



Resident 1 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
July 30 - August 1, 2015 – Kansas City, MO

1. Resolution No. R1-401 Insurance Coverage for Immediate Postpartum Intrauterine Device Placement
2. Resolution No. R1-402 Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period
3. Resolution No. R1-403 Expand Patient Protection and Affordable Care Act Coverage to Include Undocumented Immigrants
4. Resolution No. R1-404 Physician Dispensing Medications
5. Resolution No. R1-405 Oppose the Mandatory Drug Testing of Pregnant Women
6. Resolution No. R1-406 Direct Primary Care Rotation Site List
7. Resolution No. R1-407 Support Single Payer Healthcare
8. Resolution No. R1-408 Increase Endogenous Residency Program Funding
9. Resolution No. R1-409 Policy in Support of Safe Anti-Infective Drug Development
10. Resolution No. R1-410 Support of Drug Pricing Transparency
11. Resolution No. R1-411 Advocacy in Support of Safe Anti-Infective Drug Development
12. Resolution No. R1-412 Support of Access to All FDA-Approved Contraception Methods for Medicare Patients

1 **RESOLUTION NO. R1-401**

2 **Insurance Coverage for Immediate Postpartum Intrauterine Device Placement**

3 Introduced by: Jocelyn Young, DO, Rochester, NY

4
5 WHEREAS, Immediate postpartum contraception has been shown to decrease
6 unintended pregnancies in the initial weeks after delivery, and

7
8 WHEREAS, intrauterine device placement as early as ten minutes after placental
9 delivery has been shown to be effective, and

10
11 WHEREAS, studies have shown that barriers to long acting reversible contraception
12 access in the immediate postpartum period include insurance coverage, and

13
14 WHEREAS, as of March 2015, ten states have amended their Medicaid laws to allow
15 for separate billing for immediate intrauterine device placement and cost of the device,
16 now, therefore, be it

17
18 RESOLVED, That the American Academy of Family Physicians develop a policy
19 statement that insurance coverage should include a mechanism to allow for billing of an
20 immediate postpartum intrauterine device placement and reimbursement for the cost of
21 the device that is separate from the global fee for labor and delivery.

1 **RESOLUTION NO. R1-402**

2
3 **Support Placement and Coverage of Long-Acting Reversible Contraceptives**
4 **(LARC) in the Early Postpartum Period**

5
6 Introduced by: Kaitlin Hollander, Martinez, CA
7 Natalie Hinchcliffe, New York, NY
8 Elizabeth Wiley, MD, Baltimore, MD
9 Stewart Decker, MD, Klamath Falls, OR

10
11 WHEREAS, Providing women with early postpartum access to long-acting reversible
12 contraceptives (LARC) methods significantly reduces the risk of unplanned pregnancies
13 and improves the health of newborns and mothers by facilitating healthy spacing
14 between pregnancies, and

15
16 WHEREAS, birth intervals less than 18 months are associated with poor perinatal
17 outcomes including preterm birth and low birth weight, and

18
19 WHEREAS, women who use LARC methods have an increased likelihood of achieving
20 optimal birth interval compared to women using other methods, and

21
22 WHEREAS, contraceptive initiation within 90 days of delivery helps achieve optimal
23 birth spacing, and

24
25 WHEREAS, most state Medicaid programs are not yet covering this service and many
26 clinicians are not yet trained to provide the service, and

27
28 WHEREAS, the ability to control the timing of her pregnancies is crucial to a woman's
29 socioeconomic advancement as it affects her education, employment, mental health,
30 and ability to care for existing children, and

31
32 WHEREAS, ensuring prompt access to LARC would result in fewer unintended
33 pregnancies, better health outcomes, and considerable cost savings for the healthcare
34 system, and

35
36 WHEREAS, placement of LARC is safe for women, with minimal effect on
37 breastfeeding, good continuation rates, and decreased pregnancy rates, and

38
39 WHEREAS, currently the most significant barriers to providing postpartum LARC are
40 related to billing and payment from Medicaid and private insurance, with few states
41 assuring coverage separate from the global fee, and

42
43 WHEREAS, the American Academy of Family Physicians has supported past
44 resolutions to reduce barriers to LARC access for women, now, therefore, be it
45

46 RESOLVED, That the American Academy of Family Physicians support a policy that
47 long-acting reversible contraceptive methods be the recommended option for
48 postpartum women prior to hospital discharge, and be it further

49
50 RESOLVED, That the American Academy of Family Physicians support a policy
51 assuring coverage of long-acting reversible contraceptive device and placement prior to
52 hospital discharge, separate from the global fee, for all women who select these
53 methods, and be it further

54
55 RESOLVED, This resolution, “Support Placement and Coverage of long-acting
56 reversible contraceptive in the Early Postpartum Period” be referred to the Congress of
57 Delegates.

1 **RESOLUTION NO. R1-403**

2
3 **Expand Patient Protection and Affordable Care Act Coverage to Include**
4 **Undocumented Immigrants**

5
6 Introduced by: Luis Rivera, MD, Chicago, IL
7 Jessica Reader, MD, Chicago, IL
8

9 WHEREAS, In the paper titled “Health Care for All: A Framework for Moving to a
10 Primary Care-Based Health Care System in the United States,” the American Academy
11 of Family Physicians (AAFP) supports providing health care coverage to everyone in the
12 United States through a primary care-based system built on the patient-centered
13 medical home, and
14

15 WHEREAS, Latinos are the largest growing demographic in the United States, who
16 currently comprise 17% of the population, are disproportionately affected by chronic
17 disease, and
18

19 WHEREAS, Latinos are still less likely to be insured compared to other groups due in
20 large part to legal status despite the passage of the Patient Protection and Affordable
21 Care Act (ACA), and
22

23 WHEREAS, the exclusion of undocumented immigrants from the ACA prevents the
24 AAFP members from providing the best care possible to this population, now, therefore,
25 be it
26

27 RESOLVED, That the American Academy of Family Physicians advocate to expand the
28 Patient Protection and Affordable Care Act to include coverage for undocumented
29 immigrants, and be it further
30

31 RESOLVED, That the American Academy of Family Physicians create a task force to
32 partner with organizations such as National Council of La Raza and League of United
33 Latin American Citizens to advocate for health care coverage for undocumented
34 immigrants.

1 **RESOLUTION NO. R1-404**

2 **Physician Dispensing Medications**

3 Introduced by: Charles Willnauer, MD, Lubbock, TX
4 Benjamin Willford, Harrogate, TN
5 Alan Bordon, MD, Belleville, IL
6 Dana Gross, Seattle WA
7 Justin Kappel, Atlanta, GA
8 Troy Russell, MD, Washington, DC
9

10 WHEREAS, The price of medications is often cost prohibitive for many patients, and

11
12 WHEREAS, inability to afford medications is a significant cause of morbidity and
13 mortality, and
14

15 WHEREAS, physicians dispensing medications from their clinic can lead to significant
16 savings for patients, now, therefore, be it
17

18 RESOLVED, That the American Academy of Family Physicians lobby for the ability of
19 family physicians to dispense medications in all settings in all states.

1 **RESOLUTION NO. R1-405**

2 **Oppose the Mandatory Drug Testing of Pregnant Women**

3 Introduced by: Valerie Ebel, MD, Santa Rosa, CA
4 Elizabeth Wiley, MD, Baltimore, MD
5 Natalie Hinchcliffe, DO, New York, NY
6

7 WHEREAS, Drug use and addiction is a public health issue, not a criminal one, and
8 needs to be dealt with accordingly, and
9

10 WHEREAS, it has been documented that the practice of drug testing pregnant women
11 does not decrease rates of drug use but instead results in the avoidance of prenatal
12 care, and
13

14 WHEREAS, the women who may be tested for drug use during pregnancy are the same
15 women who especially need prenatal care because they often are also drinking alcohol,
16 have little access to healthy foods, are smoking cigarettes, and are not taking or do not
17 have access to prenatal vitamins, and
18

19 WHEREAS, negative birth outcomes are generally more a reflection of poverty
20 associated deprivations than drug exposure, and
21

22 WHEREAS, while the intention of the physician may be to improve the woman's health
23 though testing and reporting, it will most likely affect her eligibility for state assistance,
24 which, in turn, could gravely affect her health and access to care, and
25

26 WHEREAS, when medical professionals become involved in criminalizing their patients,
27 the doctor-patient relationship is compromised, and
28

29 WHEREAS, the American Academy of Family Physicians has policies supporting the
30 autonomy of medical practice from legislative mandates that are not evidence-based,
31 and
32

33 WHEREAS, when women do test positive for drugs during pregnancy, they are often
34 sent to jail or required to attend a rehabilitation program, and
35

36 WHEREAS, very few rehabilitation programs will accept pregnant patients due to their
37 high associated liability, and
38

39 WHEREAS, the risk of miscarriage increases to one-in-three women for those women
40 sentenced to jail, and
41

42 WHEREAS, women sentenced to prison, in addition to the risk of miscarriage, if they do
43 give birth in prison are either shackled or chained for all or most of the delivery process,
44 now, therefore, be it
45

46 RESOLVED, That the American Academy of Family Physicians oppose the creation of
47 legislation that require physicians to perform mandatory drug testing on pregnant
48 women, and be it further

49
50 RESOLVED, That the American Academy of Family Physicians adopt a policy opposing
51 mandatory drug testing of pregnant women, and be it further

52
53 RESOLVED, That this resolution be sent to the Congress of Delegates.

54

55

1 **RESOLUTION NO. R1-406**

2 **Direct Primary Care Rotation Site List**

3 Introduced by: Charles Wilnauer, MD, Lubbock, TX
4 Dana Gross, Seattle, WA
5 Alan Bordon, MD, Belleville, IL
6 Benjamin Willford, Harrogate, TN
7 Justin Kappel, Atlanta, GA
8 Troy Russell, MD, Washington, DC
9

10 WHEREAS, There is a growing interest among residents and students concerning direct
11 primary care, and

12
13 WHEREAS, there is no list of direct primary care clinic sites willing to allow residents
14 and students to rotate on site, now, therefore, be it

15
16 RESOLVED, That the American Academy of Family Physicians create an online list of
17 direct primary care clinics and physicians who are willing to allow residents and
18 students to rotate on site.

1 **RESOLUTION NO. R1-407**

2

3 **Support Single Payer Healthcare**

4

5 Introduced by: Stewart Decker, MD, Klamath Falls, OR
6 Elizabeth Wiley, MD, JD, MPH, Baltimore, MD

7

8 WHEREAS, The priority of the American Academy of Family Physicians is healthcare
9 for all, and

10

11 WHEREAS, the current number of Americans without health insurance now exceeds 50
12 million including 9 million children, and

13

14 WHEREAS, the Patient Protection and Affordable Care Act will leave 26 million
15 Americans uninsured by 2016, and

16

17 WHEREAS, the United States spends twice as much per capita in health care costs
18 compared to other western democracies, yet fails to cover all citizens and produces
19 poorer health outcomes, and

20

21 WHEREAS, medical malpractice premiums would decrease in a single payer system
22 because they obviate the need for paying for future care, and

23

24 WHEREAS, a single payer system would increase revenue by \$592 billion, and

25

26 WHEREAS, government-sponsored health insurance (Medicaid) in Oregon increases
27 access to primary care by 70%, increases the use of recommended preventive care by
28 60%, decreases debt by 40%, and decreases the incidence of depression by 10%, and

29

30 WHEREAS, current American Academy of Family Physicians policy concerning
31 healthcare for all acknowledges that “[healthcare for all] will be achieved only if
32 congress enacts legislation requiring healthcare coverage for all,” now, therefore, be it

33

34 RESOLVED, That the American Academy of Family Physicians change policy to
35 specifically support single payer healthcare as a viable and effective option to
36 successfully achieve healthcare for all.

1 **RESOLUTION NO. R1-408**

2

3 **Increase Endogenous Residency Program Funding**

4

5 Introduced by: Chetan Patel, Columbus, GA
6 Phillip So, Detroit, MI

7

8 WHEREAS, Many family medicine residency programs are facing financial pressures to
9 reduce losses or increase profits, and

10

11 WHEREAS, many training programs are tasked with providing care for the underserved
12 and financially challenged, and

13

14 WHEREAS, residents are typically not given extensive formal teaching of billing and
15 coding in the first two years of training, and

16

17 WHEREAS, the new Medicare chronic management codes can greatly improve the
18 financial health of outpatient clinics with minimal initial investment, and

19

20 WHEREAS, the patient-centered medical home is the new standard for primary care
21 offices yet most programs are yet to be or in process of becoming certified, and

22

23 WHEREAS, stronger programs will attract stronger candidates and augment the
24 development of future leaders of our American Academy of Family Physicians, as well
25 as the healthcare system as a whole, now, therefore, be it

26

27 RESOLVED, That the American Academy of Family Physicians invest resources to
28 develop a toolkit for billing and coding for residency programs so they may adapt to the
29 changing financial environment of medicine by increasing revenue and sustainability of
30 clinics.

1 **RESOLUTION NO. R1-409**

2
3 **Policy in Support of Safe Anti-Infective Drug Development**

4
5 Introduced by: Joseph Brodine, Washington, DC
6 Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
7 Alison Case, MD, East Lansing, MI
8

9 WHEREAS, the Food and Drug Administration (FDA) is currently charged with ensuring
10 the safety and efficacy of medical drug therapies, and

11
12 WHEREAS, it is critical that novel drug therapies not be approved on the basis of
13 uncontrolled case studies or clinical anecdotes as such approval could pose a threat to
14 patient safety, and

15
16 WHEREAS, strong FDA standards for the approval of new antibiotics and antifungals
17 including superiority trials is necessary to avoid putting patients at risk of being treated
18 with unsafe and/or ineffective drugs, and

19
20 WHEREAS, family physicians have a critical role to play in preventing and mitigating the
21 threat of unsafe and ineffective drugs, and

22
23 WHEREAS, the American Academy of Family Physicians (AAFP) strategic objectives
24 include assuming a leadership role in advancing the health of the public and evidence-
25 based medicine, and

26
27 WHEREAS, the AAFP currently has no policy on the development and approval of
28 antibiotics in an era when antibiotic resistant organisms threaten public health, and

29
30 WHEREAS, federal lawmakers continue to propose legislation intended to accelerate
31 anti-infective drug development, but may result in compromising the integrity of the drug
32 approval process, now therefore, be it

33
34 RESOLVED, That the American Academy of Family Physicians support ensuring strong
35 Food and Drug Administration standards for approval of new antibiotic and antifungal
36 agents including superiority trials, and be it further

37
38 RESOLVED, That the American Academy of Family Physicians develop a policy that
39 the Food and Drug Administration's antibiotic approval process rely upon the clinical
40 outcomes of randomized controlled trails in humans demonstrating superiority of novel
41 drugs versus comparator drugs rather than data obtained from non-inferiority trials or
42 surrogate non-clinical endpoints.

1 **RESOLUTION NO. R1-410**

2 **Support of Drug Pricing Transparency**

3 Introduced by: Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
4 Joe Brodine, Washington, DC
5 Alison Case, East Lansing, MI
6

7 WHEREAS, Breakthrough drugs such as sofosbuvir (Solvaldi) may offer a potential cure
8 to more than 2.5 million Americans with chronic hepatitis C, and
9

10 WHEREAS, the price of sofosbuvir is set at \$84,000 and is expected to overwhelm state
11 budgets as it is estimated that the cost to state governments will exceed \$55 million to
12 treat patients on state-funded health plans including Medicaid, and
13

14 WHEREAS, similar breakthrough oncologic agents have come with exorbitant
15 skyrocketing costs with 11 of 12 cancer drugs approved by the Federal Drug
16 Administration in 2012 exceeding \$100,000/year and with the average price of cancer
17 drugs having doubled from \$5,000 to \$10,000/month in the last decade, and
18

19 WHEREAS, federal and state legislative efforts have emerged to require
20 pharmaceutical manufacturers to submit reports on the costs of production (including
21 research and development, regulatory and manufacturing) and marketing and
22 advertising in addition to profits for specific branded medications annually, and
23

24 WHEREAS, increasing transparency in drugs costs would enable payors and
25 policymakers to understand where higher drug prices might be justifiable, and
26

27 WHEREAS, drug pricing transparency may increase pharmaceutical manufacturers'
28 accountability for exorbitant pricing and deter unnecessarily high pricing to the benefit of
29 patients and state budgets, and
30

31 WHEREAS, exorbitant drug costs have deleterious effects on our patients and the
32 health systems in which we work in as family physicians, now, therefore, be it
33

34 RESOLVED, That the American Academy of Family Physicians support federal and
35 state legislation to require pharmaceutical manufacturers to disclose development and
36 production costs as well as profits in order to negotiate more affordable drug prices for
37 patients, and be it further
38

39 RESOLVED, That the American Academy of Family Physicians develop an advocacy
40 toolkit for chapters to encourage grassroots support for state legislation to require drug
41 pricing transparency.

1 **RESOLUTION NO. R1-411**

2 **Advocacy in Support of Safe Anti-Infective Drug Development**

3 Introduced by: Joseph Brodine, Washington, DC
4 Elizabeth Wiley, MD, JD, MPH, Baltimore, MD
5 Alison Case, MD, East Lansing, MI
6

7 WHEREAS, The Food and Drug Administration (FDA) is currently charged with
8 ensuring the safety and efficacy of medical drug therapies, and
9

10 WHEREAS, it is critical that novel drug therapies not be approved on the basis of
11 uncontrolled case studies or clinical anecdotes as such approval could pose a threat to
12 patient safety, and
13

14 WHEREAS, strong FDA standards for the approval of new antibiotics and antifungals
15 including superiority trials is necessary to avoid putting patients at risk of being treated
16 with unsafe and/or ineffective drugs, and
17

18 WHEREAS, family physicians have a critical role to play in preventing and mitigating the
19 threat of unsafe and ineffective drugs, and
20

21 WHEREAS, the American Academy of Family Physicians' (AAFP) strategic objectives
22 include assuming a leadership role in advancing the health of the public and evidence-
23 based medicine, and
24

25 WHEREAS, the AAFP has no policy on the development and approval of antibiotics in
26 an era when antibiotic-resistant organisms threaten public health, and
27

28 WHEREAS, federal lawmakers continue to propose legislation intended to accelerate
29 anti-infective drug development but may result in compromising the integrity of the drug
30 approval process, now, therefore, be it
31

32 RESOLVED, That the American Academy of Family Physicians support ensuring strong
33 Food and Drug Administration standards for approval of new antibiotic and antifungal
34 agents including superiority trials, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians lobby federal legislators
37 to oppose the passage of any bill or elements of a bill that would induce the Food and
38 Drug Administration to alter its anti-infective drug approval process so that it relies upon
39 data obtained from non-inferiority trials or surrogate non-clinical endpoints rather than
40 clinical outcomes of randomized controlled trials in humans demonstrating superiority of
41 novel drugs versus comparator drugs.

1 **RESOLUTION NO. R1-412**

2

3 **Support of Access to All FDA-Approved Contraception Methods for Medicare**
4 **Patients**

5

6 Introduced by: Elizabeth Wiley, MD, Baltimore, MD
7 Stewart Decker, MD, Klamath Falls, OR
8 Natalie Hinchcliffe, MD, New York, NY
9 Alison Case, MD, East Lansing, MI

10

11 WHEREAS, The ability to prevent unintended pregnancy is an important social
12 determinant of health, and

13

14 WHEREAS, many men and women who are disabled and rely on Medicare for health
15 coverage cannot afford the out of pocket expenses for contraceptives, yet pregnancy is
16 sometimes a health risk for them, and

17

18 WHEREAS, although the Patient Protection and Affordable Care Act mandates
19 coverage of all FDA-approved methods of contraception as preventive medical care,
20 contraception is not included in the preventative and screening services of Medicare for
21 men and women of reproductive age, now therefore, be it

22

23 RESOLVED, That the American Academy of Family Physicians support Medicare
24 coverage for all FDA-approved methods of contraception, and be it further

25

26 RESOLVED, That the American Academy of Family Physicians write a letter to the
27 Centers for Medicare and Medicaid Services advocating for full coverage of all
28 contraceptive options for men and women of reproductive age.