



AAFP

2016 Consent Calendar for the Reference Committee on Advocacy

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Advocacy has considered each of the items referred to it and**
2 **submits the following report. The committee’s recommendations on each item will be**
3 **submitted as a consent calendar and voted on in one vote (page numbers indicate page in**
4 **reference committee report). An item or items may be extracted for debate.**

5
6 **RECOMMENDATION: The Reference Committee on Advocacy recommends the following**
7 **consent calendar for adoption:**

8
9 **Item 1:** Adopt Substitute Resolution No. 1001 “Expanding Physician Education Materials For
10 Sexually Transmitted Diseases in Immigrant and Uneducated Minority Populations” in lieu of
11 Resolution No. 1001 (pp. 1-2).

12
13 **Item 2:** Adopt Resolution No. 1002 “Improving Medicare Financing Through Parts A, B, C and
14 Through Medigap Consolidation”(p. 2).

15
16 **Item 3:** Adopt Substitute Resolution No. 1003 “Eliminating Patient Satisfaction Scores as a Metric
17 of Quality Healthcare” in lieu of Resolution No. 1003 (p. 2).

18
19 **Item 4:** Adopt Substitute Resolution No. 1004 “Educating a Diverse Physician Workforce” in lieu of
20 Resolution No. 1004 (pp. 3-4).

21
22 **Item 5:** Adopt Resolution No. 1006 “Specialty-Specific Peer Domain of Medical Licensure Issues and
23 Disciplinary Actions” (p. 4).

24
25 **Item 6:** Adopt Substitute Resolution No. 1007 “Mitigate Disparities in Mental Health Availability” in
26 lieu of Resolution No. 1007 (pp. 4-5).

27
28 **Item 7:** Not Adopt Resolution No. 1008 “Limiting Increases in Drug Enforcement Agency and State
29 Licensing Fees and Unrelated Fees to Practice Medicine” (p. 5).

30
31 **Item 8:** Adopt Substitute Resolution No. 1009 “Single-Payer Health Care (Medicare For All)” in lieu
32 of Resolution No. 1008 (pp. 5-6).

33
34 **Item 9:** Adopt Substitute Resolution No. 1010 “Call to Repeal State Laws Which Punish Pregnant
35 Women Suffering from Addiction” in lieu of Resolution No. 1010 (p. 6).

36
37 **Items for Reaffirmation:** Reaffirmation of items A and B in which testimony in the reference
38 committee hearing and discussion by the reference committee in Executive Session concurred that
39 the items are current policy or are already addressed in current projects (pp. 6-8).



2016 Report of the Reference Committee on Advocacy

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

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

5
6 **ITEM NO. 1: RESOLUTION NO. 1001: EXPANDING PHYSICIAN EDUCATION MATERIALS**
7 **FOR SEXUALLY TRANSMITTED DISEASES IN IMMIGRANT AND UNEDUCATED MINORITY**
8 **POPULATIONS**
9

10 RESOLVED, That the American Academy of Family Physicians (AAFP) develop curriculum
11 and educate physicians on STI and pregnancy prevention targeting uneducated minority
12 and immigrant population, and be it further
13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) request the Robert
15 Graham Center to investigate the economic, social and public health impact of lack of sex
16 education and knowledge in the immigrant and uneducated minority population.
17

18 The reference committee heard testimony that a member had recently examined immigrated
19 patients who presented for sexually transmitted diseases (STD) testing and who claimed they did
20 not know they could become pregnant by unprotected sex. Subsequent investigation produced
21 evidence that a major subset of teenagers and young adults in this community had not received
22 appropriate sex education. Several of those who spoke at the hearing supported the intent of the
23 resolution, but suggested that the term “uneducated minority populations” is problematic. The
24 suggestion was to change it to “those with low health literacy”. The second resolved clause directs
25 a research project for the Robert Graham Center; however, the reference committee heard
26 testimony that the Robert Graham Center is not staffed to perform original research like this.
27

28 The reference committee decided that the resolution should be amended to remove the second
29 resolved clause, based on the recommendation of the last speaker. For the first resolved clause,
30 the reference committee noted that the AAFP does not develop curriculum. Instead, the reference
31 committee thought the purpose of the resolution would be accomplished if the resolution called for
32 the AAFP to develop educational toolkits for physicians who have patients that need additional sex
33 education.
34

35 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
36 **1001, which reads as follows, be adopted in lieu of Resolution No. 1001:**
37

38 **RESOLVED, That the American Academy of Family Physicians (AAFP) develop a**
39 **toolkit to educate physicians on sexually transmitted infections (STI) and pregnancy**

1 prevention targeting minority and immigrant populations who lack adequate sex
2 education.

3
4 **ITEM NO. 2: RESOLUTION NO. 1002: IMPROVING MEDICARE FINANCING THROUGH PARTS**
5 **A, B, C, AND THROUGH MEDIGAP CONSOLIDATION**

6
7 RESOLVED, That the American Academy of Family Physicians (AAFP) advocates for
8 legislation that eliminates the Medicare Advantage and Medigap programs, and folds the
9 benefits of Part C plans and Medigap plans into traditional Medicare.

10
11 The reference committee heard testimony in support of the resolution since Medicare beneficiaries
12 can be confused over Medicare Advantage and Medigap plans and these plans should be
13 simplified to benefit patients. Further testimony was heard that Medicare Advantage and Medigap
14 plans receive higher payments compared to traditional Medicare. During executive session, the
15 reference committee discussed that some physicians prefer Medicare Advantage and Medigap
16 plans since they pay physicians more in certain markets than does traditional Medicare and that
17 politically changing these plans is unrealistic.

18
19 **RECOMMENDATION: The reference committee recommends that Resolution No. 1002 be**
20 **adopted.**

21 **ITEM NO. 3: RESOLUTION NO. 1003: ELIMINATING PATIENT SATISFACTION SCORES AS A**
22 **METRIC OF QUALITY HEALTHCARE**

23
24 RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter to the
25 Centers for Medicare and Medicaid Services discouraging the use of patient satisfaction
26 scores as a metric of quality healthcare, and be it further

27
28 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate against
29 physician reimbursement based on patient satisfaction scores.

30
31 The reference committee heard testimony in support of public and private payers as well as
32 employers not financially penalizing physicians based on patient satisfaction or patient experience
33 measures since these scores are frequently based on factors beyond a physician's control. The
34 reference committee also heard testimony that achieving favorable patient satisfaction/experience
35 scores can lead to the inappropriate prescribing of opioids and antibiotics, as well as to the over-
36 utilization of imaging and advanced diagnostic services that may not be evidence based or
37 clinically relevant. Further testimony was heard expressing concern that negative patient
38 satisfaction/experience ratings increase physician burn out. The reference committee also heard
39 testimony that patient satisfaction/experience measures do provide value in many cases and are
40 useful to improving the quality of patient care but that these scores should not be linked with
41 physician payment.

42
43 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
44 **1003, which reads as follows, be adopted in lieu of Resolution No. 1003:**

45
46 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**
47 **collecting patient satisfaction/experience data, but that the data not financially**
48 **penalize physicians.**

1 **ITEM NO. 4: RESOLUTION NO. 1004: EDUCATING A DIVERSE PHYSICIAN WORKFORCE**

2
3 RESOLVED, That the American Academy of Family Physicians (AAFP) support pipeline
4 programs and encourage support services for underrepresented minority college students
5 that will support them as they move through college, medical school and residency
6 programs, and be it further
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
9 American Medical Association (AMA) in recommending that medical school admissions
10 committees use holistic evaluation of admission applicants, taking into account the diversity
11 of preparation and the variety of talents that applicants bring to their education, and be it
12 further,
13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
15 American Medical Association (AMA) in advocating to the National Residency Matching
16 Program (NRMP) to track and disseminate demographic information pertaining to race and
17 ethnicity collected from Electronic Residency Application Service (ERAS) applications, and
18 be it further
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
21 American Medical Association (AMA) to continue the work that was initiated by the
22 Commission to End Health Care Disparities' Workforce Diversity and Leadership
23 Development Committee, and be it further
24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) Board direct the
26 AAFP delegation to the American Medical Association (AMA) support these precepts at the
27 AMA's House of Delegates Annual Meeting starting in June 2016.
28

29 The reference committee heard testimony that the resolution is a response to a decision at the
30 American Medical Association (AMA) to sunset the Workforce Diversity and Leadership
31 Development Committee of the Commission to End Health Care Disparities. The speaker noted
32 that the AAFP should support the work of this committee in addressing the many issues involved in
33 creating a physician workforce that is more diverse and responsive to a changing population.
34 Right now, patients are more diverse than the physician workforce. The degree to which changes
35 are needed require appropriate measurements. Several speakers noted that many minority
36 students are not going to college, so efforts to diversify the workforce need to be exerted earlier
37 than college. The problem is not with students in college, but rather with students who never get
38 there. The first resolved clause should reflect this, perhaps referring to efforts "beginning at
39 elementary school."
40

41 The reference committee noted that most speakers were in support, but also suggested the real
42 focus should be on the whole education process. The reference committee discussed the reach of
43 the resolution and the importance of getting this demographic data, which is valuable because it
44 will help determine if the objective is met, but that data is quite difficult to obtain.
45

46 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
47 **1004, which reads as follows, be adopted in lieu of Resolution No. 1004:**
48

49 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**
50 **pipeline programs and encourage support services for underrepresented minority**
51 **students that will support them as they move through their educational process**

1 beginning in elementary school onward through college, medical school and
2 residency programs, and be it further

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
5 American Medical Association (AMA) in recommending that medical school
6 admissions use holistic evaluation of admission applicants, taking into account the
7 diversity of preparation and the variety of talents that applicants bring to the medical
8 school and residency programs, and be it further

9
10 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
11 American Medical Association (AMA) in advocating to the National Residency
12 Matching Program (NRMP) to track and disseminate demographic information
13 pertaining to race and ethnicity collected from Electronic Residency Application
14 Service (ERAS) applications, and be it further

15
16 RESOLVED, That the American Academy of Family Physicians (AAFP) support
17 programs in the American Medical Association (AMA) to improve the diversity of the
18 physician workforce.

19
20 **ITEM NO. 5: RESOLUTION NO. 1006: SPECIALTY-SPECIFIC PEER DOMAIN OF MEDICAL**
21 **LICENSURE ISSUES AND DISCIPLINARY ACTIONS**

22
23 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a
24 currently licensed and practicing family physician to actively participate in the evaluation
25 and resolution of any licensure and disciplinary issues for family physicians.

26
27 The reference committee heard testimony in support of having state medical licensure boards
28 include family physicians when evaluating medical licensure and disciplinary issues of family
29 physicians in order for the review process to be peer reviewed.

30
31 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be**
32 **adopted.**

33
34 **ITEM NO. 6: RESOLUTION NO. 1007: MITIGATE DISPARITIES IN MENTAL HEALTH**
35 **AVAILABILITY**

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) promote to
38 advocacy efforts to increase value based reimbursements for counseling and services
39 rendered for mental health illnesses, and be it further

40
41 RESOLVED, That the American Academy of Family Physicians (AAFP) explore advocacy
42 efforts to improve availability of mental health provider access.

43
44 The reference committee heard testimony that the nation is experiencing a disparity of mental
45 health professionals for diseases that cause a great deal of personal economic and physical
46 problems. An author of the resolution said that the nation needs a health system that pays
47 physicians for counseling time. One speaker described practicing in a rural area, in which travel to
48 get psychiatric help may take several hours. Another speaker noted that their rural practice that
49 included a psychologist improved the health of their patients.

50
51 The reference committee agreed with the intent of the resolution but suggested a wording change
52 in the first resolved clause.

1
2 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
3 **1007, which reads as follows, be adopted in lieu of Resolution No. 1007:**
4

5 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for**
6 **increased value-based payments for counseling and services rendered for mental**
7 **health illnesses, and be it further**
8

9 **RESOLVED, That the American Academy of Family Physicians (AAFP) explore**
10 **advocacy efforts to improve availability of mental health provider access.**
11

12 **ITEM NO. 7: RESOLUTION NO. 1008: LIMITING INCREASES IN DRUG ENFORCEMENT**
13 **AGENCY AND STATE LICENSING FEES AND UNRELATED FEES TO PRACTICE MEDICINE**
14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with all
16 state licensing and federal bodies to roll back fees to practice medicine and unrelated fees
17 to practice medicine be removed, and be it further
18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) request that when
20 physician licensing fee increases are proposed by state and federal licensing agencies, that
21 physicians be notified one calendar year before fees are to occur, and be it further
22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) request the state
24 and federal licensing agencies provide justifiable reasons for licensing fee increases.
25

26 The reference committee heard testimony in support of this resolution since federal and state
27 licensing fees are a burden on medical practices and because the amount of these fees and the
28 funds they generate are not well understood. In addition, the federal Drug Enforcement Agency
29 (DEA) is the only federal agency that is involved in physician licensing, but the agency already has
30 an explanatory page on their website. Finally, the reference committee acknowledged that the
31 AAFP does not direct policy choices for the state licensing boards.
32

33 **RECOMMENDATION: The reference committee recommends that Resolution No. 1008 not**
34 **be adopted.**
35

36 **ITEM NO. 8: RESOLUTION NO. 1009: SINGLE-PAYER HEALTH CARE (MEDICARE FOR ALL)**
37

38 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby Congress in
39 favor of passing HR 676 (Medicare for All).
40

41 The reference committee heard testimony in support of this resolution since the United States is
42 the only developed country that does not consider health care a fundamental right to all individuals.
43 Further testimony was heard citing statistics that a single payer health care system in the United
44 States would financially benefit tax payers and employers through several factors including
45 improved efficiencies and economies of scale.
46

47 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
48 **1009, which reads as follows, be adopted in lieu of Resolution No. 1009.**
49

50 **RESOLVED, That the American Academy of Family Physicians (AAFP) lobby Congress in**
51 **favor of Single Payer Healthcare (Medicare for All), and be it further,**

1 **RESOLVED, That resolution No. 1009 on Single Payer Healthcare be submitted to the**
2 **Congress of Delegates.**

3
4 **ITEM NO. 9: RESOLUTION NO. 1010: CALL TO REPEAL STATE LAWS WHICH PUNISH**
5 **PREGNANT WOMEN SUFFERING FROM ADDICTION**
6

7 RESOLVED, That the American Academy of Family Physicians update the language of its
8 policy regarding substance abuse in pregnant women to better reflect the American
9 Academy of Family Physicians condemnation of the mistreatment of pregnant women
10 suffering from addiction, and be it further

11
12 RESOLVED, That the language of the American Academy of Family Physicians policy
13 regarding substance abuse in pregnant women include a statement referencing the risk of
14 pregnant women who suffer from addiction avoiding prenatal care out of fear of being
15 prosecuted or otherwise punished, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians Board of Directors adopt
18 Congress of Delegates Resolution Number 401 (New York State D), opposing mandatory
19 drug testing of pregnant women, as AAFP policy rather than accepting such resolution for
20 information at its May 2016 meeting, and be it further

21
22 RESOLVED, That the American Academy of Family Physicians join the 18 other health
23 care organizations who have already publicly released statements strongly condemning
24 existing state laws which punish rather than assist pregnant women suffering from addiction
25 by releasing a statement which highlights our updated policy on this matter.
26

27 The reference committee heard testimony that Oklahoma incarcerates a large number of patients
28 who are addicted. Those who are incarcerated while pregnant are more likely to miscarry and
29 have higher mortality rates. The resolution notes that 18 organizations have signed on to a letter
30 demanding an end to these practices. According to one author, the intention of the resolution is to
31 update and streamline current policy. These laws cause significantly more harm because they
32 criminalize mental health sufferers. It also impedes the ability of the patient to take care of a child.
33

34 The reference committee suggests that the first three resolved clauses of Resolution No. 1010,
35 titled "Call to Repeal State Laws Which Punish Pregnant Women Suffering from Addiction" are
36 reaffirmed as current policy and have recommended a substitute resolution be adopted.
37

38 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
39 **1010, which reads as follows, be adopted:**
40

41 **RESOLVED, That the American Academy of Family Physicians join the 18 other**
42 **health care organizations who have already publicly released statements strongly**
43 **condemning existing state laws which punish rather than assist pregnant women**
44 **suffering from addiction by releasing a statement which highlights our updated**
45 **policy on this matter.**
46

47 **REAFFIRMATION CALENDAR**
48

49 **The following items, A and B, are presented by the reference committee as an Item for**
50 **Reaffirmation Testimony in the reference committee hearing and discussion by Executive**
51 **Session concurred that the resolutions presented in Items A and B is current policy or is**
52 **already addressed in current projects. At the request of the National Conference of**

1 **Constituency Leaders, any items may be taken from this section for an individual vote on**
2 **that item. Otherwise, the reference committee will request approval of the “Items for**
3 **Reaffirmation” in a single vote.**
4

5 (A) Resolution No. 1005: “Opioid Prescribing Restrictions,” the resolved portion of which
6 reads as printed below:
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) publicly
9 condemn the practice of medicine without a license by state legislators, and be it
10 further

11
12 RESOLVED, That the American Academy of Family Physicians (AAFP) strongly
13 advocate for Federal Legislation prohibiting state restriction of physician prescribing,
14 and be if further

15
16 RESOLVED, That the American Academy of Family Physicians (AAFP) AMA
17 Delegation bring Resolution No. 1005 from the 2016 National Conference of
18 Constituency Leaders to the AMA.
19

20 The reference committee heard testimony that there continues to be a problem with state
21 legislators producing legislative directives that interfere with the patient-physician relationship. For
22 example, recently, the Centers for Disease Control and Prevention (CDC) issued
23 recommendations on opioid prescription practices. Subsequently, legislators in Maine and then
24 Massachusetts mandated restrictions on opioids that exceeded the CDC recommendations.
25 Several speakers agreed that the AAFP should advocate for federal legislation to prohibit states
26 from doing this. A speaker questioned the validity of the second and third resolved clauses since
27 physicians may, in some instances, want to have state legislative support for important evidence-
28 based measures. One recommendation was to change the resolved clause to talk about evidence-
29 based licensure. This would mean that the AAFP would oppose legislating implementation about
30 the CDC guidelines, because even the agency recognizes that its recommendations are not based
31 on evidence, but are rather best practices. In addition, evidence- based medicine changes with
32 new evidence, laws require legislative change.
33

34 The reference committee noted several instances of the AAFP speaking out on this tendency of
35 state legislatures to interfere with physician practice in this unhelpful way. For example, the AAFP
36 Chief Executive Officer (CEO) co-wrote, with counterparts from several physician organizations, an
37 article in the New England Journal of Medicine in 2012 that objected to this state and federal
38 legislative practice. The reference committee also noted several amicus curiae briefs that the
39 AAFP had joined on this subject and several letters written at the request of state chapters
40 regarding state government practices along this line. As a result, the reference committee felt that
41 the AAFP had acted on this policy.
42

43 (B) Resolution No. 1011: “Lowering Total Out-Of-Pocket Costs For All Health
44 Insurance,” the resolved portion of which reads as printed below:
45

46 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate
47 for legislation that significantly reduces or eliminates deductibles, copayments, and
48 other out of pocket costs for all types of insurance plans, especially silver and
49 bronze level Affordable Care Act (ACA) plans, as these measures lead to patients
50 avoiding necessary care, and be it further
51

1 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate
2 for an in-depth economic analysis of the current Affordable Care Act (ACA), to
3 determine whether or not it has the ability to meet the mission of the (AAFP) as it
4 pertains to universal access and an acceptable manner of cost containment.
5

6 The reference committee heard testimony in support of lowering total-out-of-pocket costs within all
7 public and private insurance markets since some patients have difficulties with high deductible
8 plans and high co-payments and as a result these patients are rationing their use of primary care
9 and preventive services. Testimony also discussed that an analysis need not be performed by the
10 AAFP but for the AAFP to review existing studies.
11

12 **RECOMMENDATION: The reference committee recommends that Items A and B be**
13 **approved as current policy or as already being addressed in current projects.**

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

4
5 Respectfully Submitted,

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9

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- 10 Rachelle Brilliant, DO – CHAIR
11
12 Kimberly Becher, MD – New Physicians
13 Jairaj Goberdhan, MD – IMG
14 Johnny Guzman, DO, MS – GLBT
15 Julie Johnston, MD – Women
16 Mary Nguyen, MD, FAAFP – Minority
17 Jessica Guh, MD (Observer)