6 Jamal Lawrence, MD, Savannah, GA
7 Chevaughn Wellington, Hartford, CT

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10 WHEREAS, The Association of American Medical Colleges reports a shortage of up to 49,300
11 primary care physicians by the year 2030, and

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13 WHEREAS, the National Board of Medical Examiners reports that 21.7% of residency
14 applicants did not match, and

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16 WHEREAS, three states, Kansas, Missouri, and Arkansas, have passed laws to allow the
17 practice of medicine including, but not limited to, seeing patients and prescribing medications
18 under the supervision of a physician in rural and underserved areas, now, therefore, be it

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20 RESOLVED, That the American Academy of Family Physicians maintain their opposition to the
21 practice of medicine without completing a residency program, and be it further

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23 RESOLVED, That the American Academy of Family Physicans establish a programmatic
24 initiative to support the preparation for the continued training of unmatched residency applicants
25 in lieu of the "Assistant Physician" role.

1 **Resolution No. R3-609**

2

3 **Residency and Patient Population Diversity**

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5 Introduced by: Jasmin Demerson, MD, Alexandria, LA

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8 WHEREAS, The American Academy of Family Physicians encourages family medicine
9 residencies to recruit medical students from rural, minority and underserved populations, and

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11 WHEREAS, minority physicians are more likely to become primary care physicians who practice
12 in rural, underserved areas, and

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14 WHEREAS, the physician-patient relationship has an important impact on disparities in medical
15 care, and

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17 WHEREAS, the physician-patient relationship is strengthened when patients see themselves as
18 similar to their physician in personal beliefs, values, and communication, and

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20 WHEREAS, in 2012, there were approximately 0.7 african american physicians for every african
21 american patient and 0.6 hispanic physicians for every hispanic patient, and

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23 WHEREAS, the AAFP stated it would position itself in a leadership role in creating a medical
24 workforce reflective of the patient population, now, therefore, be it

25

26 RESOLVED, That the American Academy of Family Physicians support residency programs in
27 diversifying their residency physicians to mirror the diversity of their serviced patient population,
28 and be it further

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30 RESOLVED, That the American Academy of Family Physicians develop and implement an
31 educational tool for residency program directors to use as a more holistic method of evaluating
32 program applicants.