



## 2014 Agenda for the Reference Committee on Advocacy

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

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<b><u>Item No.</u></b>	<b><u>Resolution Title</u></b>
1. Resolution No. 1001	Oppose Targeted Regulation Against Abortion Providers (TRAAP laws)
2. Resolution No. 1003	Slowing Down the 2015 Meaningful Use Criteria
3. Resolution No. 1004	Access to Your Physician Under the Affordable Care Act (ACA)
4. Resolution No. 1007	Prohibit Rapist's Rights to Offspring Conceived Through Rape
5. Resolution No. 1010	Include Male Contraception in the Affordable Care Act
6. Resolution No. 1005	Medicaid Coverage For Specialty Care By Dentists And Podiatrists
7. Resolution No. 1006	Care and Safety of Transgender Inmates
8. Resolution No. 1009	Employment Non-Discrimination
9. Resolution No. 1002	Expanded Use of Naloxone
10. Resolution No. 1008	Guaranteed Paid Maternity Leave



# Resolution No. 1001

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Oppose Targeted Regulation Against Abortion Providers (TRAAP laws)

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3 Submitted by: Cathleen London, MD, Women  
4 Tabatha Wells, MD, Minority  
5 Catherine Romanos, MD, New Physician  
6 Joanna Bisgrove, MD, FAAFP, GLBT  
7 Suzan Goodman, MD, MPH, Women  
8 Gail Guerrero Tucker, MD, MPH, FAAFP, Women  
9 Sara McNeil, MD, Women  
10 Shannon Connolly, MD, New Physician

11  
12 WHEREAS, There are currently 27 states that have passed over 200 restrictions that regulate  
13 abortion providers which are medically unnecessary and do not enhance patient safety, and

14  
15 WHEREAS, these policies and laws hold unnecessary requirements for clinicians that provide  
16 abortions, including affiliation with a hospital, hospital admitting privileges, that the provider be a  
17 board-certified obstetrician-gynecologist (OBGYN) or eligible for OBGYN certification, operating  
18 room size exam rooms for dispensing the abortion pill, and

19  
20 WHEREAS, the American Medical Association (AMA), the American Congress of Obstetricians  
21 and Gynecologists (ACOG), and the American Medical Women's Association (AMWA) have all  
22 opposed obstacles that impair women's access to safe abortion services, and

23  
24 WHEREAS, decreasing the number of abortion providers in turn delays women from obtaining  
25 abortions, which pushes women later into pregnancy when abortion becomes more expensive  
26 and associated with a higher risk of complication, and

27  
28 WHEREAS, abortion has been singled out for regulation and is no more dangerous than other  
29 outpatient procedures such as a colonoscopy or dental work for which there are no similar  
30 requirements, and

31  
32 WHEREAS, unnecessary requirements decreases overall access to abortion, cutting the  
33 number of providers and clinics, increasing travel time, costs, and stress for the patient and are  
34 only worse for women who fall at or below the poverty line, and

35  
36 WHEREAS, the American Academy of Family Physicians (AAFP) has policy against state  
37 legislators practicing medicine without a license, now, therefore, be it

38  
39 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose state level  
40 legislation that imposes unnecessary requirements on abortion providers which infringe on the  
41 practice of evidence based medicine, and be it further,  
42

43 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose national  
44 legislation that imposes unnecessary requirements on abortion providers, reducing doctors'  
45 ability to provide evidence-based and patient-centered care, and be it further  
46

47 RESOLVED, That the American Academy of Family Physicians (AAFP) support the Women's  
48 Health Protection Act of 2013 (S. 1696 H.R. 3471).



## Resolution No. 1003

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Slowing Down the 2015 Meaningful Use Criteria  
2  
3 Submitted by: Mary Anne Curtiss, MD, Women  
4 Karen Smith, MD, FAAFP, Women  
5 Sarah Lamanuzzi, MD, FAAFP, Women  
6 Mott Blair, MD, ALF Observer  
7  
8 WHEREAS, Many family physicians are overwhelmed by ever changing meaningful use criteria,  
9 and  
10  
11 WHEREAS, in response to the Voluntary 2015 Edition Electronic Health Record Certification  
12 Criteria, Interoperability, Updates and Regulatory Improvements proposed rule published in the  
13 March 19, 2014 Federal Register, the American Academy of Family Physicians Center for  
14 Health Information sent a letter to Karen Desalvo, MD, Director of the Office of the National  
15 Coordinator (ONC), urging the ONC to not add another level of complexity to the Meaningful  
16 Use program, and  
17  
18 WHEREAS, concern exists regarding potential confusion for family physicians over what level of  
19 certification is actually required for an electronic health record (EHR) to attest for Meaningful  
20 Use, and  
21  
22 WHEREAS, transport of information, such as Consolidated Clinical Document Architecture,  
23 continues to evolve and may require enhancement of the EHR, and therefore, should be  
24 separate from the content of Meaningful Use criteria, and  
25  
26 WHEREAS, software and electronic medical record upgrades in response to new criteria require  
27 time for development and sufficient testing, and  
28  
29 WHEREAS, punitive financial penalties for noncompliance are proposed, and  
30  
31 WHEREAS, scientific, patient-oriented outcome data are constantly evolving, now, therefore, be  
32 it  
33  
34 RESOLVED, That the American Academy of Family Physicians strongly encourages the Office  
35 of the National Coordinator of Health Information Technology to consider a more incremental  
36 approach to implementation of future Meaningful Use criteria.



## Resolution No. 1004

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Access to Your Physician Under the Affordable Care Act (ACA)  
2  
3 Submitted by: Karen Smith, MD, Women  
4 John Cullen, MD, ALF Observer  
5 Rachel Franklin, MD, Women  
6 Sarah Lamanuzzi, MD, FAAFP, Women  
7  
8 WHEREAS, Small physician practices and those in rural areas provide services to patients in  
9 underserved communities, and  
10  
11 WHEREAS, under the Affordable Care Act (ACA) exchange programs, insurers exclude some  
12 rural and small practices from membership in their networks in order to offer patients the lowest  
13 prices, and  
14  
15 WHEREAS, under the ACA exchange programs, patients have been assigned to physicians  
16 other than their current primary care provider, and  
17  
18 WHEREAS, this creates barriers to access to health care for patients in these communities, and  
19  
20 WHEREAS, states such as Nevada have instituted laws requiring that insurers include in their  
21 networks those primary care providers within a sixty mile radius of the insured member, now,  
22 therefore, it be  
23  
24 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the  
25 inclusion of local family physicians in small and rural practices in the state and federal health  
26 care exchange networks, and be it further  
27  
28 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that patients  
29 insured under a federal health exchange be allowed to assign themselves to their primary care  
30 provider of choice at the point of care.



## Resolution No. 1007

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Prohibit Rapist's Rights to Offspring Conceived Through Rape

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3 Submitted by: Kevin Wang, MD, FAAFP, GLBT  
4 David Hoelting, MD, GLBT  
5 Joanna Bisgrove, MD, FAAFP, GLBT  
6 Suzan Goodman, MD, MPH, Women  
7 Cathleen London, MD, Women  
8 Mary Krebs, MD, FAAFP, Women  
9 Rachel Franklin, MD, Women

10  
11 WHEREAS, A man who impregnates a woman through rape can successfully sue for child  
12 custody and visitation rights in 31 states, and

13  
14 WHEREAS, it is estimated that there are up to 32,000 rape-related pregnancies annually in the  
15 United States and many women choose to raise their child(ren) conceived through rape, and

16  
17 WHEREAS, a rapist pursuing parental or custody rights forces the survivor to have continued  
18 interaction with the rapist, which results in continued trauma on the survivor and child(ren)  
19 making recovery difficult, and

20  
21 WHEREAS, rapists may use the threat of pursuing custody or parental rights to persuade  
22 survivors into not prosecuting or reporting rape, or otherwise harass, intimidate or manipulate  
23 them, now therefore, be it

24  
25 RESOLVED, That the American Academy of Family Physicians formulate a policy which  
26 condemns a rapist's rights to custody and/or visitation right of offspring conceived through rape,  
27 and be it further

28  
29 RESOLVED, That the American Academy of Family Physicians support all efforts to create  
30 legislation prohibiting a rapist's ability to sue for custody and/or visitation rights of their offspring  
31 conceived through rape.



## Resolution No. 1010

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Include Male Contraception in the Affordable Care Act

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3 Submitted by: Cathleen London, MD, Women  
4 Suzan Goodman, MD, Women  
5 Gail Guerrero Tucker, MD, FAAFP, Women  
6 Shannon Connolly, MD, New Physician  
7 Catherine Romanos, MD, New Physician  
8 Tabatha Wells, MD, Minority  
9 Kevin Wang, MD, FAAFP, GLBT  
10 Sara Oberhelman, MD, New Member  
11 Sarah McNeil, MD, Women  
12

13 WHEREAS, Coverage of male contraceptive services is currently not included in the Patient  
14 Protection and Affordable Care Act (ACA) as a preventive service or under the contraceptive  
15 mandate, and

16  
17 WHEREAS, women already assume most of the burden of contraception, with regards to  
18 sterilization and other hormonal and non-hormonal methods, and

19  
20 WHEREAS, 27% of women rely on female sterilization and only 10% rely on their partner's  
21 vasectomy, and

22  
23 WHEREAS, female sterilization carries greater risk of major operative and postoperative  
24 complication rates than vasectomy (1.2% for tubal ligation and 0.04% for vasectomy), and

25  
26 WHEREAS, vasectomy is less expensive, with an average cost of vasectomy \$708 in 2012,  
27 compared to the average cost of tubal ligation methods at \$2912, and

28  
29 WHEREAS, vasectomy is as or more effective than female sterilization at preventing pregnancy,  
30 and

31  
32 WHEREAS, exclusion of coverage for male contraceptive services is not evidence-based, may  
33 be discriminatory, and may further hinder male involvement in contraception by increasing cost  
34 barriers and decreasing social expectations for men, and

35  
36 WHEREAS, mandated coverage of vasectomy could aid efforts to increase uptake of this safe  
37 and effective form of contraception, now, therefore, be it,

38  
39 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that the  
40 United States Department of Health and Human Services (DHHS) amend the list of preventive  
41 services to include all contraceptive services, regardless of gender, including vasectomy and  
42 condoms, and be it further  
43

44 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage state  
45 chapters, especially those that rejected the Affordable Care Act, to accept that sterilization  
46 procedures are preventive care and should be included within state-mandated Essential Health  
47 Benefits, as some states have done.





## Resolution No. 1005

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Medicaid Coverage For Specialty Care By Dentists And Podiatrists  
2  
3 Submitted by: Melody Jordahl-Iafrato, MD, GLBT  
4 Joanna Bisgrove, MD, FAAFP, GLBT  
5 Anita Eason, MD, GLBT  
6  
7 WHEREAS, There are many diagnoses, including diabetes mellitus and sickle anemia that  
8 require podiatry care, and  
9  
10 WHEREAS, dental health affects other conditions including, but not limited to, cardiovascular  
11 conditions, diabetes mellitus, HIV, and pregnancy, and  
12  
13 WHEREAS, the American Academy of Family Physicians policy on dental care states, "All  
14 Americans should have access to adequate dental services," and  
15  
16 WHEREAS, many states have discontinued dental and podiatry services to Medicaid recipients,  
17 now, therefore, be it  
18  
19 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for dental  
20 coverage for Medicaid recipients regardless of age, and be it further  
21  
22 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for podiatry  
23 coverage for all Medicaid recipients regardless of age.



## Resolution No. 1006

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Care and Safety of Transgender Inmates

2  
3 Submitted by: David J. Hoelting, MD, GLBT  
4 Melody Jordohl-lafrato, MD, GLBT  
5 Kathleen Meehan-de la cruz, MD, GLBT  
6

7 WHEREAS, The Federal Bureau of Prisons (BOP) does not have a policy ensuring transgender  
8 prisoners access to transition-related health care, and  
9

10 WHEREAS, the BOP does not have policy regarding classification and management of  
11 transgender prisoners that takes into account their gender self-identification, and  
12

13 WHEREAS, the BOP does not have program statements delineating measures protecting the  
14 physical safety of transgender prisoners, and  
15

16 WHEREAS, The National Prison Rape Elimination Commission has not finalized or  
17 implemented the standards set up by the United States Attorney General, now, therefore, be it  
18

19 RESOLVED, That the American Academy of Family Physicians advocate for access to, and  
20 coverage of, transgender treatments consistent with best practice guidelines while patients are  
21 within the correctional system, and be it further  
22

23 RESOLVED, That the American Academy of Family Physicians advocate for the safety of  
24 transgender patients within the correctional system, and be it further  
25

26 RESOLVED, That the American Academy of Family Physicians send a letter to the Federal  
27 Bureau of Prisons (BOP) asking that transgender patients receive care according to best  
28 practice guidelines and that the BOP work to guarantee the safety of transgender individuals.



# Resolution No. 1009

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Employment Non-Discrimination

2  
3 Submitted by: Terrance Hines, MD, GLBT  
4 Renee Crichlow, MD, FAAFP, GLBT  
5 Jonathan Wells, MD, General Registrant  
6 Andrew Goodman, MD, GLBT  
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) currently has a policy  
9 statement on “Discrimination, Patient” that “opposes all discrimination in any form, including but  
10 not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual  
11 orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body  
12 habitus or national origin,” and,  
13

14 WHEREAS, the AAFP currently has a policy statement on “Discrimination, Physician” that  
15 “strongly supports that hiring, credentialing, and privileging decisions for physicians should be  
16 based solely on verifiable professional criteria,” and  
17

18 WHEREAS, the AAFP does not currently have a policy statement for non-discrimination in  
19 employment for our patients and communities, and  
20

21 WHEREAS, the AAFP has a policy statement on “Health Benefits” that “supports the equality of  
22 health benefits to all individuals in the context of the AAFP definition of family”, and  
23

24 WHEREAS, a significant number of Americans (44.6%) still receive their health benefits through  
25 their employers, and  
26

27 WHEREAS, 29 states currently have legislation in place that leaves physicians and patients  
28 vulnerable to loss of employment on the basis of sexual orientation and 32 states currently have  
29 legislation in place that leaves physicians and patients vulnerable to loss of employment on the  
30 basis of gender identity or gender non-conformity, now, therefore, be it  
31

32 RESOLVED, That the American Academy of Family Physicians creates a policy statement on  
33 employment non-discrimination on behalf of our physician members, patients, and communities  
34 to address job opportunity and security as a social determinant of health, making it consistent  
35 with current AAFP policy on “Discrimination, Patient” and oppose discrimination based on, but  
36 not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual  
37 orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body  
38 habitus or national origin, and be it further  
39

40 RESOLVED, That the American Academy of Family Physicians advocate in favor of federal  
41 legislation for employment non-discrimination on behalf of our physician members, patients, and  
42 communities to address job opportunity and security as a social determinant of health.



# Resolution No. 1002

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Expanded Use of Naloxone

2  
3 Submitted by: Arthur Ohannessian, MD, New Physician  
4 Shannon Connolly, MD, New Physician  
5 Matthew Burke, MD, New Physician  
6 Christopher Furey, MD, New Physician  
7 Catherine Romanos, MD, New Physician  
8 Heather Nichols, MD, New Physician  
9 Amy Kaleka, MD, New Physician  
10 Sreejith Gopi, MD, New Physician

11  
12 WHEREAS, The Center for Disease and Control (CDC) reported that of the 22,134 deaths  
13 relating to prescription drug overdose in 2010, 16,651 (75%) involved opioid analgesics, and  
14

15 WHEREAS, the CDC reported the total overdose deaths from opioid analgesics far exceeded  
16 the combined deaths from cocaine and heroin overdoses, and  
17

18 WHEREAS, on April 16, 2014, United States Attorney General Eric Holder stated the  
19 Department of Justice support for “all first responders, including state and local law enforcement  
20 agencies, to train and equip their men and women on the front lines to use the overdose-  
21 reversal drug known as naloxon,” and  
22

23 WHEREAS, the Federal Drug Administration (FDA) on April 3, 2014 approved the hand-held  
24 auto-injector of naloxone, and  
25

26 WHEREAS, naloxone is cost effective, has no potential for abuse, and has no known  
27 contraindications other than previous allergic reaction, and  
28

29 WHEREAS, there is a precedent of providing injectable medications, such as epinephrine and  
30 glucagon, to be administered by non-medical personnel, and  
31

32 WHEREAS, 17 states and Washington, D.C have already enacted legislation that support  
33 planning and development of expanded naloxone administration programs, now, therefore, be it  
34

35 RESOLVED, That the American Academy of Family Physicians (AAFP) support the  
36 implementation of programs which allow first responders and non-medical personnel to possess  
37 and administer naloxone in emergency situations, and be it further  
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) support the  
40 implementation of policies which allow licensed providers to prescribe naloxone auto-injectors to  
41 patients using opioids or other individuals in close contact with the patient, and be it further  
42

43 RESOLVED, That the American Academy of Family Physicians (AAFP) support the  
44 implementation of legislation which protects any individuals who administer naloxone from  
45 prosecution for practicing medicine without a license.



# Resolution No. 1008

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2014 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

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1 Guaranteed Paid Maternity Leave

2  
3 Submitted by: Jennifer Klein, DO, Womens  
4 Helen Gray, MD, Womens  
5 Jennifer Gilbert, MD, New Physicians  
6 Robert Sedlacek, MD, New Physicians  
7 Kerry Pulliam, MD New Physicians  
8 Sara Oberhelman, MD New Physicians  
9

10 WHEREAS, Out of 178 countries, the United States is one of only three that does not guarantee  
11 paid leave for new mothers, and

12  
13 WHEREAS, less than 20% of workers in the U.S. in 2011 reported having access to paid leave  
14 through their employer, and

15  
16 WHEREAS, Family and Medical Leave Act (FMLA) does not guarantee paid leave, and only  
17 covers a fraction of employees needing maternity leave, and

18  
19 WHEREAS, paid parental leave is fiscally sound as it keeps women in the labor force, thus  
20 reducing the onerous costs associated with replacing employees, and

21  
22 WHEREAS, paid parental leave improves public health through increased breastfeeding rates  
23 and decreased rates of post-partum depression, and is cost-effective way of improving child  
24 health overall, now, therefore, be it

25  
26 RESOLVED, That the American Academy of Family Physicians lobby for public policy  
27 mandating guaranteed, paid maternity leave for a minimum of 8 weeks, immediately following  
28 the live birth or adoption of a child.