Board of Regents Actions Taken on BOG Resolutions, June 8, 2021, Webinar

Adopted and referred for implementation: (Lines 26-146)

4-S21. Studying Harm Reduction Strategies for Substance Use Disorders Including Overdose Prevention Sites and Fentanyl Test Strips

5-S21. Supporting Residents and Fellows Working During Public Health Emergencies

6-S21. Updating ACP Policy on Healthcare Rights and Humane Treatment of Incarcerated Persons

7-S21. Increasing Access to Healthcare for Non-Detained Asylum Seekers Living in the United States

8-S21. Calling for Repeal of the Tampon Tax, Expanding Federal Programs to Include Coverage of Menstrual Hygiene Products, and Supporting Increased Research into Period Poverty

9-S21. Supporting Universal Acceptance of SNAP Benefits for Online Purchases of Groceries and Grocery Delivery

10-S21. Identifying and Supporting Best Practices for Chapter Advocacy

11-S21. Studying the Impact of Social Media and Hazards of Health Disinformation, and Developing Guidelines and Tools for Counseling Patients on Appropriate Use

12-S21.achieving Carbon Neutrality by 2030 at ACP

13-S21. Decreasing Barriers to Prescribe Buprenorphine for Opioid Use Disorder

Adopted as a reaffirmation: (Lines 149-156)

1-S21. Advocating for Inclusion of High Value Care, Quality Improvement, and Patient Safety in Medical School Curriculum

The Board of Regents approved, as a Consent Calendar, the recommendations regarding the disposition of each of the 11 resolutions recommended for adoption at the Spring 2021 Board of Governors Virtual Meeting:

BOG Recommendations for Adoption/Implementation with Amendments:

4-S21. Studying Harm Reduction Strategies for Substance Use Disorders Including Overdose Prevention Sites and Fentanyl Test Strips

(RRC Referral Recommendation: Health and Public Policy Committee [HPPC] with input from Scientific Medical Policy Committee [SMPC])

RESOLVED, that the Board of Regents study pertinent clinical evidence and issue policy recommendations regarding harm reduction strategies for substance use disorders including overdose prevention sites and fentanyl test strips.

5-S21. Supporting Residents and Fellows Working During Public Health Emergencies

(RRC Referral Recommendation: Education Committee with input from Ethics, Professionalism, and Human Rights Committee [EPHRC])

RESOLVED, that the Board of Regents join other physician organizations (including the American Medical Association and Alliance for Academic Internal Medicine) in supporting adequate protection and equitable treatment of residents and fellows in times of public health emergencies due to their inability to negotiate work conditions outside of ACGME requirements, which should include but not be limited to:

1) Access to adequate PPE and safety precautions;

2) Access to appropriate clinical support and supervision; and be it further
RESOLVED, that the Board of Regents join other physician organizations to support protecting resident and fellow physical safety and emotional well-being, and the preservation of their education.


RESOLVED, that the Board of Regents review and update current policy related to healthcare in correctional institutions at the local, state and federal levels, including detention centers for undocumented people such as ICE detention facilities, in order to support and advocate for providing appropriate high quality medical care to those who are incarcerated, including treatment for mental health and substance use disorders; and be it further

RESOLVED, in light of the current and future potential public health emergencies (particularly those related to communicable diseases) that the Board of Regents work in collaboration with other stakeholders to advocate for changes to incarceration and detention practices in order to limit the spread of infectious diseases to incarcerated persons, staff, and their communities as well as to plan for effective responses to other public health emergencies such as, but not limited to wildfires, hurricanes and flooding.


RESOLVED, that the Board of Regents advocates for policy and protocols to be implemented for increasing access to healthcare for non-detained asylum seekers living in the United States. This includes but is not limited to replacing confiscated medications upon release, independent physician access to medical records obtained during the health screening, and resources to ensure access to basic healthcare; and be it further

RESOLVED, that the Board of Regents encourages research into the medical needs of non-detained asylum seekers living in the United States as well as their current access to medical care; and be it further

RESOLVED, that the Board of Regents identify and disseminate evidence-based educational materials for physicians and other health care providers to prepare them to care for non-detained asylum seekers living in the United States; and be it further

RESOLVED, that the Board of Regents identify and disseminate evidence-based materials to support physicians in educating non-detained asylum seekers living in the United States regarding access to medical care available to them.

8-S21. Calling for Repeal of the Tampon Tax, Expanding Federal Programs to Include Coverage of Menstrual Hygiene Products, and Supporting Increased Research into Period Poverty (RRC Referral Recommendation: Division of Governmental Affairs and Public Policy [DGAPP] Staff)

RESOLVED, that the Board of Regents, in collaboration with other stakeholders, supports international, national, state, and local advocacy efforts to end taxation on menstrual hygiene products and address overall cost and availability in order to address social determinants of health and promote health equity; and be it further
RESOLVED, that the Board of Regents support the expansion of federal programs for low income
people and families to include coverage of menstrual hygiene products; and be it further
RESOLVED, that the Board of Regents, in collaboration with other stakeholders, supports
increased research into barriers to accessing menstrual hygiene products and education in the
United States and the implications of period poverty on vulnerable populations (including, but
not limited to school-aged girls, women experiencing homelessness, low-income women,
women who are migrants or refugees, women with disabilities, and LGBTQ+ people who
menstruate).

**9-S21. Supporting Universal Acceptance of SNAP Benefits for Online Purchases of Groceries and**
**Grocery Delivery**
**(RRC Referral Recommendation: HPPC)**
RESOLVED, that the Board of Regents implement a policy supporting universal acceptance of
SNAP benefits for online purchases of groceries and grocery delivery by grocers who accept
SNAP and have online grocery delivery available.

**10-S21. Identifying and Supporting Best Practices for Chapter Advocacy**
**(RRC Referral Recommendation: Legislative Affairs staff with input from Chapter Activities staff)**
RESOLVED, that the Board of Regents identifies best practices for chapter-level advocacy; and be
it further
RESOLVED, that the Board of Regents creates best practices guidelines and a toolkit to support
engagement in and efficacy of chapter-level advocacy at the state and federal level.

**11-S21. Studying the Impact of Social Media and Hazards of Health Disinformation, and Developing**
**Guidelines and Tools for Counseling Patients on Appropriate Use**
**(RRC Referral Recommendation: PIPC with input from Education Committee [2nd clause only])**
[**The BOR will revisit 11-S21 at their July 24-25, 2021 meeting.**]
RESOLVED, that the Board of Regents, along with other appropriate stakeholders, undertake a
study of the best practices for screening for risky use of social media and hazards of health
disinformation disseminated by social media, and counseling patients on appropriate use of
social media and techniques for detecting and avoiding disinformation; and be it further
RESOLVED, that after study, the Board of Regents, along with other appropriate stakeholders,
develop guidelines and tools for counseling patients on the appropriate use of social media and
methods to recognize disinformation to mitigate the individual and societal harms currently
evident, while continuing to promote beneficial uses.

**12-S21. Achieving Carbon Neutrality by 2030 at ACP**
**(RRC Referral Recommendation: Executive Office staff with input from DGAPP staff [2nd clause only])**
RESOLVED, that the Board of Regents ask the College to measure and monitor the carbon
footprint of the operation of ACP as an organization, including the Philadelphia and Washington
offices, events and travel, but not the operation of chapters or membership, and then develop a
plan to move the College toward carbon neutrality by 2030 by reducing its energy consumption
and its greenhouse gas emissions, and by appropriate utilization of certified carbon offsets
where reduction is not possible; and be it further
RESOLVED, that the Board of Regents will encourage individual chapters to lower their carbon footprints through the development of a chapter toolkit, the contents of which also could be shared with health systems and other entities.

**14-S21. Decreasing Barriers to Prescribe Buprenorphine for Opioid Use Disorder**

*(RRC Referral Recommendation: HPPC [1st resolved clause]; Education Committee [2nd resolved]*)

RESOLVED, that the Board of Regents advocates to decrease barriers for physicians to prescribe buprenorphine and other medications to treat opioid use disorder by recommending the removal or reduction of the mandatory training requirement under the Drug Addiction Treatment Act of 2000; and be it further

RESOLVED, that the Board of Regents work with AAMC and ACGME to establish medical student and resident curriculum on medications for opioid use disorder.

**BOG Recommendation for Reaffirmation:**

**1-S21. Advocating for Inclusion of High Value Care, Quality Improvement, and Patient Safety in Medical School Curriculum**

RESOLVED, that the Board of Regents collaborates with the Association of American Medical Colleges, the American Medical Association, and the Liaison Committee on Medical Education to include high value care, quality improvement, and patient safety principles into the curricular content standards for accreditation of medical education programs leading to the MD or DO degree.