



<u>Item No.</u>	<u>Resolution Title</u>
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Resolution No. 9

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Encourage Removal of Health Insurance Restrictions for Care of Transgender Patients

2
3 Submitted by: Jennifer Burnett, MD, FAAFP, GLBT
4 Jennifer Vanderleest, MD, MPH, GLBT
5 Laura Ellis, MD, FAAFP, GLBT
6 Michelle Orengo-McFarlane, MD, GLBT
7

8 WHEREAS, The American Academy of Family Physicians (AAFP) opposes discrimination on
9 the basis of gender identity and opposes limitations placed on patient care by third-party payors
10 when such care, is based upon sound scientific evidence and medical opinion, and
11

12 WHEREAS, Gender Identity Disorder (GID) is a serious medical condition recognized as such in
13 both the International Classification of Diseases (10th Revision) and the Diagnostic and
14 Statistical Manual of Mental Disorders 4th Edition (DSM-IV-R); and is characterized as a
15 persistent discomfort with one's assigned sex and with one's primary and secondary sex
16 characteristics, causing intense emotional pain and suffering, and
17

18 WHEREAS, an established body of medical research demonstrates the medical necessity and
19 efficacy of mental health care, hormone therapy, and various types of surgery (including sex-
20 reassignment surgery) as forms of therapeutic treatment, all of which are designed to promote
21 the health and welfare of people diagnosed with GID, and that these modalities are neither
22 experimental or cosmetic, physicians treating persons with GID must be able to provide the
23 correct treatment necessary for a patient in order to achieve genuine and long-lasting comfort
24 with his or her gender, and
25

26 WHEREAS, most health insurance plans categorically exclude coverage of mental health,
27 medical, and/or surgical treatments for GID, even though many of these same treatments, such
28 as counseling, hormone therapy, mastectomy, hysterectomy and orchiectomy are routinely
29 covered for other medical diagnoses; and delaying treatment for GID can cause and/or
30 aggravate additional serious and expensive health problems, such as stress-related physical
31 illnesses, depression, and substance abuse problems and suicide, which further endanger
32 patients' health and cause unnecessary strain the health care system, and
33

34 WHEREAS, the American Medical Association has already advanced a similar resolution
35 (Resolution 122- which served as a model for this resolution) in support of removing the
36 financial barriers for transgender patients receiving care, and then publicly announced this
37 recommendation for public and private insurance companies in June of 2008, now, therefore, be it
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) support public and
40 private health insurance coverage for treatment of gender identity disorder, removing all of the
41 categorical exclusions for the treatment of children, adolescents and adults who suffer from
42 General Identity Disorder (GID) and thereby allow their qualified physicians to render the
43 necessary and very effective medical and surgical modalities now available for the treatment of
44 this disorder.



Resolution No. 11

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Temporary State Licensure

2

3 Submitted by: Kelet Robinson, MD, Woman

4 Laurel Neff, DO, Woman

5 Flora Sadri-Azarbayejani, DO, Woman

6

7 WHEREAS, Each state is responsible for determining license provisions which vary in
8 requirements and time to complete, and whereas that there are certain times when a physician
9 may need to cross state lines to practice without enough time to complete required paperwork,
10 now, therefore, be it

11

12 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a model that
13 state licensing boards can use for short term reciprocity of a licensed physician in good standing
14 in another state to allow them to practice for a limited time to be determined by that state
15 licensing board.



Resolution No. 15

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Universal Prenatal Care Regardless of Immigration or Financial Status

2 Submitted by: Molly Hong, MD, Women
3 Glenda Rios, MD, Women
4 Sara Lamanuzzi, MD, Women
5 Robyn Liu, MD, MPH, Women
6

7 WHEREAS, Access to adequate prenatal care, education and screening allows for healthier
8 pregnancies, healthier deliveries and better neonatal outcomes; and
9

10 WHEREAS, lack of access to adequate prenatal care leads to increased prenatal and labor
11 complications and prolonged neonatal hospitalizations which significantly increases cost of
12 health care; and
13

14 WHEREAS, access to prenatal care has been limited in many states by patients' immigration
15 and financial status; and
16

17 WHEREAS, the American Academy of Family Physicians opposes actions that would
18 criminalize the medical care of undocumented foreign-born individuals (2007); and
19

20 WHEREAS, the American Academy of Family Physicians supports a Comprehensive Care
21 Policy regardless of social and economic status and also supports efforts to identify appropriate
22 funding of these essential medical services (1981, 2008) and a policy of "Health Care for All: A
23 Framework for Moving to a Primary Care-Based Health Care System in the United States" that
24 includes prenatal care; now, therefore be it
25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) clarify its policy of
27 "Health Care for All: A Framework for Moving to a Primary Care-Based Health Care System in
28 the United States" specifically to support universal coverage of prenatal care and care during
29 the postpartum period regardless of immigration or financial status; and be it further
30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby state and national
32 legislative bodies to include universal coverage of prenatal and post-partum care regardless of
33 immigration or financial status.



Resolution No. 20

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 National Licensure for Shortage Areas

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3 Submitted by: Doreen Feldhouse, MD, FAAFP, Women

4 Juliemarie M Sicilia-May, MD, Women

5 Alice Oliveira, MD, Women

6 Tonya Bradley, MD, Women

7

8 WHEREAS, There are a significant number of health manpower shortage areas in need of
9 temporary staffing, and

10

11 WHEREAS, an increasing number of family physicians are approaching retirement with no
12 intention of leaving medicine and would be a tremendous asset to community health centers,
13 Indian Health Services, Veterans Administration and locum tenens opportunities in critical
14 physician shortage areas, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage federal
17 legislation in support of national licensure to ensure temporary physician coverage in critical
18 shortage areas.



Resolution No. 26

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Natural Death Allowed Terminology

2

3 Submitted by: Alison Lauber, MD, Women
4 Shauna Kincheloe-Zaren, MD, Women
5 Kelly Jones, MD, Women
6 Beverly Nuckols, MD, Women
7 Barbara Doty, MD, Women

8

9 WHEREAS, the term “Do Not Resuscitate (DNR)” does not clearly represent the patient request
10 for a natural death, and

11

12 WHEREAS, the term “Do Not Resuscitate (DNR)” focuses on the withholding of care, which has
13 a negative connotation instead of outlining the positive care that can be provided at the end of
14 life, and

15

16 WHEREAS, research shows only a minority have advanced directives (1), leaving their loved
17 ones to make end of life decisions, 64% of living wills don't cover the clinical realities for
18 patients, and 25% of patients received care inconsistent with their desires (2), and

19

20 WHEREAS, it has been shown that patients may be more likely to forego overly aggressive
21 resuscitation with the wording “allow natural death” (3), therefore be it

22

23 RESOLVED, that the AAFP advocate for implementation of medical terminology of “Natural
24 Death Allowed (NDA)” to promote appropriate end of life discussions with patients and families,
25 and promoting appropriate team care plans, and which can augment the information a DNR
26 order provides.

27

28 1. Internal Medicine World Report, May 2005

29

30 2. American Medical News 9 Mar 2009

31

32 3. Journal of medical ethics, Jan 2008

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Resolution No. 29

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Salvage of Prescribed but Unused Non-Narcotic Pharmaceuticals

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3 Submitted by: Doreen Feldhouse, MD, FAAFP, Women

4 Juliemarie M. Sicilia-May, MD, Women

5 Alice Oliveira, MD, Women

6 Flora Sadri, DO, Women

7

8 WHEREAS, Pharmaceutical costs are astronomical, and

9

10 WHEREAS, newly prescribed medications are frequently changed before a full prescription is
11 utilized, and

12

13 WHEREAS, medications are being disposed of into our water supply and landfills, and

14

15 WHEREAS, many insurance companies are requiring disbursement of three-month quantities
16 which are wasted when new medication or dosages are initiated, and

17

18 WHEREAS, the medications, frequently expensive and paid for by Medicare, for nursing home
19 patients are discarded when they (the patients) either expire or are discharged, now, therefore,
20 be it

21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the U.S.
23 Congress to pass legislation requiring pharmaceutical companies to package medications in
24 tamperproof weekly doses such that unused medications may be salvaged, and be it further

25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
27 development of a sample collection and redistribution of these medications to those in need
28 including but not limited to federally and/or state-funded facilities and individuals such as
29 Medicare and Medicaid recipients, county health departments, Community Health Care Centers,
30 Indian Health Care Centers, and Veterans facilities.



Resolution No. 33

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Treatment of Opioid Addiction: The Reduction of Harm and Prevention of Deaths Related to
2 Opioid Addiction in Primary Care

3
4 Submitted by: Sarah C. Nosal, MD, GLBT
5 Laura Martin, MD, Women
6 James Elizy, II, MD, GLBT
7 Neville Antia, MD, GLBT
8

9 WHEREAS, Medical addiction is the consequence of good medical care in about 15% of
10 patients in every practice where opioids have been prescribed appropriately for routine medical
11 care, and
12

13 WHEREAS, the treatment of opioid addiction has been shown to have a significant positive
14 impact on the rate of transmission of infectious diseases leading to improved short and long-
15 term health outcomes, and
16

17 WHEREAS, substance use disorders are the leading cause of death of young adults in the
18 United States, with ten thousand of these deaths occurring as a result of opioid overdoses, and
19

20 WHEREAS, there is effective office-based treatment for opioid addiction including the use of
21 buprenorphine, a partial opioid agonist, which family physicians can prescribe, and
22

23 WHEREAS, only a small minority of family physicians make this medicine available for their
24 patients, only approximately 20,000 in the United States and each limited to 100 in their
25 practices, and
26

27 WHEREAS, there has been no Continuing Medical Education (CME) at the American Academy
28 of Family Physicians' (AAFP) annual meeting on this subject and little understanding in the
29 average primary care office about its use at large, now, therefore, be it
30

31 RESOLVED That the American Academy of Family Physicians (AAFP) encourage its members
32 to identify and treat opioid addiction in their offices by providing Continuing Medical Education
33 (CME) on "Buprenorphine administration in the primary care office" at its annual meeting, and
34 be it further
35

36 RESOLVED, that "Buprenorphine administration in the primary care office" be included in the
37 curriculum at the American Academy of Family Physicians (AAFP) sponsored or accredited
38 educational event(s) which includes the topics of pain management or opioid use/abuse.



Resolution No. 37

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Simplify Prior Authorization

2

3 Submitted by: Ryan Kauffman, MD, New Physicians

4 Kathleen Eubanks-Meng, DO, New Physicians

5

6 WHEREAS, Third party payors are more often requiring prior authorization for medication and
7 diagnostic testing, and

8

9 WHEREAS, prior authorization forms are often cumbersome and vague, and

10

11 WHEREAS, time required for prior authorization takes away from direct patient care, now,
12 therefore, be it

13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) develop policy which
15 should include requirements of transparency of reasons for denial and covered alternatives, and
16 advocate to government for transparency in prior authorization requirements for prescription
17 medications and diagnostic testing, and be it further

18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) explore a partnership with
20 other specialty societies, including but not limited to the American Medical Association (AMA) and
21 third party payors to establish a central clearing house for information on uniform prior authorization
22 requirements for prescription medications and diagnostic testing based upon outcome based
23 standards of care.



Resolution No. 38

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Marriage Equality

2

3 Submitted by: Lillian Wu, MD, GLBT
4 Ravi Shah, MD, GLBT
5 Joseph Freund, MD, GLBT
6 Warren Stark, DO, GLBT
7 Chandra Hartman, MD, GLBT

8

9 WHEREAS, Health care disparities disproportionately affect gay and lesbian individuals due to
10 lack of access and barriers to health care services, and

11

12 WHEREAS, the American Academy of Family Physicians (AAFP) currently has a policy of
13 nondiscrimination including sexual orientation, and

14

15 WHEREAS, the denial of marriage rights to same-gender couples is a form of discrimination,
16 which is linked to negative impacts on health and well-being, and

17

18 WHEREAS, civil marriage provides the full range of legal, economic, social, and mental health
19 benefits not provided by civil unions or domestic partnerships, such as full access to health
20 insurance, personal dignity, fewer obstacles to federal law protections, greater portability of
21 legal rights between states, and privacy, and

22

23 WHEREAS, civil marriage affords two individuals over 1,000 specific tangible benefits, including
24 health insurance; the power to make medical decisions on behalf on one's spouse; social
25 security and pensions; parental rights; income tax benefits; inheritance, insurance, and
26 survivorship rights, and

27

28 WHEREAS, marriage protects and promotes the health of children raised in same-gender
29 families, now, therefore, be it

30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) support full civil marriage
32 equality for same-gender couples to provide them with the same health benefits available to
33 opposite-gender couples.



Resolution No. 49

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Support of Unauthorized Immigrants in its Policy Statement on Health Care for All

2
3 Submitted by: Douglas Jimenez, MD
4 Sarah Lamanuzzi, MD, Women
5 Christina Kelly, MD, New Physician
6

7 WHEREAS, Access to quality health care is an inalienable right and should be free of
8 consideration of a person's legal status, and
9

10 WHEREAS, the American Academy of Family Physicians (AAFP) Health Care for All: A
11 framework for moving to a primary care-based health care system in the United States has a
12 stated goal of "To provide health care coverage to everyone in the United States through a
13 primary care based system built on the patient-centered medical home", and
14

15 WHEREAS, an estimated 12 million people reside in this country as unauthorized immigrants.
16 While the majority of unauthorized immigrants are adults, the estimate of illegal children is 1.8
17 million, while 3.1 million children live in unauthorized families, where the head of household is
18 illegal, and
19

20 WHEREAS, Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA (aka.
21 SCHIP) or Public Law 111-3) attempts to capture more children who fall in between Medicaid
22 and private insurance than the original version it still fails to cover and specifically excludes
23 unauthorized immigrants, and
24

25 WHEREAS, the current system provides emergency coverage only and fails to compensate for
26 primary care for undocumented, and
27

28 WHEREAS, there is no absolute method to determine the estimated cost to the system due to
29 the clandestine existence for unauthorized immigrants. A review from the congressional budget
30 office in 2007 of 29 reports concluded that due to a lack of accurate and reliable data no
31 conclusions on cost can be drawn, and
32

33 WHEREAS, the current system of healthcare for unauthorized immigrants is a patchwork of
34 community health centers which do not seek proof of citizenship and charge little for their
35 services, patients rely on free samples and OTC treatment, occasional philanthropic care and
36 Medicaid or charity care for hospital services, and
37

38 WHEREAS, many unauthorized immigrants avoid seeking care because of fear of deportation
39 and thus are much sicker when they do present, resulting in longer and more complex
40 hospitalizations and ultimately higher costs, and
41

42 WHEREAS, the AAFP opposes any legislation requiring health care providers to collect and
43 report data regarding a patient's legal residency status, now, therefore, be it

44 RESOLVED, That the American Academy of Family Physician's (AAFP) policy of Health Care
45 for All: A framework for moving to a primary care-based health care system in the United States
46 will add the following clarifying phrase to its stated goal "to provide health care coverage to
47 everyone": "regardless of a person's legal status", and be it further
48

49 RESOLVED, That the American Academy of Family Physician's (AAFP) policy of Health Care
50 for All: A framework for moving to a primary care-based health care system in the United States
51 will add under the section on coverage, the following "Everyone in the United States, regardless
52 of legal status, will have health care coverage."



Resolution No. 58

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Increased J-1 Visa Waiver Sponsorship Programs for International Medical Graduates in
2 Healthcare Shortage Areas

3
4 Submitted by: Sudeep Ross, MD, IMG
5 Chandre Gowda, MD, FAAFP, IMG
6 Nalini Baijnath, MD, IMG
7 Joule Stevenson, MD, IMG
8 Homayoun Ataei, MD, IMG
9

10 WHEREAS, There is a shortage of primary care physicians in the underserved areas of the
11 United States, and

12
13 WHEREAS, there exists an under-utilized resource of U.S.-trained family physicians within the
14 international medical graduate community, and

15
16 WHEREAS, filling available positions with international medical graduates trained in U.S. family
17 medicine residency programs on J-1 visas will help ease the current shortage of primary care
18 physicians, and

19
20 WHEREAS, it is difficult for many international medical graduates to obtain J-1 visa waiver
21 sponsorships subsequent to graduation from a U.S. family medicine residency program, now,
22 therefore, be it

23
24 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby for increased J-1
25 Visa waiver sponsorship programs to alleviate the shortage of primary care physicians in
26 underserved communities.



Resolution No. 66

National Conference of Special Constituencies—Hyatt Regency Crown Center, Kansas City, MO

1 Repeal the Hyde Amendment

2

3 Submitted by: Safina Koreishi, MD, Minority

4 Abbas Hyderi, MD, MPH, Minority

5

6 WHEREAS, Health care disparities exist in reproductive health outcomes for minority and low-
7 income communities, and

8

9 WHEREAS, family physicians are the most common health care providers for minority and low-
10 income communities, and

11

12 WHEREAS, the 2008 American Academy of Family Physicians (AAFP) passed Resolution No.
13 503, which stated “that the AAFP endorse the principle that women receiving health care paid
14 for through health plans funded by state or federal governments be provided with access to the
15 full range of reproductive options when facing an unintended pregnancy,” now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) engage in advocacy
18 efforts to overturn the Hyde Amendment, which bans federal funding for abortions, and be it
19 further

20

21 RESOLVED, That this resolution once adopted be sent to the 2009 Congress of Delegates.