2013 Consent Calendar for the Reference Committee on Advocacy

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

The Reference Committee on Advocacy recommends the following consent calendar for adoption (page numbers indicate page in reference committee report):

RECOMMENDATION: The Reference Committee on Advocacy recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. 1001 "Research And Education on Impact of Marijuana Legalization" in lieu of Resolution No. 1001 (pp. 1-2).

Item 2: Adopt Substitute Resolution No. 1002 "Funding for Research on Gun Violence " in lieu of Resolution No. 1002 (pp. 2-3).

Item 3: Adopt Substitute Resolution No. 1003 "Regulation of Electronic Cigarettes" in lieu of Resolution No.1003 (p. 3).

Item 4: Adopt Substitute Resolution No. 1004 "Additional Graduate Medical Education Residency Positions - Make Them Family Medicine" in lieu of Resolution No.1004 (pp. 3-4).

Item 5: Adopt Substitute Resolution No. 1005 "Supporting Reorganization of Conrad 30 Waiver Program" in lieu of Resolution No. 1005 (p. 4).

Item 6: Adopt Substitute Resolution No. 1006 "Controlled Substances Nationwide Tracking System" in lieu of Resolution No. 1006 (pp. 4-5).

Item 7: Not Adopt Resolution No. 1007 "Interference With Provider Patient Relationship" (pp. 5-6).

Item 8: Refer to Board of Directors Resolution No. 1008 "Access To Oral Contraceptives" (pp. 6-7).

Reaffirmation Calendar: Reaffirmation of Item A under the Reaffirmation Calendar (p. 8).

2013 Report of the Reference Committee on Advocacy

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

The Reference Committee on Advocacy has considered each of the items referred to it and submits the following report. The committee's recommendations will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

ITEM NO. 1: RESOLUTION NO. 1001: RESEARCH AND EDUCATION ON IMPACT OF MARIJUANA LEGALIZATION

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of creating physician education regarding how family physicians can best educate their patients on the personal and public health ramifications of marijuana use, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage federal and state governments to fund the review of existing data and to support future studies regarding the personal and public health ramifications of marijuana legalization.

The committee heard testimony from the author who emphasized that it is not the intent of the resolution to advocate for legalization of marijuana but rather to begin a conversation with respect to AAFP's current policy. Since state law is changing and 18 states allow the medicinal use of marijuana and two states permit recreational use, deferring to state and federal law is conflicting. Another speaker indicated that his state is struggling with the issue and continued research into the implications of marijuana use is necessary. For example, he asked if the medicinal use of marijuana in smoked form should be opposed or prohibited. Still another speaker suggested that the Academy should proceed with supporting research rather than investigating the feasibility of same.

The committee noted that no speaker voiced opposition to the resolution but explored wording that would improve the clarity of the resolution. The committee decided to modify the resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1001 be adopted in lieu of Resolution No. 1001 which reads as follows:

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of disseminating physician education regarding how family physicians can best educate their patients on the personal and public health ramifications of marijuana use, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage public funding to review existing data and support future studies regarding the personal and public health ramifications of marijuana legalization.

ITEM NO. 2: RESOLUTION NO. 1002: FUNDING FOR RESEARCH ON GUN VIOLENCE

RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts which seek to increase research into gun violence on how gun violence impacts public health, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) lobby Congress to secure sufficient federal funding allocated to gun violence research, and be it further

RESOLVED, That the American Academy of Family Physicians' (AAFP) leadership direct communication to the U.S. Speaker of the House of Representatives, majority leader of the U.S. Senate, minority leaders of both houses of Congress, and members of the appropriate Congressional committees addressing the funding issue, and be it further

RESOLVED, That the American Academy of Family Physicians' (AAFP) leadership suggest to the U.S. Congress that gun violence research be funded by a $10 tax on gun sales.

The reference committee heard testimony that funding for research into the causes and prevention of gun violence has been limited for several years. An author of the resolution recommended that AAFP support increased funding for the needed research by dedicating $10 of every gun sale to research or by levying a 1% sales tax. The speaker thought that the importance of the resolution was to keep up the noise about the importance of additional research into gun violence. The speaker also noted the importance of communicating the AAFP's support for this research by sending letters to Congressional legislators, since the AAFP already had written to the President.

Most of the speakers noted the importance of gathering additional evidence to support appropriate advice and counsel that physicians can provide to their patients. Physicians need evidence to inform the debate, which may support the middle ground and help get everyone beyond just opinion and politics.

Another speaker noted that physicians understand that addressing gun violence is a polarizing issue, and that gun use can be a necessity as well as a recreational pursuit. The research that physicians need is how guns affect the health of our patients.

The committee agreed that the importance of sufficient evidence-based research related to the causes and effects of gun violence goes beyond politics. The committee felt that the first resolved clause could be simplified and made more direct. The second resolved clause included instructions to "lobby Congress" which would require a fiscal note. Instead, the committee thought it would be sufficient to recommend support for sufficient funding for the needed research. The third and fourth resolved clauses were essentially legislative strategy which the committee felt should be left to the discretion of the professional staff of the AAFP.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1002 be adopted in lieu of Resolution No. 1002 which reads as follows:

RESOLVED, That the American Academy of Family Physicians(AAFP) support increased research into how gun violence impacts public health, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) support the use of federal funding for gun violence research.

ITEM NO. 3: RESOLUTION NO. 1003: REGULATION OF ELECTRONIC CIGARETTES

RESOLVED, That the American Academy of Family Physicians (AAFP) Commission on Health of the Public and Science consider if electronic cigarettes should be regulated as a drug or medical device by the Food and Drug Administration.

The reference committee heard testimony that various brands of electronic cigarettes (or e-cigarettes) have appeared in the market as a substitute for standard cigarettes, but now they are sold as a recreation item and sometimes as a cheaper replacement for standard cigarettes. One speaker said that the physician community needs additional research and guidance about the use of these devices. Physicians are concerned with how the advertising of e-cigarettes would affect children. A speaker noted that they are nicotine-delivery devices and should be regulated by the FDA. He urged passage of the resolution to be sure that the AAFP had policy to guide comment on a rule that the FDA will propose shortly.

The reference committee agreed that not enough is known about e-cigarettes and their effects on patients. The committee felt that there was some vagueness in the resolved clause which seemed to suggest that AAFP should decide whether e-cigarettes be regulated either as a drug or as a device. The committee decided to simplify the resolution and make it more direct.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1003 be adopted in lieu of Resolution No. 1003 which reads as follows :

RESOLVED, That the American Academy of Family Physicians (AAFP) support the regulation of electronic cigarettes by the Food and Drug Administration.

ITEM NO. 4: RESOLUTION NO. 1004: ADDITIONAL GRADUATE MEDICAL EDUCATION RESIDENCY POSITIONS - MAKE THEM FAMILY MEDICINE

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a defined majority of graduate medical education residency positions for family medicine.

The committee heard testimony from the resolution's author who noted that numerous organizations including the Commission on Graduate Medical Education (COGME) and the Accreditation Council for Graduate Medical Education (ACGME,) have identified the need for more primary care residency positions. Resolution No. 1004 would direct AAFP to advocate for a majority of GME residency positions for family medicine. Three other speakers supported the resolution noting that the majority of any increase in residency slots should be for family medicine. The speakers also mentioned the aging demographics of the United States and that most internal medicine residents ultimately end up subspecializing. No speaker opposed the resolution.

The committee noted that the resolution wording was unclear if the intent was for the majority of new positions or the majority of all GME slots to be dedicated to family medicine. Moreover, the

committee noted that AAFP has existing policy that embraces and reflects the goals of the COGME Twentieth Report but current policy is not as specific as the resolution being offered. The committee decided to recommend the adoption of the resolution with some editorial changes.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1004 be adopted in lieu of Resolution No. 1004 which reads as follows :

> **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that a majority of new graduate medical education residency positions be allocated to family medicine.**

ITEM NO. 5: RESOLUTION NO. 1005: SUPPORTING REORGANIZATION OF CONRAD 30 WAIVER PROGRAM

> RESOLVED, That the American Academy of Family Physicians (AAFP) actively support any effort aimed at reorganization of the "Conrad 30 Waiver" program leading to an increase in the number of available Conrad 30 slots and creating separate slots dedicated for academic medical centers.

The committee heard testimony from the co-author of the resolution who briefly explained the background and purpose of the Conrad 30 program since its origin in 1994. Other speakers also supported the resolution describing the need for expansion due to the popularity of the program, whose slots fill very quickly. Moreover, the Conrad 30 program does not have the same tight restrictions and repayment requirement as that of the J-1 visa program. No one spoke in opposition to the complete resolution but two speakers expressed concern about creating separate slots for academic medical centers. One of those speakers opposed the creation of such slots and the other suggested the term "academic medical centers" is misleading. Still another speaker noted that the purpose of the Conrad 30 program is to place physicians in underserved areas and that academic medical centers (which could include FQHCs) need geriatricians.

The committee considered all the viewpoints expressed in the hearing and noted that the Conrad 30 program was intended to enhance physician supply for rural and underserved areas, thus academic medical centers, with a mission consistent with serving these areas, are included in the program. The reference committee recommended a substitute resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1005 be adopted in lieu of Resolution No. 1005 which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians (AAFP) actively support any effort aimed at reorganization of the "Conrad 30 Waiver" program leading to an increase in the number of available Conrad 30 slots.**

ITEM NO. 6: RESOLUTION NO. 1006: CONTROLLED SUBSTANCES NATIONWIDE TRACKING SYSTEM

> RESOLVED, That the American Academy of Family Physicians (AAFP) support a nationwide tracking system for controlled substances/prescriptions that every provider can access and registration for this system must not be based on Provider State Licenses but by their Drug Enforcement Agency (DEA) numbers.

The committee heard testimony from the resolution's co-author who expressed the need for a nationwide controlled substance tracking system in order to prevent abuse and deaths. States are unable to provide this service. Other speakers indicated the need for such a program to track patient prescription drug purchasing activity particularly in areas that are in close proximity to more than one state. One speaker wondered if a federal program would replace the disciplinary authority of the state medical boards. Another identified the need for collaboration between federal and state governments. Private companies perform some of these activities in states but do not necessarily administer the program in contiguous states.

The committee recognized the need expressed in the hearing for a system that provided physicians access to information on patient purchasing activity of controlled substances. However, the committee did not feel that the DEA number tracking accomplished the desired availability of patient information. And the committee believed there is a more feasible way to gain access to the necessary information by making sure state tracking systems work together. The committee decided to modify the resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1006 be adopted in lieu of Resolution No. 1006 which reads as follows:

> **RESOLVED, That the American Academy of Family Physicians (AAFP) support interoperability of state-based tracking systems for controlled substances that every provider can access**.

ITEM NO. 7: RESOLUTION NO. 1007: INTERFERENCE WITH PROVIDER PATIENT RELATIONSHIP

> RESOLVED, That the American Academy of Family Physicians (AAFP) support the complete repeal of the federal legislation known as the Patient Protection and Affordable Care Act, (PPACA), and all recent federal rules, regulations, committees, taxes, penalties, audits, and other associated boards and funding related to this bill, and be it further
>
> RESOLVED, That the American Academy of Family Physicians (AAFP) support the repeal of boards and committees including Federal Coordinating Council for Comparative Effectiveness Research authorized by the American Recovery and Reinvestment Act, and the Independent Payment Advisory Board for Medicare, both of which interfere with the provider/patient relationship, and allow total federal control of the free market system of health care in the United States with the potential to cause federal rationing of health care services.

The reference committee heard testimony that physicians are concerned about the *Affordable Care Act* (ACA), which is the law of the land but, according to the author of the resolution, will devastate private practice. In Alaska, most small private practices are owned by female physicians and other providers. Thus, the ACA will have its greatest negative effect on women physicians. A speaker noted that she was unable to cope with over 20,000 pages of regulations. She also said that implementing the upcoming change in billing codes will cost a lot of money. The speaker expressed distress for the future of the small private practices and the need for them to be heard on issues related to the implementation of this law.

One speaker noted that whether one supported the resolution or not, it does call for changes for the parts of the ACA that do not work for physicians and patients. One speaker who opposed the resolution did note that the AAFP should appreciate that our private practice colleagues are under great stress, and we should provide them assistance. However, the speaker concluded, the solution proposed is too drastic.

Another speaker noted that the underlying reason for the ACA was the reality that the market system for health care does not work and we ration health care based on income. The speaker thought that the ACA needs to be adjusted as it plays out, and the discussion of what works and what does not work needs to continue.

The reference committee decided to recommend that the NCSC not adopt the resolution because support for the ACA is AAFP policy. The committee noted that implementation of the ACA does not mean that the law will not be modified. Unintentional consequences will be mitigated. Even though the committee thought the resolution should not be adopted, they urged the AAFP to continue to hear the concern about increased paperwork.

RECOMMENDATION: The reference committee recommends that Resolution No. 1007 not be adopted:

ITEM NO. 8: RESOLUTION NO. 1008: ACCESS TO ORAL CONTRACEPTIVES

> RESOLVED, That the American Academy of Family Physicians (AAFP) advocate through its resources, including government advocacy, corporate relations or other means, to work toward the elimination of expiration dates of previously approved authorizations of maintenance medications, and be it further
>
> RESOLVED, That the American Academy of Family Physicians (AAFP) adopt policy recommending that oral contraceptives be made available for retail sale without a prescription, and be it further
>
> RESOLVED, That this resolution be sent to the American Academy of Family Physicians (AAFP) Congress of Delegates.

The reference committee heard a great deal of testimony both in favor and in opposition. The author pointed out that the resolution does not speak to the Plan B contraceptive, but rather recommends that oral contraceptives only be available over the counter. One author also asked the reference committee to disregard the first resolved clause, which was added in error from a previous resolution.

Speakers in opposition to the resolution noted that it would eliminate the chance to consult with the patient about reproductive choices. The effect of the resolution would be one less chance to provide medical care to adolescent patients especially those who are not aware of the potential problems associated with the use of oral contraceptives nor the conditions that may contraindicate their use. Another speaker said that patients often do not have a high health care literacy. We should be encouraging young patients to consult with their physicians. A speaker was concerned with setting up a practice that leads to losing touch with adolescent patients whose physicians need to screen for many reasons, beyond reproductive health.

Speakers In support cited evidence that where oral contraceptives are available over the counter, the number of unintended pregnancies declines significantly. In the U.S. today,

evidence indicates that 50 percent of pregnancies are unintended. Another speaker urged the committee to think of oral contraceptives as ovarian cancer prevention. A speaker said that pregnancy is the greater risk and prevention is more important than other issues related to very unlikely side effects.

One speaker asked if there should be an age limit for the availability of oral contraceptives. An author responded that the resolution was deliberately silent on that issue. The goal was to keep the language as general as possible.

One speaker noted that different people need different birth control for different reasons. The speaker recommended that some health provider should review the risk with the patient before she uses oral contraceptives for the first time, but then the medication should be generally available to that patient.

The reference committee reflected a great deal on the controversial nature of this resolution and the validity of concerns on both sides of the debate. While the resolution is an attempt to align AAFP policy on this question with that of the American College of Obstetrics and Gynecology, it is the AAFP's responsibility to make its own evidence-based decisions.

The committee pointed to questions such as should the availability of over-the-counter oral contraceptives extend to all ages, without an initial counseling session with a physician or other health care provider, and whether making oral contraceptives available over the counter would give some legitimacy to pharmacists claiming primary care treatment authority. The committee noted that there is a population that does not have access to good advice about sexual practices and reproductive health. Making oral contraceptives available without a prescription would mean many young women would not have appropriate medical advice and screening before using the drugs. Making the contraceptives more readily accessible would help the many more young women who do not consult their physicians. Indeed, the committee thought that the current system especially challenges those women who do not have health insurance since they are not going to have access to the physicians. Given the degree of controversy and unknown consequences of this policy, the reference committee thought that the issue should be referred to the Board for additional study and that the Board should report on its findings.

RECOMMENDATION: The reference committee recommends that Resolution No, 1008 be referred to the Board of Directors.

REAFFIRMATION CALENDAR

The following item A, lines 1 – 10, page 8, are presented by the reference committee on the reaffirmation calendar. Testimony in the reference committee hearing and discussion by the reference committee in executive session concurred that the resolution presented in item A are current policy or are already addressed in current projects. At the request of the NCSC, any item may be taken off the reaffirmation calendar for an individual vote on that item. Otherwise, the committee will request approval of the reaffirmation calendar in a single vote.

(A) Resolution No. 1009 entitled, “Pregnancy Counseling Centers Disclosure In Advertising,” the resolved portion of which reads as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) support pregnancy centers disclosing onsite and in its advertising what services it provides or refers for, and which services it does not provide or refer for, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that pregnancy centers follow health information privacy laws and be staffed by qualified, licensed personnel.

The reference committee heard testimony that both the AAFP and AMA have similar policies on this issue. There was some confusion about how to refer to these entities and whether there was any license that related to the personnel of these centers. The testimony generally agreed that they should be required to advertise honestly the services they provide and those that they do not provide.

The reference committee agreed that the pregnancy crisis centers should be required to adhere to honest advertising standards and they noted that the AAFP has already written to HHS on July 12, 2012 and received a reply on November 7. As a result, the reference committee thought that the resolution reaffirms current AAFP policy.

RECOMMENDATION: The reference committee recommends that item A on the reaffirmation calendar be approved as current policy or as already being addressed in current projects.

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

Respectfully Submitted,

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