



# Student 3 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. S3-301      Routine Adverse Childhood Experiences (ACE) Education
2. Resolution No. S3-302      Puerto Rico's Primary Care Physician Exodus
3. Resolution No. S3-303      Coverage for Vitamin D Supplementation for Newborns
4. Resolution No. S3-304      Family Medicine Residency Resource Improvements
5. Resolution No. S3-305      Mental Health First Aid in Clinical Education
6. Resolution No. S3-306      Opioid Epidemic Funding and Solutions
7. Resolution No. S3-307      Support for Family Medicine Residency Sponsored  
Addiction Clinics
8. Resolution No. S3-308      Increase Diversity of AAFP Board of Directors
9. Resolution No. S3-309      Including Physician Health in the AAFP Mission
10. Resolution No. S3-310      Oppose "Fetal Personhood" Terminology in Governmental  
Policies and Legislation

1 **Resolution No. S3-301**

2  
3 **Routine Adverse Childhood Experiences (ACE) Education**

4  
5 Introduced by: Saya Yusa, Flint, MI  
6 Diana Chen, Flint, MI  
7

8 WHEREAS, Adverse Childhood Experiences (ACE) have been connected to poor health  
9 choices, chronic medical disease, psychiatric disorders, and decreased life potential and  
10 expectancy, and

11  
12 WHEREAS, the Behavioral Risk Factor Surveillance System ACE Module used in 10 states  
13 demonstrated that nearly 24% of people have at least one ACE and more than 20% have at  
14 least three or more, and

15  
16 WHEREAS, there is a "dose-response" relationship between the number of ACEs and a child's  
17 negative health outcomes, as well as lasting neurological effects, and

18  
19 WHEREAS, ACEs shorten life expectancy by up to 20 years compared to the average life  
20 expectancy for adults who did not experience trauma as children, and

21  
22 WHEREAS, over half of all adolescents aged 12 to 17 years in the U.S. have been exposed to  
23 at least one ACE, and over one-quarter have experienced two or more, and

24  
25 WHEREAS, ACEs often disproportionately affect children who are of lower socioeconomic  
26 levels and/or part of a minority population, and

27  
28 WHEREAS, universal screening with ACEs can help identify childhood adversities, prevent  
29 negative health outcomes, and promote healthy living and disease prevention, now, therefore,  
30 be it

31  
32 RESOLVED, That the American Academy of Family Physicians advocate for routine Adverse  
33 Childhood Experiences' (ACE) education in medical student and family medicine residency  
34 training and pediatric off-service rotations, and, be it further

35  
36 RESOLVED, That the American Academy of Family Physicians advocate for research studying  
37 the impact of Adverse Childhood Experiences' (ACE) screening and treatment on long-term  
38 health outcomes.

1 **Resolution No. S3-302**

2

3 **Puerto Rico's Primary Care Physician Exodus**

4

5 Introduced by: Pedro Rodriguez Ortiz, Caguas, PR  
6 Alexandra Lozano San Miguel, Caguas, PR

7

8 WHEREAS, The primary care physician shortage is a problem affecting the U.S., however,  
9 Puerto Rico is dealing with an additional issue - a physician exodus, and

10

11 WHEREAS, there are 9,240 fewer primary care physicians in Puerto Rico than three years ago  
12 worsening the physician shortage on the island, now, therefore, be it

13

14 RESOLVED, That the American Academy of Family Physicians in coordination with the Puerto  
15 Rico Academy of Family Physicians study the causes of the primary care physician exodus, and  
16 be it further

17

18 RESOLVED, That the American Academy of Family Physicians work with the Puerto Rico  
19 Academy of Family Physicians to find plausible solutions to address the physician shortage in  
20 Puerto Rico.

1 **Resolution No. S3-303**

2  
3 **Coverage for Vitamin D Supplementation for Newborns**

4  
5 Introduced by: Alec Ludwig, Farmington Hills, MI  
6 Anne Drolet, Clarkston, MI  
7

8  
9 WHEREAS, Vitamin D deficiency is a preventable disorder that has been associated with  
10 increased risk for numerous health issues in children and adults, and

11  
12 WHEREAS, the prevalence of vitamin D deficiency in newborns has been found to be between  
13 12.1-58.0%, and

14  
15 WHEREAS, vitamin D deficiency in newborns has been linked to increased risk of developing  
16 health problems, including rickets, lower respiratory infections, growth failure, irritability, and  
17 seizures, and

18  
19 WHEREAS, the American Academy of Family Physicians recommends including vitamin D (200  
20 IU) in discharge procedures for healthy newborns, and

21  
22 WHEREAS, it is recognized that breast milk is not an adequate source of vitamin D, and

23  
24 WHEREAS, supplementation has been shown to be efficacious in increasing serum vitamin D  
25 levels and in preventing vitamin D deficiency in infants, and

26  
27 WHEREAS, in the U.S., 75-89% of infants are not meeting the 200 IU of vitamin D per day  
28 recommendation, and only 1-13% of infants are receiving oral vitamin D supplement, and

29  
30 WHEREAS, the Patient Protection and Affordable Care Act requires insurance programs to  
31 cover selected supplements, including pediatric fluoride and/or iron supplementation, at no cost  
32 for children over the age of six months only, and

33  
34 WHEREAS, Poly-vi-sol can cost from \$8.68 and greater for 50 mL, which would last 12.5 days  
35 per child, costing a family a minimum of \$125 per child for the first six months now, therefore, be  
36 it

37  
38 RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of  
39 vitamin D supplementation for newborns in the list of Medicaid covered preventative  
40 supplements.

1 **Resolution No. S3-304**

2

3 **Family Medicine Residency Resource Improvements**

4

5 Introduced by: Andrea Pittman, Huntsville, Alabama

6 Garrett Dunn, Huntsville, Alabama

7

8 WHEREAS, Residency programs do not have all their information in one location, and

9

10 WHEREAS, there are over 300 residency programs in the U.S., and

11

12 WHEREAS, some programs do not regularly update their websites, and

13

14 WHEREAS, some domains are no longer active, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) should require  
17 residencies that attend National Conference of Family Medicine Resident and Medical Students  
18 to submit data to be published on the AAFP residency database website, and be it further

19

20 RESOLVED, That the information should be updated annually to help students in applying to  
21 residencies.

1 **Resolution No. S3-305**

2  
3 **Mental Health First Aid in Clinical Education**

4  
5 Introduced by: Tiffani Strickland, Detroit, MI  
6 Alec Ludwig, Detroit, MI  
7

8  
9 WHEREAS, Major Depressive Disorder affects about 6.7% of the U.S. population age 18 and  
10 older in a given year, and

11  
12 WHEREAS, almost 30% of medical students suffer from depression and,

13  
14 WHEREAS, one out of 10 medical students report having suicidal thoughts, and

15  
16 WHEREAS, the suicide rate among physicians is 28-40 per 100,000, which is more than double  
17 that in the general population, and

18  
19 WHEREAS, Mental Health First Aid is an established course, which can be taken both online  
20 and face-to-face, which improves mental health literacy and teaches individuals how to respond  
21 to someone experiencing a mental health crisis, and

22  
23 WHEREAS, a randomized controlled trial by Davies, et al. involving medical students in the UK  
24 demonstrated improvement in mental health first aid intentions, improvement in confidence level  
25 addressing mental health crises among their peers, and a reduction in stigmatization of mental  
26 illness, now, therefore, be it

27  
28 RESOLVED, That the American Academy of Family Physicians address a letter to medical  
29 schools and residency programs encouraging the inclusion of the Mental Health First Aid  
30 curriculum into their education programs.

1 **Resolution No. S3-306**

2  
3 **Opioid Epidemic Funding and Solutions**

4  
5 Introduced by: Austin Witt, Johnson City, TN

6  
7 WHEREAS, The American Academy of Family Physicians (AAFP) supports the delivery of  
8 patient-centered, compassionate care to patients struggling with chronic pain and/or opioid  
9 dependence, and

10  
11 WHEREAS, the AAFP is committed to critically appraise currently available evidence and  
12 guidelines on the treatment of chronic pain and opioid dependence, and

13  
14 WHEREAS, the AAFP endorses a nonjudgmental and culturally proficient environment for  
15 patients struggling with chronic pain and/or opioid dependence, and

16  
17 WHEREAS, in 2016, there were more than 63,600 drug overdose deaths in the U.S., and

18  
19 WHEREAS, on June 22, 2018 the U.S. House of Representatives passed the Substance Use-  
20 Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and  
21 Communities Act that provides \$4 billion for expanding access to treatment and recovery  
22 services, coming up with opioid alternatives for pain treatment, intercepting illegal opioids at  
23 mail facilities, and combating use of fentanyl, and

24  
25 WHEREAS, insurance coverage of addiction treatment is widely variable, and

26  
27 WHEREAS, states that expanded Medicaid as well as those who did not are both experiencing  
28 above-average opioid overdose death rates, now, therefore, be it

29  
30 RESOLVED, That the American Academy of Family Physicians release a statement supporting  
31 the use of Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment  
32 for Patients and Communities Act funding for evidence-based and patient centered care for  
33 patients already suffering from opioid addiction who are disadvantaged by socioeconomic and  
34 insurance status, and be it further

35  
36 RESOLVED, That the American Academy of Family Physicians release a statement supporting  
37 the use of Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment  
38 for Patients and Communities Act funding to support the ability and training of family physicians  
39 in medically underserved and low resource areas to provide evidence-based and patient-  
40 centered pain and addiction management.

1 **Resolution No. S3-307**

2  
3 **Support for Family Medicine Residency Sponsored Addiction Clinics**

4  
5 Introduced by: Anne Drolet, Flint, MI  
6 Diana Chen, Grand Blanc, MI  
7 Linh-An Cao, Farmington Hills, MI  
8 Alec Ludwig, Farmington Hills, MI  
9 Saya Yusa, Flint, MI

10  
11 WHEREAS, The opioid abuse crisis is continuing to grow, with at least 115 people dying from  
12 overdose every day, and

13  
14 WHEREAS, the Center for Disease Control and Prevention estimates \$78.5 billion are spent  
15 each year due to opioid misuse, and

16  
17 WHEREAS, patients that access suboxone therapy through clinics may improve their overall  
18 health care through subsequent follow-up visits, and

19  
20 WHEREAS, family physicians play a crucial role in combating this epidemic, and

21  
22 WHEREAS, 76.9% of residency program directors report that they manage patients with  
23 substance abuse issues within their clinics, but less than a quarter of programs provide more  
24 than 12 hours of training or buprenorphine Drug Enforcement Administration waivers, and

25  
26 WHEREAS, That the American Academy of Family Physicians supports naloxone access and  
27 training and included this within the Curriculum Guidelines for Family Medicine Residents, and

28  
29 WHEREAS, the curriculum guidelines do not provide specific guidance on the inclusion for  
30 training, now, therefore, be it

31  
32 RESOLVED, That the American Academy of Family Physicians write a letter to family medicine  
33 residency programs to encourage them to provide buprenorphine training for interested  
34 residents, and be it further

35  
36 RESOLVED, That the American Academy of Family Physicians establish a toolkit that family  
37 medicine residency programs can use in establishing and maintaining suboxone clinics staffed  
38 by resident physicians.





1 **Resolution No. S3-308**

2  
3 **Increase Diversity of AAFP Board of Directors**

4  
5 Introduced by: Margaret Smith, Johnson City, TN

6  
7 WHEREAS, The American Academy of Family Physicians (AAFP) Vision & Strategic Plan  
8 states, "By advocating for graduate medical education and payment reform, we work to  
9 rebalance the composition and distribution of the physician workforce in the U.S," and

10  
11 WHEREAS, it is the policy of the AAFP, as of 2015, that "the AAFP will position itself in a  
12 leadership role in creating a medical workforce reflective of the patient populations family  
13 physicians serve," and

14  
15 WHEREAS, according to the U.S. Census Bureau report in 2016, the U.S. is composed of  
16 slightly more than 50% women and more than 40% persons of color, and

17  
18 WHEREAS, women make up 44.2%, 53.7%, and 51.6% of active, resident, and student  
19 members respectively, and

20  
21 WHEREAS, physicians of color constitute 16.3% of AAFP active members, and

22  
23 WHEREAS, the AAFP Board of Directors currently consists of 15 physicians, one new  
24 physician, one resident member, and one student member, and

25  
26 WHEREAS, of those 18 members only three are physicians of color (16%) and two are women  
27 physicians (11%), one of whom is the resident member elected by the National Congress of  
28 Family Medicine Residents, now, therefore, be it

29  
30 RESOLVED, That the American Academy of Family Physicians establish a position on the  
31 Board of Directors designated the Special Constituency Director reserved for a representative of  
32 a National Conference of Constituency Leaders (NCCL) from eligible constituencies including  
33 Women, Minorities, New Physicians, International Medical Graduates, or LGBT physicians or  
34 physician allies in order to increase the representation and visibility of these constituencies at  
35 the highest levels of AAFP leadership.

1 **Resolution No. S3-309**

2

3 **Including Physician Health in the AAFP Mission**

4

5 Introduced by: Margaret Smith, Johnson City, TN

6

7 WHEREAS, The American Academy of Family Physicians (AAFP) is concerned about the high  
8 rates of professional burnout among physicians in the U.S., and

9

10 WHEREAS, family physicians suffer from significantly higher rates of burnout than physicians in  
11 most other specialties, and

12

13 WHEREAS, burnout can negatively affect quality of patient care and result in physicians leaving  
14 practice, thus contributing to the primary care workforce shortage, and

15

16 WHEREAS, the Institute for Healthcare Improvement's Triple Aim includes Improving patient  
17 experience, improving health of the populations, and reducing the cost of healthcare, and

18

19 WHEREAS, the "Quadruple Aim" seeks to add physician well-being to the Triple Aim in order to  
20 achieve healthcare optimization, and

21

22 WHEREAS, the mission of the American Academy of Family Physicians as revised in 2014 by  
23 the Congress of Delegates currently includes "improve the health of patients, families, and  
24 communities by serving the needs of members with professionalism and creativity," now,  
25 therefore, be it

26

27 RESOLVED, That the mission of the American Academy of Family Physicians be changed to  
28 "The Mission of the American Academy of Family Physicians is to improve the health of  
29 patients, families, physicians, and communities by serving the needs of members with  
30 professionalism and creativity."

1 **Resolution No. S3-310**

2  
3 **Oppose "Fetal Personhood" Terminology in Governmental Policies and Legislation**

4  
5 Introduced by: Greeshma Somashekar, Asheville, NC  
6 Noa Nessim, Durham, NC  
7 Alaina Aristide, Astoria, NY  
8

9  
10 WHEREAS, Fetal personhood is not a medical term, and

11  
12 WHEREAS, current politicians have used the following language in multiple proposed bills on  
13 the state and national levels: 'fetal personhood', 'child in utero', 'unborn child', 'a human being at  
14 any stage of development,' and

15  
16 WHEREAS, the creation of fetal rights is in direct conflict with the constitutional rights of the  
17 pregnant person, and

18  
19 WHEREAS, the unborn have never been recognized in the law as persons in the whole sense  
20 and have not been afforded rights as an entity separate from the pregnant person, and

21  
22 WHEREAS, fetal personhood language included in legislation is designed to undermine  
23 reproductive rights and access to abortion, and

24  
25 WHEREAS, the use of fetal personhood terminology in legislation has far reaching implications  
26 on the bodily autonomy of the pregnant person, including patient access to safe and effective  
27 assisted reproductive technologies such as in-vitro fertilization, selective reduction, and embryo  
28 storage and disposal, and

29  
30 WHEREAS, the use of fetal personhood terminology has additional implications on the bodily  
31 autonomy and safety of the pregnant person including, but not limited to, access to abortion, the  
32 ability of a pregnant person to make medical decisions surrounding birth (i.e. consent for c-  
33 sections, and the pregnant person's well-being in situations when religious institutions refuse to  
34 treat ectopic pregnancies or miscarriages with a fetal heartbeat), now, therefore, be it

35  
36 RESOLVED, That the American Academy of Family Physicians publicly oppose the use of and  
37 concept of 'fetal personhood' language in policies and legislation.