



Student 2 Agenda and Resolutions

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

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**

2

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
9

10 WHEREAS, Accidents are listed as the number one cause of death in children ages 1 to 14
11 years old, and

12

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

17

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

20

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

25

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

28

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

32

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

36

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**

2
3 **Increasing PrEP Access and Affordability Through Promoting Generic Production and**
4 **Improving Cost-Sharing Programs.**

5
6 Introduced by: Zachary Nicholas, Sacramento, CA
7

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**

2

3 **A Single Ideal Diet**

4

5 Introduced by: Jodi Fitzgerald, Gainesville, FL

6

7

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, now,
17 therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) provide through
20 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**

2
3 **Improving Training, Networking, and Dissemination of the EveryONE Project**

4
5 Introduced by: Tiffany Ku, Chicago, IL
6
7

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**

2

3 **Supreme Court Nominee Statement**

4

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

8

9

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**

2

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

4

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

7

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**

2
3 **Inclusion of Harm Reduction Principles Into Medical School Curriculum.**

4
5 Introduced by: Zachary Nicholas, Sacramento, CA

6
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**

2
3 **Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis**

4
5 Introduced by: Zachary Nicholas, Sacramento, CA

6
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**

4
5 Introduced by: Jennifer Nordhauser, San Antonio, TX

6
7
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**

2

3 **Nutrition Education**

4

5 Introduced by: Ryan Paulus, Grandview Heights, OH

6

7

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.