2016 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	Expanding Physician Education Materials for Sexually Transmitted Diseases in Immigrant and Uneducated Minority Populations
2. Resolution No. 1002	Improving Medicare Financing Through Parts A, B, C, and Through Medigap Consolidation
3. Resolution No. 1003	Eliminating Patient Satisfaction Scores as a Metric of Quality Healthcare
4. Resolution No. 1004	Educating a Diverse Physician Workforce
5. Resolution No. 1005	Opioid Prescribing Restrictions
6. Resolution No. 1006	Specialty-Specific Peer Domain of Medical Licensure Issues and Disciplinary Actions
7. Resolution No. 1007	Mitigate Disparities in Mental Health Availability
8. Resolution No. 1008	Limiting Increases In Drug Enforcement Agency and State Licensing Fees and Unrelated Fees to Practice Medicine
9. Resolution No. 1009	Single-Payer Health care (Medicare for All)
10. Resolution No. 1010	Call to Repeal State Laws which Punish Pregnant Women Suffering from Addiction
11. Resolution No. 1011	Lowering Total Out-of-Pocket Costs for All Health Insurance

Resolution No. 1001

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Expanding Physician Education Materials for Sexually Transmitted Diseases in Immigrant and Uneducated Minority Populations

Submitted by: Sneha Chacko, MD, Minority
Eddie Richardson, MD, FAAFP, Minority
Stella King, MD, Minority
Anita Ravi, MD, MPH, New Physicians

WHEREAS, Sexually transmitted infections (STI) are seen disproportionately in minority populations, and

WHEREAS, patients with low health literacy can be unaware that unprotected sex can lead to unintended pregnancies and sexually transmitted infections, and

WHEREAS, a brief unofficial analysis of one family medicine physician working in an inner city emergency room, treating this same population, over a four month period found that 58 out of 63 female patients aged 21 to 31 years of age, with STI exposure or STI symptoms, had no knowledge that unprotected sex can lead to pregnancy, and

WHEREAS, the majority of these patients do not have a high school education and are minorities that have come from different countries within the past 15 years, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) develop curriculum and educate physicians on STI and pregnancy prevention targeting uneducated minority and immigrant population, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) request the Robert Graham Center to investigate the economic, social and public health impact of lack of sex education and knowledge in the immigrant and uneducated minority population.

Resolution No. 1002

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Improving Medicare Financing Through Parts A, B, C, and Through Medigap Consolidation

Submitted by: Alma Littles, MD, FAAFP, Minority
Karen L. Smith, MD, FAAFP, Minority

WHEREAS, Medicare has been one of the strongest, most successful social programs in America. However, the intrusion of private insurance through Medicare Advantage (Part C) plans, and the lack of stop-loss coverage (necessitating Medigap plans) have resulted in unnecessarily higher costs to taxpayers and beneficiaries and weakened traditional Medicare, and

WHEREAS, privatized Medicare plans have been active since the 1970s, touting better quality for lower costs. Since being rebranded as Medicare Advantage (Part C) plans in 2003, they have been responsible for an increasing share of overall Medicare spending; in 2014, Part C plans were responsible for $155 billion in spending (26% of Medicare's total spending) and covered over 15 million Americans.[1] Part C plans are funded by Medicare Trust Funds (from Part A and Part B), and are paid via risk-adjusted capitation model, and

WHEREAS, through a variety of means ("upcoding" diagnoses, lobbying Congress),[2,3] Part C program sponsors have received large overpayments for services for years. The Medicare Payment Advisory Commission (MedPAC) estimated that there were $44 billion in overpayments from 2004 – 2008,[4] and has repeatedly advised Center for Medicare & Medicaid Services (CMS) to reduce overpayments. Additionally, overpayments have not been definitively shown to help beneficiaries; a 2014 UPenn / National Bureau of Economic Research study showed that overpayments to Part C sponsors result in more insurer advertising, but little medical or monetary benefit for beneficiaries.[5] The overpayments ultimately drain the Medicare Trust Funds, and result in increased premiums for all traditional Medicare beneficiaries, and

WHEREAS, Medigap plans, used by approximately 23% of traditional Medicare beneficiaries, are intended to cover deductibles and co-insurance, and offer stop-loss protection (an out-of-pocket cap). Plans can cost over $2,000 annually and are inefficient, wasting 20% of premiums on overhead.[6] Yet most Medigap enrollees have annual incomes of less than $40,000, with nearly half less than $20,000,[7] and need (but can scarcely afford) this protection. If the Medigap protections were rolled into traditional Medicare, which has a 2-3% overhead cost, beneficiaries would receive stop-loss protection for lower costs, and administrative complexity for all providers who bill Medicare would be significantly reduced, and

WHEREAS, CMS seeks to combat fraud, waste, and abuse. The Part C program, though built into the system by law, has been demonstrably responsible for tens of billions of dollars in waste. Medigap programs, though not subsidized, are wasteful to beneficiaries due to high overhead costs. Moreover, the administrative complexity generated by multiple payers for Medicare services (including traditional Medicare, Medigap plans, and Medicare Advantage plans) adds additional burdens to doctor's offices and hospitals, further straining the health care system, and

WHEREAS, the American Academy of Family Physician's (AAFP's) Single Payer Health Care Member Interest Group has noted the inefficiencies exemplified by continual overpayments (without medical or monetary benefit) to Part C programs, and the high cost of Medigap plans, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) advocates for legislation that eliminates the Medicare Advantage and Medigap programs, and folds the benefits of Part C plans and Medigap plans into traditional Medicare.

Resolution No. 1003

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Eliminating Patient Satisfaction Scores as a Metric of Quality Healthcare

Submitted by: Leanne Swiderski, MD, New Physicians
Rupal Bhingradia, MD, General Registrant
MiLinda Zabramba, MD, New Physicians
Nardin Khalil, MD, New Physicians
Alberto Marcelin, MD, New Physicians
Megan Adamson, MD, New Physicians
Jessica Triche, MD, Women Physicians
Mitzi Rubin, MD, New Physicians
Tobe Momah, MD, Minority

WHEREAS, The Centers for Medicare and Medicaid Services have included patient satisfaction data as a widely used metric of quality healthcare, and

WHEREAS, health plans, health systems and employers are able to use data from patient satisfaction surveys to determine physician compensation, and

WHEREAS, studies have shown that patients who are prescribed persistent opioid medications for chronic pain are more likely to be highly satisfied with all health care services and patients in practices with frugal antibiotic prescribing were less satisfied with their healthcare, and

WHEREAS, 2014 data showed that 1.9 million Americans had a substance use disorder involving prescription pain relievers, and

WHEREAS, in 2010-2011, an estimated 506 antibiotic prescriptions per 1000 patients were written annually, but only 353 of these antibiotic prescriptions were estimated to be appropriately prescribed, and

WHEREAS, striving for high patient satisfaction can become a barrier to physicians providing quality evidence-based health care, especially in the cases of patients requesting services or medications that are not indicated, and

WHEREAS, the unintended consequences of patient satisfaction scores have contributed to physician burnout with 78% of physicians reporting that patient satisfaction surveys moderately or severely affected their job satisfaction, and 28% of physicians reported that the scores made them consider quitting, and

WHEREAS, higher patient satisfaction is associated with higher overall health care and prescription drug costs, a higher rate of inpatient admissions, and increased patient mortality, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter to the Centers for Medicare and Medicaid Services discouraging the use of patient satisfaction scores as a metric of quality healthcare, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate against physician reimbursement based on patient satisfaction scores.

Resolution No. 1004

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Educating a Diverse Physician Workforce

Submitted by: Ada Steward, MD, FAAFP, Minority
Kim Yu, MD, Minority
Saby Karuppiah, MD, MPH, FAAFP, Minority

WHEREAS, The American Academy of Family Physicians (AAFP) is aware of the issues and concerns of underrepresented minority physicians and improving the health of minority populations, and

WHEREAS, the AAFP provides a national forum for advocacy on minority health issues and through its work with NCCL, and

WHEREAS, the AAFP is aware of the health benefits of having physicians from diverse backgrounds, and

WHEREAS, the American Medical Association Minority Affairs Section (AMA-MAS) is introducing a resolution to address this very issue at the AMA Annual Meeting June 2016, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) support pipeline programs and encourage support services for underrepresented minority college students that will support them as they move through college, medical school and residency programs, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) support the AMA in recommending that medical school admissions committees use wholistic evaluation of admission applicants, taking into account the diversity of preparation and the variety of talents that applicants bring to their education, and be it further,

RESOLVED, That the American Academy of Family Physicians (AAFP) support the American Medical Association (AMA) in advocating to the National Residency Matching Program (NRMP) to track and disseminate demographic information pertaining to race and ethnicity collected from Electronic Residency Application Service (ERAS) applications, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) support the American Medical Association (AMA) to continue the work that was initiated by the Commission to End Health Care Disparities' Workforce Diversity and Leadership Development Committee, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) Board direct the AAFP delegation to the American Medical Association (AMA) support these precepts at the AMA's House of Delegates Annual Meeting starting in June 2016.

Resolution No. 1005

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Opioid Prescribing Restrictions

Submitted by: Cathleen London, MD, Women
Emma Daisy, MD, General Registrant
Miranda Balkin, MD, GLBT
Marian C. Allen, MD, GLBT

WHEREAS, It is the American Academy of Family Physicians policy to keep state legislators out of the exam room, and

WHEREAS, the Centers for Disease Control came out with opioid prescribing guidelines in response to the heroin epidemic, and

WHEREAS, the state of Maine, in response to these guidelines passed legislation restricting physician opioid prescribing, and

WHEREAS, the state of Massachusetts, in response to these guidelines, passed legislation restricting physician opioid prescribing, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) publicly condemn the practice of medicine without a license by state legislators, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) strongly advocate for Federal Legislation prohibiting state restriction of physician prescribing, and be if further

RESOLVED, That the American Academy of Family Physicians (AAFP) AMA Delegation bring Resolution No. 1005 from the 2016 National Conference of Constituency Leaders to the AMA.

Resolution No. 1006

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Specialty-Specific Peer Domain of Medical Licensure Issues and Disciplinary Actions

Submitted by: Valerie Mutchler-Fornili, MD, Women
Lisa Winkler, MD, Women
Joann Buonomano, MD, FAAFP, Women
Emma Daisy, MD, General Registrant

WHEREAS, Medical licensure and disciplinary issues are complex and difficult for those without a medical degree to evaluate fairly and objectively, and

WHEREAS, currently those physicians that evaluate issues related to medical licensure may not be licensed in the same specialty, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a currently licensed and practicing family physician to actively participate in the evaluation and resolution of any licensure and disciplinary issues for family physicians.

Resolution No. 1007

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Mitigate Disparities in Mental Health Availability

Submitted by: Alan-Michael Vargas, MD, IMG
Adnan Ahmed, MD, IMG
Danielle Gold, MD, IMG

WHEREAS, There is a severe and ongoing mental health provider shortage across the United States, and

WHEREAS, family physicians care for a wide spectrum of mental illnesses and devote a significant amount of clinical time on treating and counseling patients without appropriate time based reimbursement, and

WHEREAS, the disease burden of mental illnesses continues to increase as the population grows, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) promote to advocacy efforts to increase value based reimbursements for counseling and services rendered for mental health illnesses, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) explore advocacy efforts to improve availability of mental health provider access.

Resolution No. 1008

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Limiting Increases In Drug Enforcement Agency and State Licensing Fees and Unrelated Fees to Practice Medicine

Submitted by: Alice Daniels, MD, Women
Susan Chiarito, MD, FAAFP, Minority
Valerie Mutchler-Fornili, MD, Women
Karla Booker, MD, FAAFP, General Registrant

WHEREAS, Nationwide physicians license and Drug Enforcement Agency fees increase, and

WHEREAS, the Illinois physician licensing fees increased over 100% in 2014, and

WHEREAS, there has been no change in service to justify this increase, and

WHEREAS, the now former governor of Illinois stated this increase was to roll back in 2017 to the rate charged prior to the 2014 increase, and

WHEREAS, there has been no dialogue over returning to the 2013 fees, and

WHEREAS, these fees could place hardship on physicians, and

WHEREAS, there should be a limit over how much licensing fees can be raised over a certain period of time in all states, and

WHEREAS, there was no valid reason given for increasing this licensing to over 100%, and

WHEREAS, other fees required for practice medicine within their state, like the Virginia Birth Injury Fund, which adds $300.00 to the Virginia physicians annual cost to practice medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with all state licensing and federal bodies to roll back fees to practice medicine and unrelated fees to practice medicine be removed, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) request that when physician licensing fee increases are proposed by state and federal licensing agencies, that physicians be notified one calendar year before fees are to occur, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) request the state and federal licensing agencies provide justifiable reasons for licensing fee increases.

Resolution No. 1009

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Single-Payer Health care (Medicare for All)

Submitted by: Cathleen London, MD, Women
Kristen Koenig, MD, FAAFP, Women
Jessica Richmond, MD, New Physicians
Robert Sedlacek, MD, New Physicians

WHEREAS, The United States is the only industrialized nation that doesn't have health insurance as a right of citizenship, and

WHEREAS, 33 million Americans are still uninsured as of 2015; 45,000 Americans die per year because they lack health insurance, and the uninsured have a 40% increased risk of death compared to the insured, and

WHEREAS, administrative costs of the current U.S. health care system are 31%, and administrative costs of HR 676 Medicare for All would be 3-5%, and

WHEREAS, health care premiums have doubled in the past 10 years, and

WHEREAS, 60% of bankruptcies are associated with medical costs, and most Americans are one car accident away from bankruptcy, and

WHEREAS, a single-payer system would reduce labor costs for businesses, and

WHEREAS, negotiating drug prices would save the system $154 billion per year, and the Veteran's Administration pays 40% less for drugs, and

WHEREAS, Medicare for All would save $710 billion a year (25% of the total health care costs), and would create jobs overall despite insurance company job losses, and

WHEREAS, 65% of Maine doctors and 80% of Democrats nationwide support a single-payer system, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) lobby Congress in favor of passing HR 676 (Medicare for All).

Resolution No. 1010

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Call to Repeal State Laws which Punish Pregnant Women Suffering from Addiction

Submitted by: Rachel Franklin, MD, Women
Anna Kauffman, MD, Women
Mary Nguyen, MD, FAAFP, Minority
Suhail Shaikh, MD, FAAFP, Minority
Joanna Bisgrove, MD, FAAFP, General Registrant

WHEREAS, Addiction is now widely recognized as a chronic disease for which persons suffering from the disease should be treated rather than punished, and

WHEREAS, pregnant women who suffer from addiction are an extremely vulnerable population that requires highly skilled, compassionate and patient centric care, and

WHEREAS, children born to pregnant women with addiction who are receiving regular care for their addiction have better neonatal outcomes, and

WHEREAS, punitive state laws against pregnant women with addiction dissuade women from seeking treatment that could benefit both them and their children, and

WHEREAS, pregnant women threatened with incarceration while pregnant, or with loss of custody of their child, should they seek treatment, often delay or fail to receive prenatal care, raising the risk of premature birth, morbidity and mortality, and

WHEREAS, 18 other health care organizations have released statements against state laws that punish rather than assist pregnant women with addiction who seek treatment, including the American Medical Association, the American Academy of Pediatrics, American College of Physicians, the American College of Obstetrics and Gynecology, the March of Dimes, National Advocates for Pregnant Women, and the American Society for Addiction Medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update the language of its policy regarding substance abuse in pregnant women to better reflect the American Academy of Family Physicians condemnation of the mistreatment of pregnant women suffering from addiction, and be it further

RESOLVED, That the language of the American Academy of Family Physicians policy regarding substance abuse in pregnant women include a statement referencing the risk of pregnant women who suffer from addiction avoiding prenatal care out of fear of being prosecuted or otherwise punished, and be it further

RESOLVED, That the American Academy of Family Physicians Board of Directors adopt Congress of Delegates Resolution Number 401 (New York State D), opposing mandatory drug testing of

pregnant women, as AAFP policy rather than accepting such resolution for information at its May 2016 meeting, and be it further

RESOLVED, That the American Academy of Family Physicians join the 18 other health care organizations who have already publicly released statements strongly condemning existing state laws which punish rather than assist pregnant women suffering from addiction by releasing a statement which highlights our updated policy on this matter.

Resolution No. 1011

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Lowering Total Out-of-Pocket Costs for All Health Insurance

Submitted by: Alma Littles, MD, FAAFP, Minority
Karen L. Smith, MD, FAAFP, Minority

WHEREAS, Private insurance plans with high deductibles and high co-payments along with increasingly large out-of-pocket maximums per calendar year are causing a significant number of patients to ration the use of primary care and preventive services. These plans put many income earners, including most Americans in the middle class, at risk for medical bankruptcy, and

WHEREAS, timely access to primary care health services is a cost-effective way to run a health care system. Under the Affordable Care Act (ACA), the increasing popularity of bronze and silver level plans with both employers and individuals is resulting in more plans with higher co-pays, deductibles, and overall out-of-pocket costs. Over the last five years, costs for premiums and out-of-pocket expenses have gone up by more than 52%, while the median annual income is dropping. Though plan specifics vary, under the ACA, the average maximum out-of-pocket expenses for 2016 are $6,600 for an individual and $13,200 for a family of four. The Census Bureau estimates 2014 real median income to be $53,657, down from $54,463 in 2013. These conflicting trends are causing many middle working class Americans to face significant problems paying for medical care, especially in times of catastrophic illness, and

WHEREAS, free market forces have long been touted as a powerful tool necessary to drive down medical costs. However, plans are complicated and confusing to compare, and most ultimately choose a plan based on cost of premiums, not considerations of future out-of-pocket costs. The result is that many reduce primary care and preventive service use without regard to the necessity of the treatments, procedures, preventive care or drugs they choose not to purchase. In a recent Gallup poll, one in three Americans was found to delay medical care because of cost, and

WHEREAS, family physicians are well aware that delaying care can lead to unnecessary suffering, preventable death, and higher costs of care. We maintain that high out-of-pocket costs directly interfere with the primary objective of our profession: providing safe, timely, and high quality primary care to our patients. In addition, American Academy of Family Physicians (AAFP) policy supports “universal access to basic health care services for all people”. Increasing financial obstacles directly and negatively impacts our ability to fulfill our duties to our patients, and

WHEREAS, the AAFP’s Single Payer Health Care Member Interest Group strongly supports the AAFP policy of universal access for all, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for legislation that significantly reduces or eliminates deductibles, copayments, and other out of pocket costs for all types of insurance plans, especially silver and bronze level Affordable Care Act (ACA) plans, as these measures lead to patients avoiding necessary care, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an in-depth economic analysis of the current Affordable Care Act (ACA), to determine whether or not it has the ability to meet the mission of the (AAFP) as it pertains to universal access and an acceptable manner of cost containment.