



# Student 2 Agenda and Resolutions

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

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1. Resolution No. S2-201      Firearm Safety Education
2. Resolution No. S2-202      Increasing PrEP Access and Affordability Through Promoting Generic Production and Improving Cost-Sharing Programs.
3. Resolution No. S2-203      A Single Ideal Diet
4. Resolution No. S2-204      Improving Training, Networking, and Dissemination of the EveryONE Project
5. Resolution No. S2-205      Supreme Court Nominee Statement
6. Resolution No. S2-206      Maintaining and Advancing Obstetrical Care Within Family Medicine
7. Resolution No. S2-207      Inclusion of Harm Reduction Principles Into Medical School Curriculum.
8. Resolution No. S2-208      Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis
9. Resolution No. S2-209      In Support of Synthetic Cannabinoid Treatment Strategies and Research
10. Resolution No. S2-210      Nutrition Education

1 **Resolution No. S2-201**

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3 **Firearm Safety Education**

4

5 Introduced by: Claire Gleadhill, Johnson City, TN  
6 Rebecca Neighbor, Johnson City, TN  
7 Joseph Kolba, Sioux Falls, SD  
8 Pratiksha Yalakkishettar, Hempstead, NY  
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10 WHEREAS, Accidents are listed as the number one cause of death in children ages 1 to 14  
11 years old, and

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13 WHEREAS, 1.7 million children live with unlocked, loaded guns in one out of three homes that  
14 have both children and guns, and

15

16 WHEREAS, the majority (89%) of unintentional shooting deaths occur in the home, and

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18 WHEREAS, most occur when children are playing with a loaded gun in their parent's absence,  
19 and

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21 WHEREAS, the American Academy of Family Physicians has a position paper on the  
22 prevention of gun violence outlining the way practicing physicians can address gun safety, and

23

24 WHEREAS, physicians lack training and information about guns and gun safety, and

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26 WHEREAS, residents are not provided information on firearm injury prevention training, now,  
27 therefore, be it

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29 RESOLVED, That the American Academy of Family Physicians develop centralized resources  
30 for the purpose of training residents and medical students on screening and discussing gun  
31 safety, and be it further

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33 RESOLVED, That the American Academy of Family Physicians encourage residencies to  
34 incorporate gun safety screening and firearm injury prevention training in their curriculum, and  
35 be it further

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37 RESOLVED, That the American Academy of Family Physicians encourage chapters to partner  
38 with community-based organizations to utilize and develop resources to prevent gun-related  
39 violence and morbidity to be made available to clinicians, residents, and medical students.

1 **Resolution No. S2-202**

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3 **Increasing PrEP Access and Affordability Through Promoting Generic Production and**  
4 **Improving Cost-Sharing Programs.**

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6 Introduced by: Zachary Nicholas, Sacramento, CA  
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8  
9 WHEREAS, The prevalence of HIV in the U.S. exceeded one million adults in 2015 with 15% of  
10 individuals unaware of their HIV status and men who have sex with men (MSM) and persons  
11 who inject drugs (PWID) are at high risk for exposure to infectious diseases, and  
12

13 WHEREAS, pre-exposure prophylaxis (PrEP) has been shown to reduce the risk of HIV  
14 transmission among MSM at high risk of exposure by over 90% and up to 70% in persons who  
15 inject drugs (PWID), and  
16

17 WHEREAS, the theoretical cost-effectiveness of PrEP in MSM has been demonstrated, yet  
18 budgetary constraints continue to limit public health efforts due to medication and associated  
19 healthcare costs, and  
20

21 WHEREAS, currently, Gilead Sciences monopolizes the PrEP market, producing the only U.S.  
22 Food and Drug Administration (FDA) approved PrEP medication, Truvada®, and  
23

24 WHEREAS, many private insurance programs cover certain components of Truvada®, yet the  
25 application process for Gilead and independent cost sharing programs is difficult to obtain  
26 without health care provider assistance, and  
27

28 WHEREAS, and individuals with public insurance are ineligible for Gilead support programs,  
29 and  
30

31 WHEREAS, lack of access to financial support for patients taking Truvada® presents an  
32 additional barrier to regular, daily use, thus undermining efficacy in reducing HIV transmission,  
33 and  
34

35 WHEREAS, use of pharmaceutical co-pay coupons have reduced out-of-pocket costs for  
36 patients by covering medication costs as a deductible contribution, and  
37

38 WHEREAS, attempts to restrict patient utilization of co-pay coupons to reduce out-of-pocket  
39 expenses will reduce access to costly medication that may be otherwise unaffordable resulting in  
40 decreased compliance and efficacy, and  
41

42 WHEREAS, Gilead has reached a patent agreement to permit a generic version of Truvada®  
43 with apparent pay-for-delay market stipulations preventing immediate production for use in the  
44 U.S., and  
45

46 WHEREAS, due to separate patenting, generic production includes antiviral, components that  
47 differ Truvada®, thus requiring separate FDA approval for PrEP indications, further restricting  
48 competition, now, therefore, be it  
49

50 RESOLVED, That the American Academy of Family Physicians develop a statement in support  
51 of the renewal and procedural simplification of co-pay coupon programs that seek to improve  
52 the affordability and accessibility of name brand Pre-Exposure Prophylaxis, and be it further

53

54 RESOLVED, That the American Academy of Family Physicians communicate with the  
55 appropriate federal authority to intervene in the apparent pay-for-delay agreement postponing  
56 generic Pre-Exposure Prophylaxis production, and be it further

57

58 RESOLVED, That the American Academy of Family Physicians advocate for specific research  
59 funding to increase the number of U.S. Food and Drug Administration approved Pre-Exposure  
60 Prophylaxis medications and formulations.

1 **Resolution No. S2-203**

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3 **A Single Ideal Diet**

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5 Introduced by: Jodi Fitzgerald, Gainesville, FL

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8 WHEREAS, The clinical practice guideline endorsed by the American Academy of Family  
9 Physicians (AAFP), Management of Overweight and Obesity in Adults, recommends that  
10 overweight and obese adults be prescribed a diet to achieve reduced caloric intake, and

11

12 WHEREAS, the June 2018 *American Family Physician* reviews dietary recommendations with  
13 strong evidence of health benefits, and

14

15 WHEREAS, there are 29 discrete articles about healthy food choices and 17 articles on weight  
16 loss and a diet plan on the AAFP's patient education website [www.familydoctor.org](http://www.familydoctor.org), now,  
17 therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) provide through  
20 [www.familydoctor.org](http://www.familydoctor.org) a single comprehensive ideal diet consistent with AAFP's Diet's for Health:  
21 Goals and Guidelines to aid in family physicians implementation of the AAFP Management of  
22 Overweight and Obesity in Adults clinical guideline recommendation to prescribe a diet.

1 **Resolution No. S2-204**

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3 **Improving Training, Networking, and Dissemination of the EveryONE Project**

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5 Introduced by: Tiffany Ku, Chicago, IL

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8 WHEREAS, Increasing research has documented the important relationship between social  
9 determinants of health and health outcomes, and

10  
11 WHEREAS, research have shown that screening and addressing social determinants of health  
12 within clinical settings can lead to better chronic disease management, increased patient  
13 satisfaction, and improved patient compliance, and

14  
15 WHEREAS, the National Academies of Sciences, Engineering, and Medicine (formerly known  
16 as the Institute of Medicine) have recommended the capture of social determinants of health in  
17 Electronic Health Records, and

18  
19 WHEREAS, this supports the assertion that physicians need to address social determinants of  
20 health in order to be successful in promoting good health outcomes for individuals and  
21 populations, and

22  
23 WHEREAS, the American Academy of Family Physicians states that the payment and  
24 measurement design of alternative payment models should properly account for social  
25 determinants of health, and that doing so will improve quality and outcomes for all patients, now,  
26 therefore, be it

27  
28 RESOLVED, That the American Academy of Family Physicians and its partners develop  
29 biannual webinars, limited-seating office hours, or other web-based trainings focused on the  
30 planning, implementation, and evaluation of the EveryONE Project, and be it further

31  
32 RESOLVED, That the American Academy of Family Physicians disseminate a quarterly  
33 newsletter featuring case studies of successful implementations of the EveryONE Project,  
34 including, but not limited to, how the EveryONE Project has led to increased non-medical  
35 referrals and partnerships, and be it further

36  
37 RESOLVED, That the American Academy of Family Physicians develop regional working  
38 groups focused on health equity, including, but not limited to, providers who are currently  
39 implementing the EveryONE Project tools, and be it further

40  
41 RESOLVED, That the American Academy of Family Physicians investigate the creation of a  
42 data registry for EveryONE Project users, with the ultimate goal of using this data to inform  
43 primary-care delivery, research, and other areas of health care policy, and be it further

44  
45 RESOLVED, That the American Academy of Family Physicians examine the possibility of small  
46 seed funding for practice-based research projects focused on the implementation of the  
47 EveryONE Project.

1 **Resolution No. S2-205**

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3 **Supreme Court Nominee Statement**

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5 Introduced by: Chethana Eswarappa, San Gabriel, CA  
6 Julia Wang, MD, San Gabriel, CA  
7 Jordan Hoese, MD, Dallas, TX

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10 WHEREAS, The American Academy of Family Physicians (AAFP) has a strong history of  
11 supporting the Affordable Care Act (ACA), and equitable access to health care for all regardless  
12 of income or preexisting conditions, and

13

14 WHEREAS, the ACA and Medicaid expansion have resulted in coverage for 14 million more  
15 Americans, and

16

17 WHEREAS, the ACA mandates insurance plans to cover all U.S. Food and Drug Administration  
18 approved methods of birth control for free, granting contraceptive access to the most  
19 marginalized communities, and

20

21 WHEREAS, the AAFP proclaims to support a woman's access to reproductive and maternity  
22 health services and opposes nonevidence-based restrictions on medical care and the provisions  
23 of such services, and

24

25 WHEREAS, the AAFP proclaims to believe maternity and reproductive health services are  
26 essential to general health care and should be covered under all insurance plans, and

27

28 WHEREAS, Roe v. Wade has been shown to equitably reduce maternal morbidity and mortality,  
29 and

30

31 WHEREAS, the President of the United States has guaranteed all his potential nominees will  
32 repeal Roe v. Wade, now, therefore, be it

33

34 RESOLVED, That the American Academy of Family Physicians release a statement calling for  
35 the U.S.Congress to only confirm Supreme Court nominees who have a history of supporting  
36 the ACA and expansion of affordable access to health care, as well as upholding reproductive  
37 rights under Roe v. Wade.

1 **Resolution No. S2-206**

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3 **Maintaining and Advancing Obstetrical Care Within Family Medicine**

4

5 Introduced by:           Garrett Dunn, Huntsville, AL  
6                               Andrea Pittman, Huntsville, AL

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8 WHEREAS, There are currently a great number of underserved communities across the country  
9 that lack obstetrical services, and

10

11 WHEREAS, the number of family physicians performing obstetrical care has decreased  
12 significantly in the past decade, and

13

14 WHEREAS, the number of hospitals, especially in rural, underserved areas, have closed  
15 obstetrical departments, and

16

17 WHEREAS, hospitals are not privileging family medicine physicians who are trained and  
18 wanting to practice obstetrical care, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians support members wanting to  
21 practice obstetrical care, including surgical obstetrics, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians promote continued obstetrical  
24 training by forming an AAFP committee to promote the expansion of obstetrics within family  
25 medicine and obstetrical privileges for family physicians to help fill the need in underserved  
26 communities, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians contact the American College of  
29 Obstetrics and Gynecology to consider collaboration to provide obstetrical care in underserved  
30 communities.



1 **Resolution No. S2-207**

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3 **Inclusion of Harm Reduction Principles Into Medical School Curriculum.**

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5 Introduced by: Zachary Nicholas, Sacramento, CA

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7 WHEREAS, Harm reduction strategies have evolved with public health advocacy to reduce  
8 negative effects of health behaviors by limiting undue social or legal consequences and  
9 subverting traditional medical and moral models of illicit drug use, and

10  
11 WHEREAS, harm reduction principles provide a framework for patient care which maximizes  
12 patient autonomy, facilitates patient-physician communication, and can be applied to diverse  
13 patient populations, and

14  
15 WHEREAS, medical students are actively involved in harm reductions strategies in the form of  
16 student-run clinics, community health projects, and needle exchange programs, yet lack in-  
17 depth knowledge and resist broad application of harm reduction principles, and

18  
19 WHEREAS, medical student knowledge of harm reduction principles may serve as a nidus to  
20 increase awareness and application in healthcare settings that have remained skeptical of  
21 broad application of harm reduction strategies, and

22  
23 WHEREAS, existing AAFP policy supports harm reduction efforts, including needle exchange  
24 programs, increased bystander naloxone availability, increased funding for drug treatment  
25 programs, and strategies to prevent negative sequelae of potential harmful behaviors, now,  
26 therefore, be it

27  
28 RESOLVED, That the American Academy of Family Physicians draft a letter to the Liaison  
29 Committee on Medical Education supporting the inclusion of broad-scope harm reduction  
30 principles in medical school curriculum, and be it further

31  
32 RESOLVED, That the American Academy of Family Physicians develop educational content as  
33 a resource for members to provide information on harm reduction principles and their  
34 application in medicine and community health.

1 **Resolution No. S2-208**

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3 **Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis**

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5 Introduced by: Zachary Nicholas, Sacramento, CA

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7 WHEREAS, The prevalence of heroin dependence increased by 90% between the period of  
8 2002-2004 and 2011-2013, and

9  
10 WHEREAS, the number of deaths attributed to heroin injection overdoses has quadrupled  
11 nationally since 2010, and

12  
13 WHEREAS, persons who inject drugs (PWID) are more likely to contract infectious diseases  
14 such as HIV, hepatitis C, and soft tissue infections, and

15  
16 WHEREAS, supervised injection facilities (SIFs) are sites that allow PWID to inject self-provided  
17 drugs within a supervised framework in enhanced aseptic conditions with medical monitoring  
18 and no risk of police control, and

19  
20 WHEREAS, in areas in which they are established, SIFs reduce the number of overdose  
21 deaths, reduce transmission rates of infectious disease, increase the number of individuals  
22 initiating substance use therapy, improve access to care for those who would not otherwise  
23 access the health care system, and to date have had no documented fatalities, and

24  
25 WHEREAS, SIFs effectively attract and provide services for PWID who are at greatest risk due  
26 to homelessness, daily use, and recent nonfatal overdose, and

27  
28 WHEREAS, it has been shown that youth in high-risk categories are more likely to use SIFs,  
29 and

30  
31 WHEREAS, SIFs do not increase overall illicit drug use, encourage drug use, or promote first-  
32 time drug experimentation, and

33  
34 WHEREAS, North America's only currently existing SIF has created significant health care  
35 savings due to averted infections and deaths, and

36  
37 WHEREAS, cost-benefit projections for potential SIFs in other North American cities have  
38 predicted similarly favorable results, now, therefore, be it

39  
40 RESOLVED, That the American Academy of Family Physicians develop policy in support of the  
41 creation of facilities that provide a supervised framework and enhanced aseptic conditions for  
42 the injection of self-provided illegal substances with medical monitoring, with legal and liability  
43 protections for persons working or volunteering in such facilities and without risk of criminal  
44 penalties for recipients of such services.

1 **Resolution No. S2-209**

2  
3 **In Support of Synthetic Cannabinoid Treatment Strategies and Research**

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5 Introduced by: Jennifer Nordhauser, San Antonio, TX

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8 WHEREAS, Synthetic cannabinoid, also known as "Spice" or "K2," usage has continuously  
9 affected U.S. communities since it was first introduced in 2009, and

10  
11 WHEREAS, K2 intoxications have recently been reported in Austin with 52 cases on August 25,  
12 2016 and 2 cases on December 17, 2017, a mass overdose occurred in 2016 in Hermann Park  
13 in Houston, and a "Massive K2 Bust" of 600 lbs found in Houston on April 21, 2017 with many  
14 more individual cases and deaths not reported in news media, and

15  
16 WHEREAS, the U.S. Army Public Health Center sent out a public health alert on January 31,  
17 2018, reporting adverse effects of vape oils possibly containing synthetic cannabinoids, and

18  
19 WHEREAS, the link provided in the U.S. Army public health alert for additional information  
20 contains no information regarding the effects of and treatment modalities for synthetic  
21 cannabinoids, and

22  
23 WHEREAS, synthetic cannabinoids have two to 100 times the potency and twice the duration of  
24 natural cannabis, and

25  
26 WHEREAS, the American Journal of Emergency Medicine published an article in 2017 stating  
27 that "synthetic cannabis is not a benign substance," and leads to significantly different effects by  
28 individual and formulation, and

29  
30 WHEREAS, the effects of synthetic cannabinoids are unpredictable and may include  
31 hallucinations and psychotic episodes, suicidal thoughts and/or actions, seizures, acute kidney  
32 injury, and death, now, therefore, be it

33  
34 RESOLVED, That the American Academy of Family Physicians support evidence-based  
35 strategies to help treat synthetic cannabinoid overdose and reduce synthetic cannabinoid use,  
36 and be it further

37  
38 RESOLVED, That the American Academy of Family Physicians advocate for research on the  
39 prevalence, effects, and implications of synthetic cannabinoid use to better inform providers on  
40 how to clinically manage synthetic cannabinoid usage.

1 **Resolution No. S2-210**

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3 **Nutrition Education**

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5 Introduced by: Ryan Paulus, Grandview Heights, OH

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8 WHEREAS, Diet is a significant risk factor linked to death in the U.S. contributing up to 678,000  
9 deaths annually, and

10

11 WHEREAS, dietary changes have been shown to improve and prevent multiple chronic  
12 disabling diseases, and

13

14 WHEREAS, medical schools provide less nutritional education now than compared to 30 years  
15 ago with less than 1% of total lectures dedicated to nutrition, and

16

17 WHEREAS, nutrition education for physicians is limited, and

18

19 WHEREAS, less than 15% of physicians feel like they were sufficiently trained to provide  
20 nutritional counseling to patients, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians provide more educational  
23 opportunities through conference lectures and/or online education material/modules for medical  
24 students, residents, and physicians focusing on nutrition.