Consent Calendar for the Reference Committee on Health of the Public & Science

All page references herein are to the Delegates' Handbook unless otherwise indicated.

THIS REPORT IS POLICY AFTER BEING ACTED UPON BY THE CONGRESS OF DELGATES – OCTOBER 9, 2018

RECOMMENDATION: The Reference Committee on Health of the Public and Science recommends the following consent calendar for adoption:

Item 1 – Adopt Resolution No. 401 "Institutional Racism in the Healthcare System"

Item 2 – Adopt Substitute Resolution No. 402 "Medical Aid in Dying" in lieu of Resolution Nos. 402, 403, 404, and 405 **EXTRACTED**

Item 3 – Refer to the Board of Directors Resolution No. 406 "Treating Opioid Use Disorder in Hospitals and Drug Treatment Facilities"

Item 4 – Adopt Resolution No. 407 "Safe Injection Facilities"

Item 5 – Refer to the Board of Directors Resolution No. 408 "Support Measures to Decrease Maternal Mortality in the United States" **EXTRACTED**

Item 6 – Not Adopt Resolution No. 410 "National Immunization Registry" **EXTRACTED**

Item 7 – Refer to the Board of Directors Resolution No. 411 "FDA and Low-Nicotine Products" **EXTRACTED**

Item 8 – Adopt Substitute Resolution No. 412 "Non-Pharmacologic Interventions, Pain, and Opioids"

Item 9 – Not Adopt Resolution No. 413 "Two-Percent Tax on Gun and Gun Ammunition Sales to Fund Mental Health Support Services and Education at Public Schools" **EXTRACTED**

Item 10 – Reaffirm Resolution No. 414 "Preventing Gun Violence"

Item 11 – Reaffirm Resolution No. 415 "Reducing Gun Violence"

Item 12 – Substitute Adopt Resolution No. 417 "Pre-Exposure Prophylaxis (PrEP) Related Life and Disability Insurance Denials"

Item 13 – Not Adopt Resolution No. 419 "Elimination of Known and Probable Carcinogens from School Meals"

Item 14 – Refer to the Board of Directors Resolution No. 420 "Natural Disaster Contingency Plan"

Item 15 – Adopt revised of policy statement on "Adolescent Health Care, Confidentiality" (Board Report H, ONLY para. 20, pp. 242-243)

Item 16 – Adopt revised policy statement on "Athletic Performance Enhancing Drugs" (Board Report H, ONLY para. 21, pp. 243-244)

Item 17 – Adopt revised policy statement on "Backpack Safety in Children" (Board Report H, ONLY para. 22, p. 244)

Item 18 – Adopt revised policy statement on "Chelation Therapy" (Board Report H, ONLY para. 23, p. 244)

Item 19 – Adopt revised policy statement on "Climate Change and Air Pollution" to "Environmental Health and Climate Change" (Board Report H, ONLY para. 24, pp. 244-245)

Item 20 – Adopt revised policy statement on "Clinical Practice Guidelines" (Board Report H, ONLY para. 25, pp. 245-246)

Item 21 – Adopt revised policy statement on "Culturally Proficient Health Care" (Board Report H, ONLY para. 26, pp. 246-247)

Item 22 – Adopt new policy statement on "Discipline in Schools" (Board Report H, ONLY para. 28, p. 247)

Item 23 – Adopt revised policy statement on "Don't Text and Drive Initiative" to Distracted Driving" (Board Report H, ONLY para. 29, pp. 247-248)

Item 24 – Adopt revised policy statement on "Drug Testing and Selection" to "Medication, Device, and Biologic Agents Drug Testing and Selection" (Board Report H, ONLY para. 30, p. 248)

Item 25 – Adopt new policy statement on "Genital Surgeries in Intersex Children" (Board Report H, ONLY para. 32, pp. 248-249)

Item 26 – Adopt revised policy statement on "Hearing Loss, Deafness, and the Hard of Hearing" (Board Report H, ONLY para. 33, p. 249)

Item 27 – Adopt revised policy statement on "Homelessness" (Board Report H, ONLY para. 34, p. 250)

Item 28 – Adopt new policy statement on "Implicit Bias" (Board Report H, ONLY para. 36, p. 251)

Item 29 – Adopt revised policy statement on "Linguistically Appropriate Health Care" (Board Report H, ONLY para. 37, p. 251)

Item 30 – Adopt new policy statement on "Maximizing Representation of Racial and Ethnic Subpopulations in Data" (Board Report H, ONLY para. 39, pp. 251-252)

Item 31 – Adopt revised position paper on "Mental Health Care Services by Family Physicians" (Board Report H, ONLY para. 40, p. 252 and Appendix B, pp. 288-295)

Item 32 – Adopt new policy statement on "Oral Health" (Board Report H, ONLY para. 42, pp. 252-253)

Item 33 – Adopt new policy statement on "Paid Sick Leave" (Board Report H, ONLY para. 44, p. 253)

Item 34 – Adopt revised policy statement on "Physical Activity in Children" (Board Report H, ONLY para. 45, pp. 253-254)

Item 35 – Adopt new position paper on "Prevention of Gun Violence" (Board Report H, ONLY para. 48 p. 254 and Appendix C, pp. 296-305)

Item 36 – Adopt revised and combined policy statements on "Unsupported Screening and Diagnosis Testing" and "Screening" (Board Report H, ONLY para. 49, pp. 254-255)

Item 37 – Adopt new policy statement on "Separation of Families" (Board Report H, ONLY para. 51, p. 255)

Item 38 – Adopt new policy statement on "Solitary Confinement of Youth" (Board Report H, ONLY para. 53, p. 256)

Information Items for Filing:

- Board Report H, AAFP Policy Statements, ONLY, paras. 27, 31, 35, 38, 41, 43, 46, 47, 50, and 52. (pp. 233-338)

Report of the Reference Committee on Health of the Public/Science

All page references herein are to the Delegates' Handbook unless otherwise indicated.

THIS REPORT IS POLICY AFTER BEING ACTED UPON BY THE CONGRESS OF DELGATES – OCTOBER 9, 2018

Mr. Speaker, the Reference Committee on Health of the Public and Science has considered each of the items referred to it and submits the following report.

ITEM 1 – INSTITUTIONAL RACISM IN THE HEALTHCARE SYSTEM

Resolution No. 401 from the New York State chapter entitled, "Institutional Racism in the Healthcare System," the resolved portions are printed below:

> RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy opposing segregation of patient care within the health care system and within health care institutions by race, insurance status, or other demographics, and be it further
>
> RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity develop materials and provide education to increase awareness of how racism is manifested through institutional policies and how segregated care within the health care system is a cause of racial disparities in health outcomes.

All testimony was in support of the resolution. Those testifying pointed out that the U.S. health system is racially segregated, with insurance coverage and socio-economic status as proxy. While the AAFP has policy opposing discrimination, segregation is distinct from discrimination. Testimony asked for the AAFP to raise awareness about and develop policies to fight segregation in our health system. The reference committee agreed that segregation should be specifically addressed by AAFP policy and that the resolution aligns with the ongoing work of the Center for Diversity and Health Equity.

RECOMMENDATION: The reference committee recommends that Resolution No. 401 be adopted.

ITEM 2 – MEDICAL AID IN DYING

Resolution No. 402 from the New York State chapter entitled, "Medical Aid in Dying," the resolved portions are printed below:

> RESOLVED, That the American Academy of Family Physicians (AAFP) affirm that the use of medical aid in dying is an ethical, personal, end-of-life decision when the patient is terminally ill, is suffering and capable of making an informed decision to end his/her suffering through medical aid in dying and that such decision should be made in the context of the doctor-patient relationship, and be it further
>
> RESOLVED, That the American Academy of Family Physicians is neutral regarding whether individual states should permit medical aid in dying, and be it further
>
> RESOLVED, That the American Academy of Family Physicians reject use of the term "assisted suicide" when describing care to assist a patient who has made the decision to end his/her suffering through medical aid in dying and, instead, shall describe such situations as "medical aid in dying," and be it further
>
> RESOLVED, That the American Academy of Family Physicians maintain a neutral position on medical aid in dying regardless of any position on the matter of any other medical organization, and be it further
>
> RESOLVED, That the American Academy of Family Physicians support state and federal laws which protect physicians from criminal prosecution and civil liability who assist terminally ill patients in ending their suffering pursuant to state or federal laws which permit medical aid in dying.

Resolution No. 403 from the California chapter entitled "Medical Aid-in-Dying is an Ethical End-of-Life Option," the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians acknowledge that use of medical aid-in-dying is an ethical personal end-of-life decision that should be made in the context of the doctor-patient relationship, and be it further

RESOLVED, That the American Academy of Family Physicians seek to modify the current American Medical Association (AMA) policy on end-of-life care with language that recognizes medical aid-in-dying as an ethical end-of-life option when practiced where authorized and according to prescribed law.

Resolution No. 404 from the Washington and New Mexico chapters entitled "Adopting an Independent AAFP Policy on Medical Aid in Dying," the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians adopt a position of engaged neutrality toward medical aid in dying, which is the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death as this position would be independent of the American Medical Association's Code of Ethics, which continues to strongly oppose legalization of medical aid in dying, and be it further

RESOLVED, That the American Academy of Family Physicians use a more contemporary term such as medical aid in dying or physician aid in dying within its formal statements or documents on the topic and no longer use the term "assisted suicide," and be it further

RESOLVED, That the American Academy of Family Physicians direct its delegates to the American Medical Association's (AMA) house of delegates to advocate that the AMA adopt a position of engaged neutrality regarding medical aid in dying, and be it further

RESOLVED, That the American Academy of Family Physicians direct its delegates to the American Medical Association's (AMA) house of delegates to advocate that the AMA discontinue use of the term "assisted suicide" to describe medical aid in dying and instead adopt a more contemporary term such as medical aid in dying or physician aid in dying.

Resolution No. 405 from the California chapter entitled "Reject 'Assisted Suicide' Terminology in Aid-in-Dying," the resolved portions are printed below:

> RESOLVED, That the American Academy of Family Physicians reject the term "assisted suicide" to describe the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death should their suffering become unbearable, and be it further
>
> RESOLVED, That the American Academy of Family Physicians urge the American Medical Association (AMA) and its CEJA to reject use of the term "assisted suicide" when referring to the practice of medical aid-in-dying.

Those providing testimony highlighted similar issues which threaded throughout the discussion of the four resolutions. While the testimony was mixed regarding specific terminology, there was a significant amount of testimony in support of the spirit of the resolutions. The majority of testimony was in support of medical-aid-dying as the preferred terminology in the context of the physician/patient relationship.

Those that testified in opposition to the resolutions focused on the use of the term "ethical" as it may be subjective and implies that a physician, who does not support medical aid-in-dying, may be unethical. There was also concern that having a stance in support of medical-aid-in-dying may imply that all physicians should provide this service.

Overall, the testimony provided in the hearing supported development of an AAFP position of engaged neutrality toward medical-aid-in-dying as a personal decision made by the patient in the context of the physician-patient relationship. Testimony included personal stories of experiences with family members or patients, highlighting the importance and value of giving those with terminal illnesses control over their death. While it is a polarizing topic, with a variety of opinions, a neutral position better represents the views of the those that testified. For many members, medical-aid-in-dying is part of their practice and is legal in several states. By supporting the AMA's opposition to medical-aid-in-dying, some members feel the AAFP is telling them that they are unethical. Several members testified that they were personally opposed to medical-aid-in-dying but were supportive of the AAFP taking a neutral position, recognizing that several of their colleagues and patients

had differing perspectives. Some testimony expressed concerned about the possible criminal prosecution and civil liability of those physicians who assist patients in ending their suffering; however, AAFP currently has policy which opposes the criminalization of medical care.

The reference committee discussed all of the resolutions and testimony. Based on the testimony, it was determined that a substitute resolution that captures the spirit of all the aforementioned resolutions may provide an efficient vehicle to facilitate implementation.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 402 be adopted in lieu of Resolution No. 402 "Medical Aid in Dying", Resolution No. 403 "Medical Aid in Dying is an Ethical End-of-Life Option", Resolution No. 404 "Adopting an Independent AAFP Policy on Medical Aid in Dying, and Resolution No. 405 "Reject "Assisted Suicide" Terminology in Aid-in Dying" as printed below:

RESOLVED, That the American Academy of Family Physicians adopt a position of engaged neutrality toward medical-aid-in-dying as a personal end-of-life decision in the context of the physician-patient relationship, and be it further

RESOLVED, That the American Academy of Family Physicians reject the ~~refrain from~~ use of the phrase "assisted suicide" or "physician-assisted-suicide" in formal statements or documents and direct the AAFP's American Medical Association (AMA) delegation to promote the same in the AMA House of Delegates. **ADOPTED AS AMENDED**

ITEM 3 – TREATING OPIOID USE DISORDER IN HOSPITALS AND DRUG TREATMENT FACILITIES

Resolution No. 406 from the Washington chapter entitled "Treating Opioid Use Disorder in Hospitals and Drug Treatment Facilities," the resolved portions are printed below:

> RESOLVED, That the American Academy of Family Physicians endorse a position that hospitals should treat opioid use disorder as a chronic disease, including identifying patients with this condition; providing multiple evidence-based treatment options in the inpatient, obstetric, peri-operative, and emergency department settings; establishing appropriate discharge plans; and participating in community-wide systems of care for patients affected by this chronic disease, and be it further
>
> RESOLVED, That the American Academy of Family Physicians advocate for legislation that eliminates barriers to, increases funding for, and requires access to opioid agonist or partial agonist therapy at all state-certified drug treatment facilities and hospitals, and be it further
>
> RESOLVED, That the American Academy of Family Physicians collaborate with relevant organizations to encourage hospitals in the United States to treat opioid use disorder as a chronic disease, including evidence-based inpatient, obstetric, peri-operative and emergency department settings; establishing appropriate discharge plans; and participating in the development of community-wide systems of care for patients affected by this chronic disease.

The reference committee heard testimony in support of the resolution asking the AAFP to advocate and encourage hospitals and drug treatment facilities to consider opioid use disorder as a chronic disease and provide evidence-based treatment and establish coordinated care plans to facilitate discharge and follow up at an outpatient setting. Those testifying in support pointed out that there is a gap in resources for inpatient care in current AAFP policies and the issues impacting continuity of care for patients seeking treatment for opioid use disorder through mandated withdrawal and coordinated resources after discharge. There were some

concerns highlighting the potential issues of access to care and impact on Critical Access Hospitals and other rural facilities.

The reference committee discussed the need for resources to provide coordinated care for patients who have an opioid use disorder but agreed that there may be issues at the state level and with coverage by insurers. Additionally, the committee discussed the need for more investigation into current policies from other organizations, such as the American Hospital Association, the American Medical Association, and the Substance Abuse and Mental Health Services Administration to determine the best avenues for collaboration. Based on these concerns, the committee agreed that the resolution should be referred to the Board of Directors.

RECOMMENDATION: The reference committee recommends that Resolution No. 406 be referred to the Board of Directors.

ITEM 4 – SAFE INJECTION FACILITIES

Resolution No. 407 from the Massachusetts chapter entitled "Safe Injection Facilities," the resolved portions are printed below:

> RESOLVED, That the American Academy of Family Physicians support efforts to establish, and study the outcomes, of pilot safe injection facilities in the United States, and be it further
>
> RESOLVED, That the American Academy of Family Physicians call for leadership of pilot safe injection facilities (SIF) programs by state or federal authorities to examine the remediation of obstacles to a pilot such as, but not limited to, the legal protection of medical personnel being in the presence of illicit substances, protection of licensure of medical personnel working at a SIF, and the provision of medical liability coverage to such personnel.

There was significant testimony in support of the resolution. Those testifying shared evidence from other countries that have implemented safe injection facilities. Evidence suggests that safe injection facilities (SIFs) can reduce the overdose death rate, reduce infection with HIV and hepatitis C, decrease the crime rate in the surrounding community, reduce harm from publicly discarded needles and provide

access to treatment. SIFs do not increase the rates of initiation of intravenous drugs. It was pointed out that while some may be uncomfortable enabling drug use, addiction is a chronic illness, and not a crime. The support of pilot SIFs will provide important information about how to best address drug addiction.

A representative of the Board of Directors recommended referral to the Board of Directors for further study. There was opposition to this request as the AAFP is already behind other medical societies on this issue, so further investigation is not warranted. The American Medical Association has a policy that specifically supports pilot SIFs. With evidence from other countries about the benefits of SIFs, pilot projects are needed to determine their potential benefit in the U.S. The reference committee did not believe that a referral to the Board was needed and recommended to adopt the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 407 be adopted.

ITEM 5 – SUPPORT MEASURES TO DECREASE MATERNAL MORTALITY IN THE UNITED STATES

Resolution No. 408 from the Oregon, New York State, and Texas chapters entitled, "Support Measures to Decrease Maternal Mortality in the United States," the resolved portions are printed below:

~~RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation Council for Graduate Medical Education to increase training in preconception care, inter-conception care, and complications of maternity care, including miscarriage care, and diagnosis of ectopic pregnancy, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians advocate for evidence-based measures known to decrease maternal mortality and morbidity such as access to contraception, health insurance coverage for all pregnant women, healthy food programs for women in poverty, and multidisciplinary interventions such as the California Maternal Quality Care Collaborative (CMQCC) hemorrhage toolkit, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians (AAFP) develop or collaborate on a curriculum in implicit bias and reproductive justice principles for presentation at state and national AAFP CME conferences to combat discrimination and bias from health care providers, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians support maternal mortality review committees and advocate for state and federal legislative and fiscal support for their establishment and maintenance, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians support and advocate for legislative initiatives to fund research to further understand both the high rate in the U.S. and the disparities in maternal mortality rates.~~

RESOLVED, That the American Academy of Family Physicians supports state and federal level review of maternal morbidity and mortality, and be it further

RESOLVED, That the American Academy of Family Physicians develop a task force to report back to the 2019 AAFP CoD, including but not limited to the following:

- Evidence-based methods to decrease maternal morbidity and mortality
- Methods to increase recognition of implicit bias and reduce disparities in maternal morbidity and mortality
- Strategies to improve resident education and support practicing family physicians in providing full scope reproductive and maternity care.

ADOPTED AS AMENDED

There was significant testimony in support of the resolution and no testimony in opposition. Many of those testifying pointed out the increasing rates of maternal morbidity and mortality in the U.S. as well as the significant racial and geographic disparities. The lack of access to maternity care in rural communities is a growing problem, while fewer graduating family physicians are choosing to provide obstetrical care in practice. In order to reverse this trend, family medicine residents must receive adequate training.

The AAFP is currently working with the American College of Obstetricians and Gynecologists (ACOG), the Council on Patient Safety, and the March of Dimes to

reduce maternal mortality. There are several bills being introduced to Congress that are being reviewed by the AAFP for potential advocacy. The reference committee felt that there were some important gaps in the AAFP's work, particularly in relation to the ACGME's support of appropriate training.

RECOMMENDATION: The reference committee recommends that Resolution No. 408 be referred to the Board of Directors.

ITEM 6 –NATIONAL IMMUNIZATION REGISTRY

Resolution No. 410 from the South Carolina chapter entitled, "National Immunization Registry," the resolved portions are printed below:

> RESOLVED, That the American Academy of Family Physicians advocate for a national immunization registry for children and adults that is web-based accessible, and be it further **ADOPTED**
>
> RESOLVED, That the American Academy of Family Physicians request the U.S. Department of Health and Human Services to monitor a national immunization registry for children and adults that is web-based to assure compliance among all who offer immunizations to patients. **REFERRED TO BOARD OF DIRECTORS**

All testimony was in support of the spirit of the resolution and the need for an immunization registry that crosses state lines and is used by all who administer immunizations. There was concern expressed about the potential administrative burden on physicians and their staff, as well as, questions about who should monitor the registry and how it would be funded. The reference committee agreed that this is an important issue but recognized that the AAFP is currently involved in work to increase interoperability of state registries. The committee did not feel it would be effective to derail these efforts and adopt a new and complex stance for a single national registry.

RECOMMENDATION: The reference committee recommends that Resolution No. 410 not be adopted.

ITEM 7 – FDA AND LOW-NICOTINE PRODUCTS

Resolution No. 411 from the Illinois chapter entitled, "FDA and Low-Nicotine Products," the resolved portion is printed below:

> RESOLVED, That the American Academy of Family Physicians (AAFP) revoke its support of the Food and Drug Administration standard of low-nicotine to minimally or non-addictive levels, while the AAFP reviews more studies on the effects of low-nicotine on the health of teens and adults, and be it further
>
> RESOLVED, That the American Academy of Family Physicians oppose the efforts of the Food and Drug Administration to work with the tobacco industry to approve low nicotine products, and be it further
>
> RESOLVED, That the American Academy of Family Physicians provide to the 2019 Congress of Delegates a report on the investigation of its review of studies into the effects of low-nicotine on the health of teens and adults.
>
> **REFERRED TO BOARD OF DIRECTORS**

There was testimony both for and against the resolution. Those testifying in support of the resolution pointed out that there is no safe level of nicotine, and the AAFP should not profess support for any nicotine product. They stated that the AAFP's support of the FDA on low-nicotine products does not align with current AAFP policy and undermines members' local advocacy efforts. There was concern that the AAFP prematurely supported low-nicotine products without sufficient evidence that they truly reduce harm.

Several members opposed the resolution. While they agreed that more evidence was needed, there was support for the harm reduction strategy. It was pointed out that data suggest that, in current smokers, very low nicotine content cigarettes decrease nicotine exposure and cigarette dependence, reduce the number of cigarettes smoked per day and increase the likelihood of making and succeeding at a quit attempt. Concern was expressed about opposing the FDA when they are moving in the right direction.

The reference committee reviewed the testimony and current AAFP policy and determined that they agreed with the spirit of the resolution but would like to provide the Board of Directors the opportunity to study the issue further.

RECOMMENDATION: The reference committee recommends that Resolution No. 411 be referred to the Board of Directors.

ITEM 8 – NON-PHARMACOLOGIC INTERVENTIONS, PAIN, AND OPIOIDS

Resolution No. 412 from the New Hampshire, Maine, and Mississippi Chapters entitled, "Non-Pharmacologic Interventions, Pain, and Opioids," the resolved portion is printed below:

> RESOLVED, That the AAFP explore additional avenues beyond its current policy and practices that encourage and facilitate the incorporation of acupuncture and spinal manipulation by family physicians to treat pain and reduce opioid use.

There was limited testimony. Those testifying in support stated that the AAFP was not adequately preparing members to treat low back pain. While the sponsors of the resolution called out acupuncture and spinal manipulation as first line treatment, it was pointed out that there are other non-pharmacologic treatments with evidence of benefit, such as cognitive behavioral therapy. There was also testimony highlighting that the AAFP has endorsed the American College of Physicians guideline for the non-invasive treatment of low back pain. This guideline recommends non-pharmacologic treatment, including acupuncture and manipulation, as initial treatment. However, the sponsors of the resolution felt that family physicians needed more support and resources. The reference committee discussed the intent of the resolution and determined further education on non-pharmacologic treatment to family physicians would be beneficial and would align with current initiatives.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 412, which reads as follows, be adopted in lieu of Resolution No. 412:

RESOLVED, That the American Academy of Family Physicians provide education to assist its members in the use of evidence-based non-pharmacologic interventions for the treatment of pain.

ITEM 9 – TWO PERCENT TAX ON GUN AND GUN AMMUNITION SALES TO FUND MENTAL HEALTH SUPPORT SERVICES AND EDUCATION AT PUBLIC SCHOOLS

Resolution No. 413 from the California chapter entitled, "Two Percent Tax on Gun Ammunition Sales to Fund Mental Health Support Services and Education at Public Schools," the resolved portion is printed below:

RESOLVED: That the American Academy of Family Physicians encourage lawmakers to add a two per cent tax on gun and gun ammunition sales to fund mental health support services and education at public schools to:

- Increase the availability of behavioral health therapists at schools;
- Develop strategies for educators and administrators to identify at risk children;
- Provide parenting support services and parenting classes;
- Provide post-incident support services for students affected by any gun violence; and
- Develop curriculum for life skills and stress management including conflict resolution, mindful meditation, and anger management that would be offered to all students.

EXTRACTED - NOT ADOPTED

The reference committee heard mixed testimony in support and against the resolution. Those testifying in support of the resolution emphasized the increase in number of school shootings and suicides, in addition to the challenges in providing appropriate mental health resources at schools. Members also highlighted the need to increase access to mental health care to help address the public health issue of gun violence. Those who testified against the resolution cited concerns with additional taxes and the ambiguity of how the funds would be obtained and distributed. The reference committee agreed with the concerns surrounding the

implementation of the resolution; particularly in how to ensure the funds are used for mental health counseling in schools instead of being collected in a general discretionary fund. While the committee was supportive of the spirit of the resolution, they felt there needed to be more clarity in order to move forward. Therefore, the committee recommended that the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 413 not be adopted.

ITEM 10 – PREVENTING GUN VIOLENCE

Resolution No. 414 from the Minnesota chapter entitled, "Preventing Gun Violence," the resolved portion is printed below:

> RESOLVED, That the American Academy of Family Physicians work to champion the federal re-authorization of research on the causes and impact of gun violence on the health and well-being of children and adults in this country.

The reference committee heard testimony in support of the resolution asking the AAFP to advocate for more research into the impact of gun violence on the health of children and adults. Those who testified acknowledged that the resolution was submitted prior to the release of the AAFP position paper, "Prevention of Gun Violence". The reference committee reviewed the testimony and the referenced position paper. Committee members agreed that the resolved clause is addressed within the position paper, which calls on the U.S. Congress to fund research on the health impact of gun violence. Therefore, the committee recommended the resolution be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. 414 be reaffirmed as current policy.

ITEM 11 – REDUCING GUN VIOLENCE

Resolution No. 415 from the Oregon and Wisconsin chapters entitled, "Reducing Gun Violence," the resolved portion is printed below:

> RESOLVED, That the American Academy of Family Physicians support sensible restrictions on gun ownership at a state level, support enforcement of existing gun laws, and support state laws that would protect children from dangerous or unsupervised gun use.

The reference committee heard mixed testimony for and against the resolution asking that the AAFP support sensible restrictions on gun ownership. Those who testified in support of the resolution cited current statistics related to gun violence and the need to protect the health and well-being of patients, particularly children. Those who testified against the resolution noted concerns around the interpretation of sensible restrictions and the potential implementation issues at the state level. The committee discussed current AAFP policy and determined that the resolution is already being addressed by the AAFP position paper, "Prevention of Gun Violence" and the policy "Firearms and Safety". Therefore, the committee recommended reaffirming the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 415 be reaffirmed as current policy.

ITEM 12 – PRE-EXPOSURE PROPHYLAXIS (PrEP) RELATED LIFE AND DISABILITY INSURANCE DENIALS

Resolution No. 417 from the Indiana chapter entitled, "Pre-exposure Prophylaxis (PrEP) Related Life and Disability Insurance Denials," the resolved portion is printed below:

> RESOLVED, That the American Academy of Family Physicians work with its partners to develop and implement a strategy to advocate for ending insurers' practice of denying life and disability insurance to HIV-negative patients who choose to protect themselves with pre-exposure prophylaxis (PrEP).

The reference committee heard unanimous testimony in support of the resolution asking the AAFP to advocate against the denial of life and disability insurance for patients who are HIV-negative and taking pre-exposure prophylaxis (PrEP). The reference committee agreed with the spirit of the resolution but had concerns with the prescriptive nature of the resolved clause. Therefore, the reference committee recommended adopting a substitute resolved clause asking for general advocacy against the practice of denying coverage for patients taking PrEP.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 417, which reads as follows, be adopted in lieu of Resolution No. 417:

> RESOLVED, that the American Academy of Family Physicians advocate for ending insurers' practice of denying life and disability insurance to HIV-negative patients who choose to protect themselves with pre-exposure prophylaxis (PrEP).

ITEM 13– ELIMINATION OF KNOWN AND PROBABLE CARCINOGENS FROM SCHOOL MEALS

Resolution No. 419 from the New Jersey chapter entitled, "Elimination of Known and Probable Carcinogens from School Meals," the resolved portions are printed below:

> RESOLVED, That the American Academy of Family Physicians adopt a policy in support of the elimination of cured and/or processed meats from school cafeterias, and be it further
>
> RESOLVED, That the American Academy of Family Physicians convey its support of the elimination of cured and/or processed meats from school cafeterias to the American Academy of Pediatrics for consideration of a similar policy

The reference committee heard mixed testimony in support and against the resolution. Testimony in support of the resolution highlighted reports from the World Health Organization and the proposed link of cured and/or processed meats and colorectal cancer. Those who testified against the resolution cited concerns over the potential for increased food waste, the fiscal impact and administrative burden on schools, and the fact that the increased risk of colorectal cancer associated with processed meat was small. In the context of the larger concerns over obesity in children due to processed carbohydrates and sugar, members were opposed to the elimination of protein sources from school lunches. The reference committee reviewed the priorities of the AAFP and agreed to recommend that the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 419 not be adopted.

ITEM 14– NATURAL DISASTER CONTINGENCY PLAN

Resolution No. 420 from the Puerto Rico chapter entitled, "Natural Disaster Contingency Plan," the resolved portion is printed below:

> RESOLVED, That the American Academy of Family Physicians (AAFP) help create a natural disaster contingency plan that involves the logistics of the continuation of primary care services during, before, and after a natural disaster in consortium with each AAFP chapter.

The reference committee heard testimony in support of the resolution asking that the AAFP provide resources for the continuation of primary care services in states affected by natural disasters. Those testifying in support of the resolution highlighted the complicated nature of coordinating aid to the affected areas and the need for long term planning and contingencies. There was uncertainty raised regarding the best way for AAFP to provide these services. Testimony on current AAFP resources was also provided given that this resolution was introduced late and background was not provided.

The reference committee reviewed the updated AAFP emergency disaster preparedness materials that include resources for personal, practice, and community plans. The committee agreed with the spirit of the resolution, but were uncertain regarding the exact ask of the resolved clause and how the AAFP could

best work with national agencies in a large-scale effort. Therefore, the committee agreed to refer the resolution to the Board of Directors to investigate options and resources for working with the AAFP Foundation, state and federal agencies, and other partners.

RECOMMENDATION: The reference committee recommends that Resolution No. 420 be referred to the Board of Directors.

ITEM 15 – POLICY STATEMENT ON ADOLESCENT HEALTH CARE, CONFIDENTIALTY

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Adolescent Health Care, Confidentiality," ONLY para. 20, pp. 242-243 be adopted.

ITEM 16 – POLICY STATEMENT ON ATHLETIC PERFORMANCE ENHANCING DRUGS

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Athletic Performance Enhancing Drugs," ONLY para. 21, pp. 243-244 be adopted.

ITEM 17 – POLICY STATEMENT ON BACKPACK SAFETY IN CHILDREN

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Backpack Safety in Children," ONLY para. 22, p. 244 be adopted.

ITEM 18 – POLICY STATEMENT ON CHELATION THERAPY

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Chelation therapy," ONLY para. 23, p. 244 be adopted.

ITEM 19 – POLICY STATEMENT ON CLIMATE CHANGE AND AIR POLLUTION

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Climate Change and Air Pollution" to "Environmental Health and Climate Change," ONLY para. 24, pp. 244-245 be adopted.

ITEM 20 – POLICY STATEMENT ON CLINICAL PRACTICE GUIDELINES

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding combined and revised policy statements on "Joint Development of Clinical Practice Guidelines with Other Organizations" and "Clinical Practice Guidelines," ONLY para. 25, pp. 245-246 be adopted.

ITEM 21 – POLICY STATEMENT ON CULTURALLY PROFICIENT HEALTH CARE

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Culturally Proficient Health Care," ONLY para. 26, pp. 246-247 be adopted.

ITEM 22 – POLICY STATEMENT ON DISCIPLINE IN SCHOOLS

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Discipline in Schools," ONLY para. 28, p. 247 be adopted.

ITEM 23 – POLICY STATEMENT ON DON'T TEST AND DRIVE INITIATIVE

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Don't Text and Drive Initiative" to "Distracted Driving"," ONLY para. 29, pp. 247-248 be adopted.

ITEM 24 – POLICY STATEMENT ON DRUG TESTING AND SELECTION

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Drug Testing and Selection" to "Medication, Device, and Biologic Agents Drug Testing and Selection," ONLY para. 30, p. 248 be adopted.

ITEM 25 – POLICY STATEMENT ON GENITAL SURGERIES IN INTERSEX CHILDREN

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Genital Surgeries in Intersex Children," ONLY para. 32, pp. 248-249 be adopted.

ITEM 26 – POLICY STATEMENT ON HEARING LOSS, DEAFNESS AND THE HARD OF HEARING

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Hearing Loss, Deafness, and the Hard of Hearing," ONLY para. 33, p. 249 be adopted.

ITEM 27 – POLICY STATEMENT ON HOMELESSNESS

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Homelessness," ONLY para. 34, p. 250 be adopted.

ITEM 28 – POLICY STATEMENT ON IMPLICIT BIAS

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Implicit Bias," ONLY para. 36, p. 251 be adopted.

ITEM 29 – POLICY STATEMENT ON LINGUISTICALLY APPROPRIATE HEALTH CARE

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Linguistically Appropriate Health Care," ONLY para. 37, p. 251 be adopted.

ITEM 30 – POLICY STATEMENT ON MAXIMIZING REPRESENTATION OF RACIAL AND ETHNIC SUBPOPULATION IN DATA

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Maximizing Representation of Racial and Ethnic Subpopulations in Data," ONLY para. 39, pp. 251-252 be adopted.

ITEM 31 – POSITION PAPER ON MENTAL HEALTH CARE SERVICES BY FAMILY PHYSICIANS

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revision of the position paper on "Mental Health Care Services by Family Physicians," ONLY para. 40, p. 252 and Appendix B, pp. 288-295 be adopted.

ITEM 32 – POLICY STATEMENT ON ORAL HEALTH

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Oral Health," ONLY para. 42, pp. 252-253 be adopted.

ITEM 33 – POLICY STATEMENT ON PAID SICK LEAVE

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Paid Sick Leave," ONLY para. 44, p. 253 be adopted.

ITEM 34 – POLICY STATEMENT ON PHYSICAL ACTIVITY IN CHILDREN

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding revised policy statement on "Physical Activity in Children," ONLY para. 45, pp. 253-254 be adopted.

ITEM 35 – POSITION PAPER ON PREVENTION OF GUN VIOLENCE

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new position paper on "Prevention of Gun Violence," ONLY para. 48, p. 254 and Appendix C, pp. 296-305 be adopted.

ITEM 36 – POLICY STATEMENT ON SCREENING

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding combined and revised policy statements on "Unsupported Screening and Diagnosis Testing" and "Screening," ONLY para. 49, pp. 254-255 be adopted.

ITEM 37 – POLICY STATEMENT ON SEPARATION OF FAMILIES

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Separation of Families," ONLY para. 51, p. 255 be adopted.

ITEM 38 – POLICY STATEMENT ON SOLITARY CONFINEMENT OF YOUTH

RECOMMENDATION: The reference committee recommends that Board Report H on Policy Statement Review, regarding a new policy statement on "Solitary Confinement of Youth," ONLY para. 53, p. 256 be adopted.

INFORMATIONAL ITEMS

RECOMMENDATION: The reference committee recommends that the following informational items be filed for reference.

- Board Report H, AAFP Policy Statement Review, ONLY, paras. 27, 31, 35, 38, 41, 43, 46, 47, 50, and 52 (p. 233-338).

Mr. Speaker, I wish to thank those who appeared before our reference committee to give testimony and the committee members for their invaluable assistance and to commend the headquarters staff for their help in the preparation of this report.

Respectfully submitted

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Drew Edwards, Chair

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T. Scott Holder

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Thomas Hunt

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Marguerite Picou

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Robert Rich

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Kristi VanDerKolk