2018 Agenda for the Reference Committee on Advocacy

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

Item No.	Resolution Title
1. Resolution No. 1001	Decriminalization of Non-disclosure of HIV Status
2. Resolution No. 1002	Support Creation of Physician Union Constructs Within Antitrust
3. Resolution No. 1003	Intimate Partner Violence as a Cause of Maternal Mortality
4. Resolution No. 1004	Transportation of Drug Overdose Patients
5. Resolution No. 1005	Oppose “Fetal Personhood” Terminology in Governmental Policies and Legislation
6. Resolution No. 1006	Opioid Advertising Ban
7. Resolution No. 1007	Removing REMS Categorization on Mifepristone
8. Resolution No. 1008	Oppose the Criminalization of Self-Induced Abortion
9. Resolution No. 1009	Removing Gag Clauses from PBM Contracts
10. Resolution No. 1010	Reinforce Support of Ensuring Accurate Medical Information at Crisis Pregnancy Centers (CPCs)
11. Resolution No. 1011	New Approaches to Gun Violence Prevention
12. Resolution No. 1012	AAFP Statement on Nondiscrimination
13. Resolution No. 1013	Advocating for Equitable Pay for Women and Minority Family Physicians
14. Resolution No. 1014	Address Institutional Racism in the Health Care System

Resolution No. 1001

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Decriminalization of Non-disclosure of HIV Status

Submitted by: Marty Player, MD, LGBT
Brent Suigmoto, MD, MPH, LGBT
Tisha Boston, MD, FAAFP, Minority
Cathleen London, MD, Women

WHEREAS, Twenty-five states have laws criminalizing non-disclosure of HIV status to sexual partners even when there is no intent to harm, and

WHEREAS, purposeful or malicious transmission of HIV with the intent to harm others is a rare and separate issue, and already covered by existing criminal laws, and

WHEREAS, there are no scientific studies showing that HIV-specific non-disclosure laws encourage people to disclose their HIV status, nor do they decrease the spread of HIV, and

WHEREAS, such laws actually harm public health by increasing HIV stigma, which has been associated with less effective HIV prevention and treatment, and

WHEREAS, HIV disclosure has been shown to increase the risk of intimate partner violence for disclosing women and men, and

WHEREAS, enforcement of such laws disproportionately affects people of color, and

WHEREAS, the following organizations already oppose such laws: American Medical Association, HIV Medicine Associtation, Infectious Disease Society of America, American Psychological Association, Association of Nurses in AIDS Care, and the National Alliance of State and Territorial AIDS Directors, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians, in order to support HIV prevention efforts, adopt a policy recommending the decriminalization of HIV and the repeal or reform of these laws to eliminate HIV-specific criminal penalties, and be it further

RESOLVED, That the American Academy of Family Physicians create a State Legislative Issue Backgrounder recommending the decriminalization of HIV and the repeal or reform of these laws to eliminate HIV-specific criminal penalties.

Resolution No. 1002

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Support Creation of Physician Union Constructs Within Antitrust

Submitted by: Harshini Jayasuriya, MD, Minority
Micheline Epsttein, MD, Minority

WHEREAS, Physician groups are currently siloed with little to no agency to advocate directly to employers on work conditions, and

WHEREAS, we see physician burnout as a consistent pillar of discussion across platforms, and

WHEREAS, improvements in labor laws/rights as defined as work hours, overtime expectations, vacation, break times, employer expectations, non-punitive mental health support, and workplace safety, administrative time, and

WHEREAS, unions can be created outside payment, compensation, financial bargaining or “price fixing”, but on work conditions and standards, and

WHEREAS, physicians need to speak the language of business and organize to represent themselves, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support the creation of physician unions through platform or campaign, and be it further

RESOLVED, That the American Academy of Family Physicians support the creation of physician unions through platform or campaign and gather the support of other organizations such as American Medical Association to push forth this initiative in grassroots, statewide, and national activities.

Resolution No. 1003

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Intimate Partner Violence as a Cause of Maternal Mortality

Submitted by: Mary Harrel, MD, Women
Katherine Jacobson, MD, Women
Sarah Ledger, DO, Women

WHEREAS, Maternal death or pregnancy related death is defined by the Centers for Disease Control and Prevention (CDC) as “the death of a woman while pregnant or within one year of termination of pregnancy – reardless of outcome, duration or site of pregnancy- from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes,” and

WHEREAS, the CDC does not delineate intimate partner violence as a cause of maternal mortality consistently, and

WHEREAS, intimate partner violence increases during pregnancy and is a cause of maternal death, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians promote and advocate for research and data collection regarding initimate partner violence related maternal mortality.

Resolution No. 1004

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Transportation of Drug Overdose Patients

Submitted by: Kevin Wong, MD, CMD, FAAFP, Minority
Tasha Starks, MD, Minority
Harshini Jayasuriya, MD, Minority

WHEREAS, First responders treating narcotic overdose patients with narcan cannot force them to be transported to an Emergency Room, and

WHEREAS, recurrent drug overdoses are becoming common events, sometimes the same patient in the same day and sometimes with fatal results, and

WHEREAS, getting instant access and follow up for medication-assisted treatment may decrease recurrences and fatalities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians work with US Department of Health and Human Services to educate first responders about the importance of transporting a narcotic overdose patient to an emergency room after administering treatment, and be it further

RESOLVED, That emergency room providers, once verifying the patient had a narcotic overdose, initiate medication assisted treatment in an emergency room, and be it further

RESOLVED, That emergency room staff arrange next day follow up for the medication-assisted patient to help minimize the risk of recurrent narcotic overdose.

Resolution No. 1005

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Oppose "Fetal Personhood" Terminology in Governmental Policies and Legislation

Submitted by: Tabatha Wells, MD, FAAFP, New Physician
Betsy Gilbertson, MD, New Physician
Emily Young, DO, MPH, MA, New Physician
Cathleen London, MD, Women
Ivonne McLean, MD, New Physician
Martha Simmons, MD, General Registrant
Nicole Chaisson, MD, Women

WHEREAS, Fetal personhood is not a medical term, and

WHEREAS, current politicians have used the following language in multiple proposed bills on the state and national levels: "fetal personhood", "child in utero", "unborn child", "a human being at any stage of development", and

WHEREAS, the establishment of fetal rights is in direct conflict with the constitutional rights of the pregnant person, and

WHEREAS, "the unborn have never been recognized in the law as persons in the whole sense" and have not been afforded rights as an entity separate from the pregnant person, and

WHEREAS, fetal personhood language included in legislation is designed to undermine women's rights and access to abortion, and

WHEREAS, the use of fetal personhood terminology in legislation has far reaching implications on the bodily autonomy of the pregnant person, for instance, patient access to safe and effective assisted reproductive technologies, such as in vitro fertilization and selective reduction, and

WHEREAS, the use of fetal personhood terminology has additional implications on the bodily autonomy and safety of the pregnant person including, but not limited to, access to abortion and the ability of a pregnant person to make medical decisions surrounding birth, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians publicly oppose the use of fetal personhood language in policies and legislative initiatives, and be it further

RESOLVED, That the American Academy of Family Physicians develop appropriate materials for the state advocacy website to assist members to advocate their opposition to fetal personhood language in policies and legislative initiatives at the state and national level.

Resolution No. 1006

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Opioid Advertising Ban

Introduced by: Kristina Lelcu, MD, IMG
Aoife O'Sullivan, MD, IMG
Preciosa Pacia-Rantayo, MD, IMG
Edwin Rodriguez, MD, IMG

WHEREAS, 40 people die every day from overdoses involving prescription opioids, and

WHEREAS, 11.5 million Americans engaged in non-medical use of prescription opioids in 2016, and

WHEREAS, 249 million prescriptions for opioid pain medication were written by health-care providers in 2013, and

WHEREAS, Americans, aged 12 or older, either abused or were dependent on prescriptions opioids in 2014, and

WHEREAS, opioids killed more than 42,000 people in 2016, of which 40% involved a prescription opiate, and

WHEREAS, opioid medications are addictive, and

WHEREAS, the American Academy of Family Physicians direct-to-consumer advertising policy states “Advertisements should not promote the use of products that have addictive or abuse potential,” and

WHEREAS, the Opioid Advertising and Prescriber Prohibition Act of 2018 is being introduced to Congress, which will ban direct-to-consumer (DTC) pharmaceutical company advertising of opioid drugs and opioid receptor antagonists, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians actively support legislation prohibiting direct-to-consumer pharmaceutical company advertising of opioid drugs and opioid receptor antagonists, now, be it further

RESOLVED, That the American Academy of Family Physicians actively support legislation prohibiting promotion of opioid drugs and opioid receptor antagonists to health-care providers.

Resolution No. 1007

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Removing REMS Categorization on Mifepristone

Submitted by: Carrie Pierce, MD, Women
Anna Lowell, DO, MPH, Minority
Natalie Hinchcliffe, DO, BA, LGBT
Brian Frank, MD, New Physician
Ike Okwuwa, MD, FAAFP, IMG

WHEREAS, The Food and Drug Administration (FDA) uses the Risk Evaluation and Mitigation Strategies (REMS) classification to impose restrictions on only the most dangerous drugs with known or suspected serious complications or contraindications, and

WHEREAS, mifepristone is part of the safest and most effective medication abortion regimen currently available, and

WHEREAS, although the current FDA label for mifepristone was modified in 2016 to reflect more evidenced-based dosing and gestational limits, the label still includes a REMS classification requiring three provisions to “assure safe use,” including that 1) mifepristone be dispensed in a healthcare setting under supervision from 2) a provider who is registered and has signed a provider agreement with the pharmaceutical distributor, and 3) the patient sign an FDA-approved Patient Agreement Form, and

WHEREAS, the American Academy of Family Physicians (AAFP) “supports a woman's access to reproductive health services and opposes non-evidence-based restrictions on medical care and the provision of such services,” and

WHEREAS, the REMS restrictions on mifepristone are not based on scientific evidence and cause significant barriers to accessing abortion care, such as landlords whose leases don’t allow abortions to be done on site, managers who won’t allow stocking of mifepristone, and colleagues who object to provision, and

WHEREAS, stocking mifepristone in the office causes an upfront expense and financial burden which can be difficult for small practitioners to bear, further decreasing access for patients who might prefer to go to their own physician, and for rural patients who have no other access points beyond their local physician, and

WHEREAS, There are 16 years of data proving an outstanding safety record of mifepristone, including a 0.05% risk of major complications, and

WHEREAS, other drugs with higher complication rates, such as acetaminophen, aspirin, loratadine, and sildenafil, do not have REMS restrictions, and

WHEREAS, the REMS classification contributes to delays in care, thereby increasing second-trimester and surgical abortions, both of which have increased complication rates, and

WHEREAS, the REMS classification creates a barrier to safe and effective off-label uses of mifepristone, such as for anti-corticoid treatment of Cushing's disease, term labor induction, and miscarriage management, and

WHEREAS, the American College of Obstetricians and Gynecologists (ACOG) “believes that a Risk Evaluation and Mitigration Strategy (REMS) is no longer necessary for mifepristone, given its history of safe use, and

WHEREAS, the REMS requirement is inconsistent with requirements for other drugs with similar or greater risks, especially in light of the significant benefit that mifepristone provides to patients,” now, therefore, be it

RESOLVED, That the American Academy of Family Physicians endorse the principle that the Risk Evaluation and Mitigation Strategies (REMS) classification on mifepristone is not based on scientific evidence and limits access to abortion care, and be it further,

RESOLVED, That the American Academy of Family Physicians engage in advocacy and lobbying efforts to overturn the Risk Evaluation and Mitigation Strategies (REMS) classification on mifepristone.

Resolution No. 1008

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Oppose the Criminalization of Self-Induced Abortion

Submitted by: Natalie Hinchcliffe, DO, BA, LGBT
Martha Simmons, MD, General Registrant
Sheleatha Taylor-Bristus, MD, New Physician
Wayne Forde, MD, FAAFP, Minority
Hannah Biederman, MD, Women
Julie Johnston, MD, FAAFP, General Registrant
Carrie Pierce, MD, Women
Mark McLoney, MD, FAAFP, General Registrant
Amanda Meegan, DO, LGBT
Anna Lowell, DO, MPH, Minority

WHEREAS, Self-induced abortion involves patients attempting to induce abortion without medical assistance, and

WHEREAS, laws criminalizing self-induced abortion increase health risks and deter patients from seeking necessary health care services related to self-induced abortion or miscarriage, and

WHEREAS, laws criminalizing patients who self-induce abortion lead to increased suspicion towards patients presenting to health care providers for miscarriage, and

WHEREAS, from the beginning of 2011 through July 2016, states enacted 334 new legal restrictions on abortion, further limiting access to abortion care, and

WHEREAS, in 2018 alone, 695 provisions have already been introduced to further restrict abortion, and

WHEREAS, national studies of abortion patients have shown that approximately 2% of patients attempted to self induce an abortion at some point in their lives, and

WHEREAS, that number is higher in states such as Texas with stricter legal restrictions on abortion, where one study showed that 7% of patients attempted some method to end their pregnancy before presenting to the clinic, and

WHEREAS, Google search trends from 2005 and 2015 have shown a relative increase in searches for self-induced abortion that correlate with state-based abortion restrictions, and

WHEREAS, including a recent online study of 1,235 people who google searched “self-abortion”, of whom almost three-quarters (73%), indicated that they were searching for information because they were pregnant and did not or may not want to be, and

WHEREAS, the ability and willingness to access medical care if complications relating to self-induced abortion arise is essential for patient safety, and

WHEREAS, people of color are disproportionately targeted for prosecution and criminalization related to pregnancy outcomes, and

WHEREAS, the Academy of Obstetricians and Gynecologists (ACOG) has taken a very strong position that patients should not be prosecuted for trying to end their own pregnancies, and

WHEREAS, ACOG additionally opposes forcing physicians to share information about patients due to its burdensome interference in the patient-provider relationship, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate and lobby against legislative efforts to criminalize self-induced abortion.

Resolution No. 1009

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Removing Gag Clauses from PBM Contracts

Submitted by: David Hoelting, MD, LGBT
Tiffany Leonard, MD, FAAFP, LGBT
Chad Douglas, MD, LGBT

WHEREAS, Pharmacy Benefits Managers (PBMs) can currently impose "gag clauses" within their pharmacy contracts banning pharmacists from telling patients when the out-of-pocket cost of drugs is less than the copay through their insurance, and

WHEREAS, PBMs may end contracts with, or impose penalties on, pharmacists who violate the "gag clause," and

WHEREAS, these "gag clauses" are believed to contribute to the rising cost of health care for patients, and

WHEREAS, these "gag clauses" also limit transparency and patient autonomy in making medical decisions, and

WHEREAS, multiple states have already passed laws that prohibit such "gag clauses", including Arizona, Florida, Mississippi, Missouri, New Hampshire, New York, Pennsylvania, South Carolina, Virginia, and Washington, and

WHEREAS, there are currently two bills before the Senate (S. 2553 "Know the Lowest Price Act of 2018" and S. 2554 "Patient Right to Know Drug Prices Act") aimed at prohibiting such "gag clauses" within Medicare and Marketplace plans now, therefore, be it

RESOLVED, That the American Academy of Family lobby for passage of legislation, inclusive of but not limited to S. 2553 ("Know the Lowest Price Act of 2018") and S. 2554 ("Patient Right to Know Drug Prices Act"), which prohibit Pharmacy Benefits Managers from including "gag clauses" in their contracts on a national level, and be it further

RESOLVED, That the American Academy of Family Physicians develop a tool kit to offer to the chapters to better enable them to promote open communication between pharmacists and patients regarding medication pricing.

Resolution No. 1010

2018 National Conference of Constituency Leaders Sheraton Kansas City Hotel at Crown Center

Reinforce Support of Ensuring Accurate Medical Information at Crisis Pregnancy Centers (CPCs)

Submitted by: Anna Sliwowska, MD, Women
Anna Lowell, DO, MPH, Minority
Tabatha Wells, MD, FAAFP, New Physician
Martha Simmons, MD, General Registrant
Hannah Biederman, MD, Women

WHEREAS, The Congress of Delegates adopted substitute Resolution No. 502 (New York B) entitled Ensure Accurate Medical Information at Crisis Pregnancy Centers (CPCs) in 2011, and

WHEREAS, the American Academy of Family Physicians (AAFP) sent a letter to the Secretary of HHS on July 20, 2012, and

WHEREAS, a letter dated November 7, 2012 from Secretary Sebeluis' office was received at AAFP in response to the AAFP letter of July 20, 2012, and

WHEREAS, CPCs continue to proliferate since 2012, and it is estimated that there are between 2,500 and 4,000 centers across the United States compared to approximately 800 abortion clinics, and

WHEREAS, women are entitled to comprehensive and unbiased medical information and CPCs have been shown to intentionally mislead women with inaccurate or incomplete medical information, and

WHEREAS, CPCs are not required to employ staff who are medically trained or appropriately qualified to diagnose and accurately date pregnancy, and

WHEREAS, CPCs continue to secure public money without public accountability, as an example Pennsylvania gave more than $30 million from 2012 to 2017 to Real Alternatives, a network of pregnancy centers and, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support efforts to hold crisis pregnancy centers accountable for false or misleading advertising about the pregnancy-related services they offer, and be it further

RESOLVED, That the American Academy of Family Physicians engage in advocacy and lobbying efforts to support legislation mandating that crisis pregnancy centers disclose whether or not there is a licensed medical provider on staff and to disclose that they do not provide or refer for contraception or abortion services, and be it further

RESOLVED, That the American Academy of Family Physicians oppose the use of federal funds to support crisis pregnancy centers, and be it further, and be it further

RESOLVED, That the American Academy of Family Physicians support efforts to hold crisis pregnancy centers accountable for false or misleading advertising about the pregnancy-related services they offer.

Resolution No. 1011

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

New Approaches to Gun Violence Prevention

Submitted by: Nicole Boersma, MD, Women
Kristin Mack, DO, Women
Bridget Lynch, MD, Women
Cadey Harrel, Women
Sarah Ledger, Women
Lindsey Kurdelwood, Women

WHEREAS, The American Academy of Family Physicians (AAFP) policy statement entitled "Violence as a Public Health Concern" recognizes that violence in all forms is a public health concern germane to the sphere of influence of family medicine, and

WHEREAS, the AAFP policy statement entitled "Firearms and Safety Issues" states that the Academy "supports strong and robust enforcement of existing federal, state, and local laws regarding the manufacture, sale, and possession of guns" as well as "strongly supports legislation restricting unsupervised access to both firearms and ammunition by children," and

WHEREAS, the AAFP policy statement entitled "Prevention of Gun Violence" states that "The federal requirement for an on-site background check should ensure that those who have been convicted of a violent criminal offense and those who have been involuntarily committed to a mental institution or otherwise adjudicated to be suffering a severe mental condition posing a danger to others or themselves are not able to purchase firearms," and

WHEREAS, domestic violence assaults involving firearms are twelve times more likely to result in death than assaults without them, and

WHEREAS, studies have demonstrated that the major risk factor for intimate partner homicide is prior domestic violence, and

WHEREAS, the Brady Amendment to the Federal Gun Control Act of 1968 bars the possession of firearms by individuals convicted of misdemeanor or felony crimes of domestic violence, but provides no mechanism by which these firearms are to be removed from the offender, and

WHEREAS, an Extreme Risk Protection Order (ERPO) or Gun Violence Restraining Order (GVRO) is a gun violence prevention law that permits police or family members to petition a state court to order the temporary removal of firearms from a person who may present a da, and

WHEREAS, family physicians are a point of contact for persons affected by domestic violence in its early stages, and are in a position to provide resources to and promote the safety of persons so affected, and

WHEREAS, five states have passed some version of ERPO/GVRO laws and as of as of 2018, 32 additional ERPO/GVRO bills were being considered in 19 states plus Washington, DC, and

WHEREAS, ERPO/GVRO laws have been conditionally supported by the National Rifle Association (NRA) as of March, 2018, and have seen bipartisan support in legislation, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians strongly support gun violence prevention laws that permit police or family members to petition a state court to order the temporary removal of firearms from a person who may present a danger to others or themselves, and be it further

RESOLVED, That the American Academy of Family Physicians develop or collect and disseminate education regarding gun violence prevention laws to its membership.

Resolution No. 1012

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

AAFP Statement on Nondiscrimination

Submitted by: Joe Freund, MD, FAAFP, LGBT
Shannon Bentley, MD, LGBT
Mark McLoney, MD, General Registrant

WHEREAS, Current policy of the American Academy of Family Physicians (AAFP) includes equality for same-gendered families, and

WHEREAS, the AAFP definition of a family includes same-gendered families, and

WHEREAS, the AAFP has a policy against discrimination in health care, and

WHEREAS, there is already a deficiency in services for families and providers to care for children in foster care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors publicly oppose any changes to federal policy which conflicts with AAFP's non-discrimination policy regarding healthcare and adoption, and be it further

RESOLVED, The American Academy of Family Physicians Board of Directors release an immediate statement in opposition to Senate Bill 811 and House Bill 1881 which allows for discrimination regarding adoption.

Resolution No. 1013

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Advocating for Equitable Pay For Women and Minority Family Physicians

Submitted by: Brian Frank, MD, New Physician
Jewell Carr, MD, New Physician

WHEREAS, The American Academy of Family Physicians (AAFP) has renewed its dedication to equity with the creation of a Center for Diversity and Health Equity, and

WHEREAS, we know that income disparity is a key component of societal inequity that directly impacts health and

WHEREAS, the AAFP supports transparency and equity in physician compensation, and

WHEREAS, the AAFP recommends expanding efforts to increase the representation of women and minorities in medicine, and

WHEREAS, the AAFP supports equal social, economic and professional opportunity for all members, and

WHEREAS, the AAFP is committed to positioning itself in a leadership role to create a medical workforce reflective of the patient populations family physicians serve, and

WHEREAS, patient/provider race congruence leads to greater patient satisfaction and higher utilization of timely, recommended care, and

WHEREAS, student loan debt disproportionately affects racial minorities, and

WHEREAS, gender and racial pay gaps persist in the medical profession, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a policy statement supporting equitable pay for women and minority family physicians, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for legislation for equitable pay for women and minority family physicians, which will ultimately benefit both of these constituency groups within the AAFP.

Resolution No. 1014

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Address Institutional Racism in the Health Care System

Submitted by: Daniel Neghassi, MD, Minority
Ivonne McLean, MD, New Physician
Martha Simmons, MD, General Registrant
Brian Frank, MD, New Physician
Natalie Hinchcliffe, DO, BA, LGBT
Hannah Biederman, MD, Women
Wayne Forde, MD, FAAFP, Minority

WHEREAS, The American Academy of Family Physicians (AAFP) recognizes that “health is a basic human right” and opposes racial and other forms of discrimination against patients, and

WHEREAS, health care has been historically racially segregated, and

WHEREAS, during the Jim Crow era, most hospitals explicitly did not accept patients of color or only had few beds in a separate substandard section, and

WHEREAS, despite the civil rights movement and the implementation of Medicare which forced hospitals to accept patients of color, racial segregation in health care exists to this day and

WHEREAS, even after controlling for insurance status, black residents of New York City were only half as likely as White residents to get their care in academic medical centers, a difference not explained by hospital location, and

WHEREAS, black and Latinx people are more likely than white people to be uninsured or to receive Medicaid with Latinx nonelderly adults are nearly two and half times as likely to be uninsured than nonelderly white adults, and

WHEREAS, racial segregation also exists within single institutions, often “under the guise of segregation by insurance status,” and

WHEREAS, many hospitals have different outpatient settings for different “types” of patients (i.e., clinics for Medicaid and uninsured patients, and faculty practices for privately insured patients), and

WHEREAS, clinics tend to be staffed by physicians-in-training and lack continuity of care, and they have much longer wait times than faculty practices, and

WHEREAS, many outcomes are poorer among people of color compared with white people with maternal mortality over three times higher for black women compared with white women, and

WHEREAS, Medicaid fee structures have different reimbursements for different practice types, and

WHEREAS, in New York State, clinics are reimbursed at higher rates by Medicaid than faculty or private practices which encourages hospitals to have separate clinics for Medicaid, and

WHEREAS, indigent care funds are inequitably distributed among hospitals, such that academic medical centers and other private hospitals that provide care to few uninsured patients tend to receive disproportionate amount of funds, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians adopt a policy opposing segregation of patient care within the health care system and within health care institutions by race, insurance status, or other demographics, and be it further

RESOLVED, That the Center for Diversity and Health Equity develop materials and provide education to increase awareness of how racism is manifested through institutional policies and how segregated care within the health care system is a cause of racial disparities in health outcomes, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for equal payment for health care services regardless of insurance status of the patient and regardless of practice type, immediately by restoring the provisions of the Patient Protection and Affordable Care Act which mandated an increase in Medicaid rates, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for fair allocation of indigent care funds either by allocating funds to hospitals proportional to the amount of charity care provided or, in the future, by attaching those funds directly to assist patients in accessing care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for policies that mandate hospitals to track and report accurate data on out-patient visits, appointment waiting times, utilization of high-tech resources and patient satisfaction by patients' race and insurance status.