2015 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	Treatment of Hepatitis C
2. Resolution No. 1002	Opposing Requirements that Health Care Providers offer Medically Inaccurate Information about Medication Abortion
3. Resolution No. 1003	Law Enforcement Reporting of Controlled Substances
4. Resolution No. 1004	Creating and Sustaining Underserved Practices
5. Resolution No. 1005	Capital Punishment
6. Resolution No. 1006	Oppose the Mandatory Drug Testing of Pregnant Women
7. Resolution No. 1007	Student Loan Interest Payment Tax Reform
8. Resolution No. 1008	Student Loan Refinance Reform
9. Resolution No. 1009	Support for a Prorated Approach to Primary Care Loan Repayment Programs
10. Resolution No. 1010	Confidential HIV Pre-Exposure Prophylaxis (PrEP) for Minor Adolescents
11. Resolution No. 1011	Access to Long-Term Reversible Contraception for Medicare Patients

Resolution No. 1001

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Treatment of Hepatitis C
2
3 Submitted by: Ada Stewart, MD, FAAFP, Minority
4 Haroon Samar, MD, MPH, Minority
5
6 WHEREAS, Worldwide, there are 185 million individuals infected with Hepatitis C, and
7
8 WHEREAS, according to the National Health and Nutrition Examination Survey data from 1999
9 to 2002, 3.2 million individuals in the United States (U.S.) have Hepatitis C, and
10
11 WHEREAS, the Centers for Disease Control and Prevention (CDC) estimates 17,721 deaths in
12 2011 from Hepatitis C, which exceeds the number of deaths from HIV, and
13
14 WHEREAS, the CDC and the United States Preventive Services Task Force recommend
15 performing a onetime screening for Hepatitis C in individuals born between 1945 and 1965, due
16 to higher lifetime exposure to risk factors, and
17
18 WHEREAS, ethnic disparities in rates of infection exist--the highest among American Indians
19 and Alaskan natives, and
20
21 WHEREAS, the cost of treatment is extremely prohibitive, and
22
23 WHEREAS, the early treatment of Hepatitis C prevents development of primary liver cancer,
24 and
25
26 WHEREAS, the new oral treatments for Hepatitis C result in a 100% cure, and
27
28 WHEREAS, treatment of Hepatitis C decreases public burden including mortality and cost, and
29 decreases the risk of transmission, now, therefore, be it
30
31 RESOLVED, That the American Academy of Family Physicians lobby the United States
32 Congress to subsidize the new oral treatments for Hepatitis C, and be it further
33
34 RESOLVED, That the American Academy of Family Physicians continue to encourage family
35 physicians to acquire and maintain competency in treating Hepatitis C, particularly with the new
36 oral treatments now available.

Resolution No. 1002

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Opposing Requirements that Health Care Providers offer Medically Inaccurate Information
2 about Medication Abortion
3
4 Submitted by: Shannon Connolly, MD, Women
5 Miranda Balkin, MD, GLBT
6 Cat London, MD, General Registrant
7 Brea Bondi-Boyd, MD, General Registrant
8 Shani Muhammad, MD, Minority
9 Tatyana Guerrero, MD, New Physicians
10 Sarah McNeil, MD, General Registrant
11 Gail Guerro-Tucker, MD, FAAFP, Women
12 Tabatha Wells, MD, New Physicians
13
14 WHEREAS, The state of Arizona recently signed into law SB 1318, which mandates that
15 providers use the following language with patients: “It may be possible to reverse the effects of
16 a medication abortion if the woman changes her mind…Information on assistance with
17 reversing the effects of a medication abortion is [*sic*] available on the Department of Health
18 Services website.”, and
19
20 WHEREAS, a Pubmed search of over 200 million citations revealed only one published report
21 on “abortion reversal,” in which the article described six anecdotes where women who took
22 mifepristone were then treated with progesterone, and four of the six continued the pregnancy,
23 and
24
25 WHEREAS, this publication did not adhere to conventional research methodology, and in fact
26 demonstrates significant imprecision (confidence interval of continuing pregnancy was 26-94%)
27 and provides almost no scientific information, and
28
29 WHEREAS, presenting information as fact when it has not been scientifically evaluated is
30 misleading, unethical, potentially unsafe, and harmful to the patient-provider relationship, and
31
32 WHEREAS, the current evidence-based regimen for medication abortion has been well studied
33 and there is a large body of existing literature guiding the safety and efficacy of mifepristone and
34 misoprostol, and
35
36 WHEREAS, SB 1318, by imposing non-scientific language upon physicians to force upon
37 patients is inconsistent with the AAFP policy on Infringement on Patient Physician Relationship,
38 and
39
40 WHEREAS, women experiencing ambivalence about their decision to terminate a pregnancy
41 deserve medically accurate information about the risks and benefits of continuing a pregnancy
42 after mifepristone, including possible teratogenic effects of the medication abortion pills, now
43 therefore, be it
44

45 RESOLVED, That the American Academy of Family Physicians encourage the Arizona
46 Academy of Family Physicians to *publicly* oppose SB 1318 because it does not use evidence-
47 based medicine in the counseling of medication abortion patients, and be it further
48
49 RESOLVED, That the American Academy of Family Physicians issue a policy statement that
50 there currently is no scientific evidence supporting that progesterone can be used to interrupt a
51 medication abortion, and be it further
52
53 RESOLVED, That the American Academy of Family Physicians reaffirm that medical decisions
54 are to be made between patients and providers, and not by legislators, and be it further
55
56 RESOLVED, That the American Academy of Family Physicians reaffirm current policy that
57 physicians should provide accurate, culturally proficient, and meaningful patient education by
58 issuing a public statement in opposition of laws requiring that health care providers give false
59 medical information.

Resolution No. 1003

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Law Enforcement Reporting of Controlled Substances
2
3 Submitted by: Robert Sedlacek, MD, New Physicians
4 Kimberly Becher, MD, New Physicians
5 Gerry Tolbert, MD, New Physicians
6
7 WHEREAS, Prescription drug abuse is a major epidemic in the United States, and
8
9 WHEREAS, many patients' drug abuse begins with misuse of prescription controlled
10 substances, and
11
12 WHEREAS, law enforcement is often aware of controlled substance misuse and diversion, but
13 prescribers are often not informed of such issues, and
14
15 WHEREAS, in Rock County, Wisconsin, there already exists an informal partnership between
16 local law enforcement and physicians that demonstrates this proof of concept, working to
17 reduce prescription abuse, and
18
19 WHEREAS, the state assembly of Wisconsin is working on legislation that would codify and
20 mandate a process for reporting found pill bottles to the Prescription Drug Monitoring Program,
21 which would then report to the prescribing entity, now, therefore, be it
22
23 RESOLVED, That the American Academy of Family Physicians support chapters seeking to
24 collaborate with local law enforcement to develop partnerships that allow for the reporting of
25 legally seized controlled substances to prescribers.

Resolution No. 1004

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Creating and Sustaining Underserved Practices
2
3 Submitted by: Carlos A. Latorre, MD, Minority
4 Raul Zambrano, MD, Minority
5 Margaret L. Smith, MD, Minority
6
7 WHEREAS, There is a national interest in attracting family physicians to establish practices in
8 underserved areas, and
9
10 WHEREAS, barriers to attracting family physicians to some communities have improved, and
11
12 WHEREAS, loan debt repayment has not sufficiently solved primary care pipeline issues in
13 underserved communities, and
14
15 WHEREAS, it is in the interest of the American Academy of Family Physicians (AAFP), federal and
16 state government to support these practices, and funding to attract physicians is still limited, and
17
18 WHEREAS, the AAFP has a medically underserved policy that does not state a specific
19 mechanism to fund such practices, now, therefore, be it
20
21 RESOLVED, That the American Academy of Family Physicians advocate on the federal level for
22 other funding sources and payment mechanisms, beyond existing National Health Service Corps
23 loan repayment, to expand and sustain practices in underserved communities.

Resolution No. 1005

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Capital Punishment
2
3 Submitted by: Ravi Grivois-Shah, MD, Minority
4 Rosita Miranda, MD, MS, Minority
5 Emmanuel Kenta-Bibi, MD, New Physicians
6
7 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes that each member's
8 opinion on capital punishment is the personal moral decision of that member, and
9
10 WHEREAS, the AAFP's mission is to "improve the health of patients, families, and communities"
11 and recognized that its members are part of a profession dedicated to preserving life when there
12 is hope of doing so, and
13
14 WHEREAS, there has been increased scrutiny of involvement in capital punishment by health care
15 professionals and the pharmaceutical industry by the public, in the media, and by legislators and
16 courts, and
17
18 WHEREAS, people of color have accounted for 43% of total executions since 1976 and 55% of
19 those currently awaiting execution; capital punishment disproportionately targets underserved
20 minority communities, which AAFP members throughout the country struggle to address social
21 determinants of health, and
22
23 WHEREAS, other major medical organizations, including the American Medical Association,
24 oppose physician participation in capital punishment, now, therefore, be it
25
26 RESOLVED, That the American Academy of Family Physicians oppose physician participation in
27 legally authorized execution, including (1) an action which would directly cause the death of the
28 condemned; (2) an action which would assist, supervise, or contribute to the ability of another
29 individual to directly cause the death of the condemned; (3) an action which could automatically
30 cause an execution to be carried out on a condemned prisoner.

Resolution No. 1006

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

1 Oppose the Mandatory Drug Testing of Pregnant Women
2
3 Submitted by: Cathleen London, MD, Women
4 Sarah Olsasley, DO, Women
5 Tina Tanner, MD, Women
6 Arthur Olannesian, MD, New Physicians
7
8 WHEREAS, Drug use and addiction is a public health issue, not a criminal one, and needs to be
9 dealt with accordingly, and
10
11 WHEREAS, between 1973-2005 there have been more than 400 cases of arrests of, and forced
12 interventions on, pregnant women and more than 300 since 2005, and
13
14 WHEREAS, 15 states require health care professionals to report pregnant women they suspect
15 who use drugs and four states require health care professionals to test for drug exposure, and
16
17 WHEREAS, it has been documented that the practice of drug testing pregnant women does not
18 decrease rates of drug use, but instead results in the avoidance of prenatal care, and
19
20 WHEREAS, the American Medical Association, American Academy of Pediatrics, American
21 College of Obstetricians and Gynecologists, American Public Health Association, and American
22 Nurses Association, have all opposed mandatory drug testing of pregnant women, and
23
24 WHEREAS, the women who may be tested for drug use during pregnancy are the same women
25 who especially need prenatal care because they often are also drinking alcohol, have little
26 access to healthy foods, are smoking cigarettes, and are not taking or do not have access to
27 prenatal vitamins, and
28
29 WHEREAS, negative birth outcomes are generally more a reflection of poverty-associated
30 deprivations than drug exposure, and
31
32 WHEREAS, while the intention of the physician may be to improve the woman's health through
33 testing and reporting, it will most likely affect her eligibility for state assistance which in turn
34 could gravely affect her health and access to care, and
35
36 WHEREAS, when medical professionals become involved in criminalizing their patients, the
37 doctor-patient relationship is compromised, and
38
39 WHEREAS, when women do test positive for drugs during pregnancy, they are often sent to jail
40 or required to attend a rehabilitation program, and
41
42 WHEREAS, very few rehabilitation programs will accept pregnant patients because there is high
43 liability associated, and

44 WHEREAS, for women who are sentenced to jail, the risk of miscarriage increases to one in
45 three women, and
46
47 WHEREAS, for women sentenced to prison, in addition to the risk of miscarriage, many women
48 who do give birth in prison are either shackled or chained for all or most of the delivery process,
49 now, therefore, be it
50
51 RESOLVED, That the American Academy of Family Physicians, in the interest of both patients
52 and providers, oppose the creation of legislation that requires physicians to do mandatory drug
53 testing on pregnant women.

Resolution No. 1007

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Student Loan Interest Payment Tax Reform
2
3 Submitted by: Arthur Ohannessian, MD, New Physicians
4 LeSantha Naidoo, DO, New Physicians
5 Megan Adamson, MD, New Physicians
6 Amber Farook, MD, IMG
7
8 WHEREAS, The average student loan debt in the United States is $28,400, and
9
10 WHEREAS, the average total student loan debt upon completion of residency training is
11 $200,000 to $400,000, and
12
13 WHEREAS, the average income for a single individual in the United States (U.S.) is $50,500,
14 and
15
16 WHEREAS, the average income of a practicing family physician is $176,000, and
17
18 WHEREAS, the average student loan debt to income ratio for a single individual in the U.S. is
19 0.56, and
20
21 WHEREAS, the average student loan debt to income ratio for a family physician is 1.14 to 2.27,
22 and
23
24 WHEREAS, the current maximum debt to income ratio for a home mortgage loan is 0.36, and
25
26 WHEREAS, the large economic burden of student debt is a significant obstacle to pursuing a
27 career in primary care, and
28
29 WHEREAS, there is critical and worsening shortage of primary care physicians, which is
30 projected to reach a shortage of 20,400 physicians by 2020, and
31
32 WHEREAS, due to the high financial debt burden, many primary care physicians are choosing
33 to no longer treat patients with insurance plans with low reimbursement rates, such as Medicare
34 and Medicaid, and
35
36 WHEREAS, 27% of self-employed and 9% of employed primary care physicians have stopped
37 taking new Medicare patients, and
38
39 WHEREAS, 23% of physicians are unsure whether to continue to provide care for Medicare or
40 Medicaid patients, and
41
42 WHEREAS, the current adjusted gross income limit to qualify for student loan interest payment
43 deductions are $80,000 for a single individual, and $160,000 for those who file jointly, now,
44 therefore, be it
45

46 RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and
47 lobbying efforts to allow student loan interest payments be tax deductible by removing the
48 income cap to qualify for these deductions; and report progress on these efforts to Congress of
49 Delegates, and be it further
50
51 RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and
52 lobbying efforts to create a new equation for federal tax deductions for student loan interest
53 payments to based on total student debt to income ratio and report progress on these efforts to
54 Congress of Delegates.

Resolution No. 1008

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Student Loan Refinance Reform

Submitted by: Arthur Ohannessian MD, New Physicians
LeSantha Naidoo, DO, New Physicians
Megan Adamson, MD, New Physicians
Amber Farook, MD, IMG

WHEREAS, The average total student debt upon completion of medical school is $200,000, and

WHEREAS, the average income of a practicing family physician is $176,000, and

WHEREAS, the large economic burden of student debt is a significant obstacle to pursuing a career in primary care, and

WHEREAS, there is critical and worsening shortage of primary care physicians, which is projected to reach a shortage of 20,400 physicians by 2020, and

WHEREAS, due to the high financial debt burden, many primary care physicians are choosing to no longer treat patients with insurance plans with low reimbursement rates, such as Medicare and Medicaid, and

WHEREAS, 27% of self-employed and 9% of employed primary care physicians have stopped taking new Medicare patients, and

WHEREAS, 23% of physicians are unsure whether to continue to provide care for Medicare or Medicaid patients, and

WHEREAS, the Federal Reserve offers large financial institutions loans at 0.75% interest rate, and

WHEREAS, the prime rate is the most widely used benchmark in setting home equity and credit card rates, and

WHEREAS, as of 2015 the current prime rate is 3.25%, and

WHEREAS, the current average student loan interest rate 7%, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to allow student loans to be refinanced at the current prime rate and report progress on these efforts to Congress of Delegates.

Resolution No. 1009

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Support for a Prorated Approach to Primary Care Loan Repayment Programs
2
3 Submitted by: Jonathan F. Wells, MD, GLBT
4 Scott Nass, MD, GLBT
5 Angie Sparks, MD, New Physicians
6 Brent Sugimoto, MD, General Registrant
7
8 WHEREAS, Physician burnout may be tied to many factors including the number of hours
9 worked, the level of compensation provided, and the volume and complexity of patients seen,
10 and
11
12 WHEREAS, many physician groups and community health centers are hiring new physicians at
13 less than full time to promote greater retention and work-life balance, and
14
15 WHEREAS, many rural and/or underserved community health centers struggle to retain
16 providers, many of whom experience burnout early in their careers, and
17
18 WHEREAS, loan repayment is an important factor for many providers in deciding where and
19 how they choose to practice, particularly those who choose to work with rural and/or
20 underserved communities, and
21
22 WHEREAS, state-based loan repayment programs such as the Washington State Health
23 Professional Loan Repayment Program require providers to “work a minimum of 40 hours per
24 week” as a full-time service obligation to be considered for loan repayment at a level of “up to
25 $35,000 per year” over two years, and
26
27 WHEREAS, the National Health Service Corps Loan Repayment Program divides applicants
28 into two statuses: those working full-time (working a minimum of 40 hours per week or 1.0 FTE)
29 and those working part time (anything between 20-40 hours per week or 0.5-0.9 FTE) which, for
30 the same clinic site, can have significant financial implications for providers (full time garners a
31 maximum of $50,000 of loan repayment over two years where as part time garners a maximum
32 of $25,000 over two years), and
33
34 WHEREAS, the American Academy of Family Physicians currently has policy delineating its
35 relationship with the National Health Service Corps, including its support of the loan repayment
36 program, now, therefore, be it
37
38 RESOLVED, That the American Academy of Family Physicians advocate legislatively for a
39 prorated approach to primary care loan repayment on the federal level through programs
40 including, but not limited to the National Health Service Corps Loan Repayment Program, in
41 conjunction with other interested stakeholders and organizations, to expand loan repayment
42 beyond categorical definitions of full time (FTE 1.0) and part time, and be it further
43

44 RESOLVED, That the American Academy of Family Physicians encourage its chapters to
45 advocate legislatively for a prorated approach to primary care loan repayment on the state level,
46 in conjunction with other interested stakeholders and organizations, to expand loan repayment
47 beyond categorical definitions of full time (FTE 1.0) and part time.

Resolution No. 1010

2015 National Conference of Constituency Leaders —Sheraton Kansas City Hotel at Crown Center

1 Confidential HIV Pre-Exposure Prophylaxis (PrEP) for Minor Adolescents
2
3 Submitted by: Brent Sugimoto, MD, MPH, GLBT
4 Sarah Lamanuzzi, MD, GLBT
5
6 WHEREAS, the United States Office of National AIDS Policy has estimated that one quarter of
7 all new HIV infections occur in individuals between the ages of 13 and 21, and
8
9 WHEREAS, HIV Pre-Exposure Prophylaxis (PrEP) has been shown to be both safe and
10 tolerable in adults, and has been demonstrated to effectively prevent infection in those at risk for
11 HIV, and
12
13 WHEREAS, the United States Public Health Service acknowledges the lack of safety data in
14 adolescents, but affirms that PrEP may be medically indicated in adolescents when it is
15 determined that the benefits of PrEP outweigh the risks, and
16
17 WHEREAS, evidence has shown that parental consent and notification deter adolescents from
18 seeking HIV testing and treatment services, and
19
20 WHEREAS, state laws governing health services for minor adolescents are disparate in their
21 guarantee for confidentiality, now, therefore, be it
22
23 RESOLVED, That the American Academy of Family Physicians develop a policy supporting
24 legislation allowing the confidential provision of Pre-Exposure Prophylaxis to minor adolescents
25 when medically indicated.

Resolution No. 1011

2015 National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

1 Access to Long-Term Reversible Contraception for Medicare Patients
2
3 Submitted by: Rachel Franklin, MD, Women
4 Marie-Elizabeth Ramas, MD, New Physician
5 Kathryn Kolonic, DO, Women
6 Shani Muhammad, MD, Minority
7
8 WHEREAS, The ability to prevent unintended pregnancy is an important social determinant of
9 health, and
10
11 WHEREAS, long-term reversible contraception, such as the use of implantable devices (such as
12 the intrauterine device and other long-term contraceptive options) are the most effective forms
13 of contraception, and
14
15 WHEREAS, the cost of long-term reversible contraception is a barrier to women's access to
16 pregnancy prevention, and
17
18 WHEREAS, although the Affordable Care Act mandates coverage of contraception, Medicare
19 does not cover contraception for women of child-bearing age, now, therefore, be it
20
21 RESOLVED, That the American Academy of Family Physicians write a letter advocating to the
22 Center for Medicare and Medicaid Services for full access to coverage of all contraceptive
23 options including implantable, long-acting reversible contraceptives for women of child-bearing
24 age.