2016 Consent Calendar for the Reference Committee on Health of the Public & Science

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

The Reference Committee on Health of the Public and Science has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote (page numbers indicate page in reference committee report). An item or items may be extracted for debate.

RECOMMENDATION: The Reference Committee on Health of the Public and Science recommends the following consent calendar for adoption:

Item 1: Adopt Resolution No. 3001: "Extended Care Facility Placement Should Not Require a Three Day Inpatient Stay" (p. 1).

Item 2: Adopt Substitute Resolution No. 3002: "Decreasing Drug Prices for Medicare Recipients and Strengthening Medicare" in lieu or Resolution No. 3002 (p. 2).

Item 3: Adopt Substitute Resolution No. 3004: "Increased Access for Providers to Prescribe to Anti-Hepatitis Medications" in lieu of Resolution 3004 (pp. 2-3).

Item 4: Adopt Substitute Resolution No. 3005: "Following HIV Testing Guidelines from the CDC" in lieu of Resolution No. 3005 (p. 3).

Item 5: Adopt Substitute Resolution No. 3006: "Sweet and Accurate Food Labeling" (p. 4).

Item 6: Adopt Substitute Resolution No. 3007: "Oppose Transphobic Legislation Regarding the Use of Public Facilities" in lieu of Resolution No. 3007 (pp. 4-5).

Item 7: Adopt Substitute Resolution No. 3008: "Increasing Education, Research, and Access for Opioid Addiction Treatment" in lieu of Resolution No. 3008 (p. 5).

Item 8: Adopt Substitute Resolution No. 3009: "Care and Support of Transgender and Gender-Nonconforming (T/GNC) Youth" in lieu of Resolution No. 3009 (pp. 5-6).

Item 9: Adopt Substitute Resolution No. 3010: "Promotion of Parity in Insurance Coverage for Transition-Related Transgender Care" in lieu of Resolution 3010 (pp. 6-7).

Item 10: Adopt Substitute Resolution No. 3011: "Screening for Social Determinants of Health in Primary Care Practices" in lieu of Resolution No. 3011 (pp. 7-8).

Item 11: Adopt Resolution No. 3012: "Updating of AAFP Reproductive Decisions Policy" (p. 8).

Reaffirmation Calendar: Reaffirmation of Item A under the Reaffirmation Calendar (pp. 8-9).

2016 Report of the Reference Committee on Health of the Public & Science

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

The Reference Committee on Health of the Public & Science has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

ITEM NO. 1: RESOLUTION NO. 3001: EXTENDED CARE FACILITY PLACEMENT SHOULD NOT REQUIRE A THREE DAY INPATIENT STAY

RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter to the Centers for Medicare and Medicaid Services to remove the requirement of an inpatient stay and three midnight stay to qualify for extended care facility placement.

The reference committee heard testimony supporting the resolution on extended care facility placement. Family physicians care for patients on Medicare. Many of these patients tend to be frail and home health care may not be the solution for these patients. Those patients who are unable to remain at home need to be transferred to a skilled nursing facility. However, Medicare requires a 72-hour inpatient stay in the hospital before transition to an extended care facility.

A skilled nursing facility is a better place for these patients who need care provided by skilled nursing staff or therapy staff. The American Academy of Family Physicians (AAFP) sent a letter (http://www.aafp.org/dam/AAFP/documents/advocacy/payment/medicare/LT-CMS-HospitalizationRequirement-062311.pdf) in 2011 asking the Centers for Medicare & Medicaid Services (CMS) to evaluate the elimination of the 72-hour hospitalization requirement prior to skilled nursing home placement for Medicare beneficiaries. It is the AAFP's position that the hospital stay requirement for sub-acute/long term care Medicare benefits should be reduced to less than or equal to a one-day admission or observation period.

The reference committee discussed the letter sent by the AAFP and thought the letter addressed the concerns outlined in the resolution. The reference committee did ask for an update about the response the AAFP received from CMS.

RECOMMENDATION: The reference committee recommends that Resolution No. 3001 be adopted.

ITEM NO. 2: RESOLUTION NO. 3002: DECREASING DRUG PRICES FOR MEDICARE RECIPIENTS AND STRENGTHENING MEDICARE

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for strengthening Medicare by allowing Medicare to negotiate drug prices and to actively manage formularies, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for reinstating prescription drug rebates for low income Medicare beneficiaries.

The reference committee heard favorable testimony on decreasing drug prices for Medicare recipients. The reference committee thought there was extensive background provided in the resolution to support Medicare negotiating drug prices with pharmaceutical companies.

Many patients fall through the "donut hole," also called the coverage gap that starts when the total drug costs reaches a certain amount. This occurs when there is temporary limit on what the drug plan will cover for drugs. The coverage gap begins once a certain amount has been spent for covered drugs. For 2016, the amount is $3,310, and the amount may change each year.

Medicare beneficiaries must pay for their medications when they encounter the coverage gap. Testimony was heard where patients are choosing to forgo medications in order to pay for utilities and groceries. Physicians in underserved areas try to assist their patients to find affordable medications at different pharmacies. Moreover, beneficiaries are no longer allowed to use their copay if they have a coupon that helps reduce the cost of the medications.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3002, which reads as follows, be adopted in lieu of Resolution No. 3002:

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for affordable medications for Medicare beneficiaries with strategies such as encouraging Medicare to negotiate drug prices, actively manage formularies, and/or reinstate prescription drug rebates for low income Medicare beneficiaries.

ITEM NO. 3: RESOLUTION NO. 3004: INCREASED ACCESS FOR PROVIDERS TO PRESCRIBE TO ANTI-HEPATITIS MEDICATIONS

RESOLVED, That the American Academy of Family Physicians (AAFP) write a statement to Gilead pharmaceuticals, who are the sole manufacturers of the anti-hepatitis products (including Harvoni and Sovaldi), advocating a lift of restrictions on non-infectious disease and hepatology physicians from prescribing the above anti-hepatitis medications in order to facilitate the care of hepatitis C patients.

The reference committee heard testimony that was supportive of the resolution, except for one individual.

Patients infected with hepatitis C need treatment with anti-hepatitis medications. Although family physicians know how to treat hepatitis C, insurance companies will not allow family physicians to prescribe the medications for their patients, as coverage is not provided for the drug unless an infectious disease or hepatology physician is the prescriber. It was mentioned that insurance companies restrict prescribing practices because it will cost them more to provide benefits to infected patients.

In opposition to the resolution, one individual testified that the AAFP cannot negotiate with Gilead or any other pharmaceutical for access to a prescription drug.

The reference committee is recommending a substitute resolution advocating for any physician to prescribe the drugs to treat patients with hepatitis C.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3004, which reads as follows, be adopted in lieu of Resolution No. 3004 and referred to the Board of Directors:

> **RESOLVED, That the American Academy of Family Physicians advocate for coverage of anti-hepatitis C medications regardless of the prescribing physician's specialty in order to facilitate care of hepatitis C patients.**

ITEM NO. 4: RESOLUTION NO. 3005: FOLLOWING HIV TESTING GUIDELINES FROM THE CDC

> RESOLVED, That the American Academy of Family Physicians (AAFP) amend its guidelines to reflect those of the Centers for Disease Control and Prevention (CDC) in recommending that everyone ages 13 to 64 be offered HIV testing be offered at least once as part of routine health care.

The reference committee heard testimony in favor of the resolution that dealt with human immunodeficiency virus (HIV) testing guidelines from the Centers for Disease Control and Prevention (CDC). The CDC recommends HIV testing as part of routine health screening. A similar resolution was created in 2013 that addressed the age to begin screening for HIV. The resolution passed, and HIV screening was recommended for those ages 18-65. Of the new diagnoses for HIV, 22% are those ages 13-24, and 41% of high school students reported not using condoms, which puts them at risk for contracting HIV.

The United States Preventive Services Task Force (USPSTF) recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened (Grade A).

Testimony was also presented indicating that there are three guidelines (CDC, USPSTF and the AAFP) and those guidelines may not reveal the right information and evidence to support the real numbers of individuals who may be infected with HIV. It was noted, however, that the USPSTF discovered a high rate of false positive for those tested at ages 13-14, leading to not support screening that population. There is controversy as to what is the right age to begin screening for HIV.

The reference committee decided to create a substitute resolution to screen for HIV according to the best available evidence-based medicine.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3005, which reads as follows, be adopted in lieu of Resolution No. 3005:

> **RESOLVED, That the American Academy of Family Physicians update the age of recommended HIV screening to reflect the best evidence-based medicine.**

ITEM NO. 5: RESOLUTION NO. 3006: SWEET AND ACCURATE FOOD LABELING

RESOLVED, That the American Academy of Family Physicians (AAFP) publicly support the 2015 Food and Drug Administration (FDA) proposed rule to properly and accurately label all food with the % Daily Value (%DV) for added sugar excluding naturally occurring sugars in milk and fruit in its naturally occurring state.

The reference committee heard testimony supporting the resolution on sweet and accurate food labeling. The resolution is asking the AAFP to support the Food and Drug Administration (FDA) rule to label all food with percent Daily Value of added sugar in foods. The CDC studies indicate that 31% of the adult population is obese. It was also mentioned that 27% of recruits are too obese to serve in the military.

The reference committee indicated the FDA has not required that added sugar be included on the label because some were saying the information was not evidence based. However, added sugar does cause health problems throughout the United States (e.g., obesity) and decided the resolution should be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 3006 be adopted.

ITEM NO. 6: RESOLUTION NO. 3007: OPPOSE TRANSPHOBIC LEGISLATION REGARDING THE USE OF PUBLIC FACILITIES

RESOLVED, That the American Academy of Family Physicians (AAFP) endorse existing anti-discrimination state and federal laws protecting people from discrimination based on gender expression and identity and oppose laws that compromise the safety and health of transgender people, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) supports work to include sex, gender identity and sexual orientation to federal anti-discrimination legislation in, “public accommodations, housing, employment in public and private workplaces.”

The reference committee heard a large amount of testimony, all in favor of this resolution. Testimony was given that insensitivity and discrimination towards transgender people negatively impacts their physical and emotional health. The reference committee agreed with the intent of the resolution and agreed that discrimination against transgender people is a public health concern. The reference committee recognized that it is current policy to oppose discrimination in any form, but also agreed to adopt a substitute resolution to ensure that eliminating discrimination against transgender people is not excluded from future efforts to advocate for changes to federal, state, or other laws.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3007, which reads as follows, be adopted in lieu of Resolution No. 3007:

RESOLVED, That the American Academy of Family Physicians endorse laws protecting people from discrimination based on gender expression and identity and oppose laws that compromise the safety and health of transgender people, and be it further

RESOLVED, That the American Academy of Family Physicians support work to include sex, gender identity, and sexual orientation to federal anti-discrimination

legislation in "public accommodations, housing, employment in public and private workplaces."

ITEM NO. 7: RESOLUTION NO. 3008: INCREASING EDUCATION, RESEARCH, AND ACCESS FOR OPIOID ADDICTION TREATMENT

RESOLVED, That the American Academy of Family Physicians (AAFP) increase available Continuing Medical Education (CME) opportunities specific to identifying and treating addiction to opioids, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for improved reimbursement for addiction services, including inpatient and outpatient treatment options, by Medicare, Medicaid and private insurance companies, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for continued research and development of evidence-based addiction treatment options related to opioid abuse.

The reference committee heard testimony from five members, all of whom supported the resolution. They stated that family physicians need education about treating opioid addiction. Many family physicians treat patients with addiction issues on a daily basis; however, they feel unequipped to treat addiction issues. Testimony was also given that patients need allies and continuity of care. In addition, it was stated that it is equally important to treat patients suffering from chronic pain as it is to address addiction, and that this complicates the issue. The reference committee agreed with the testimony and acknowledged that the AAFP has formed a member advisory committee to address this issue. The reference committee also agreed that this is an important issue and agreed with the intent of the resolution.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3008, which reads as follows, be adopted in lieu of Resolution 3008:

RESOLVED, That the American Academy of Famiily Physicians increase available continuing medical education (CME) opportunities specific to identifying and treating addiction to opioids, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for improved reimbursement for addiction services, and be if further

RESOLVED, That the American Academy of Family Physicians advocate for continued research and development of evidence-based addiction treatment options related to opioid abuse.

ITEM NO. 8: RESOLUTION NO. 3009: CARE AND SUPPORT OF TRANSGENDER AND GENDER-NONCONFORMING (T/GNC) YOUTH

RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational programs for clinicians related to the care of transgender and gender-nonconforming youth, as well as incorporating youth-specific information into the general transgender care toolkit it was previously directed to develop, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) strongly recommend that its state chapters work with school systems to lobby for supportive environments for transgender and gender nonconforming youth in schools, specifically restrooms, locker rooms, and extracurricular programs.

The reference committee heard testimony from five individuals all in support of this resolution. One member shared a personal story of her transgendered child and reiterated that this is an important area that needs attention and that transgender and gender-nonconforming youth need supportive care. Additional testimony was given stating the importance of breaking down barriers so the patient can feel safe, and that youth are particularly vulnerable and need support. Reference committee members discussed that the AAFP has endorsed recommended curriculum guidelines for family medicine residents, which is published in AAFP Reprint No. 289D, "Lesbian, Gay, Bisexual, Transgender Health." In addition, there are a number of online resources on this topic at http://www.aafp.org/about/constituencies/resources/glbt/transgender.html. There was concern with the original resolution that some chapters do not have the staff support or time to implement these advocacy efforts.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3009, which reads as follows, be adopted in lieu of Resolution No. 3009:

RESOLVED, That the American Academy of Family Physicians develop educational programs for clinicians related to the care of transgender and gender-nonconforming youth, as well as incorporating youth-specific information into the general online transgender health resources, and be it further

RESOLVED, That the American Academy of Family Physicians strongly recommend that its chapters consider working with school systems to lobby for supportive environments for transgender and gender nonconforming youth in schools, specifically restrooms, locker rooms, and extracurricular programs.

ITEM NO. 9: RESOLUTION NO. 3010: PROMOTION OF PARITY IN INSURANCE COVERAGE FOR TRANSITION-RELATED TRANSGENDER CARE

RESOLVED, That the American Academy of Family Physicians (AAFP) will send letters to insurance trusts and commissioners strongly recommending policies that medical services covered for the general population (including but not limited to anatomically-appropriate preventive services not consistent with gender, cross-sex hormonal therapy, and surgery) should be covered for transgendered patients, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) will create a toolkit for state chapters to utilize when lobbying within their state legislatures to advocate for policies related to transgender health equity at the state level.

The reference committee heard testimony in support of the resolution. Many people testified that they practice in communities that have large transgender populations. They also stated that transgender patients' medical and health care needs were often not met because health care services were not covered by insurance. The concern was that health care services are being denied to transgender people when the services are not aligned with their current legal gender. An example given was when patients born female but are now legally male were denied coverage for breast cancer treatment. Testimony was very much in support for advocating for all patients and to remove exclusion clauses. The reference committee agreed that the testimony and the resolved portions of the resolution were inconsistent. The reference committee also agreed that a toolkit

may not be the most appropriate resource. Because of this, the reference committee broadened the resolved clause to include exploring opportunities to collaborate with organizations that may have model legislation to address this issue. However, a toolkit may also be developed.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3010, which reads as follows, be adopted in lieu of Resolution No. 3010:

RESOLVED, That the American of Family Physicians send letters to appropriate parties that preventive medical services covered for the general population should be covered for transgendered patients, and be it further

RESOLVED, That the American Academy of Family Physicians explore the creation of a toolkit for state chapters to utilize when lobbying within their state legislatures to advocate for policies related to transgender health equity at the state level.

ITEM NO. 10: RESOLUTION NO. 3011: SCREENING FOR SOCIAL DETERMINANTS OF HEALTH IN PRIMARY CARE PRACTICES

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage its members to screen for social determinants of health, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage its members to make appropriate referrals to social services organizations such as 2-1-1 phone service, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage Centers for Medicaid and Medicare and other payers to include social determinants of health screening as a quality metric, and be it further

RESOLVED, That American Academy of Family Physicians (AAFP) create Continuing Medical Education (CME) on how to address social determinants of health in clinical practice.

The reference committee heard testimony all in favor of this resolution. Discussion included, that in addition to the AAFP's policy on the social determinants of health, the American Academy of Pediatrics (AAP) recently put out a similar statement regarding social determinants of health for health screenings. It was shared that more than 14% of all U.S. adults and more than 21% of children younger than 18 years of age live in poverty. The 2-1-1 telephone service that provides information about local social services was also discussed as a way to address patients' social determinants of health. Additional testimony suggested that it is important to screen patients for social determinants of health so that family physicians can provide them with practical information and services. The members of the reference committee agreed with the intent of the resolution. However, they discussed the need to be able to address patients' needs identified via screening. They questioned if evidence-based screening tools existed and if a framework was in place for addressing patients' needs identified via this type of screening tool. Two examples of resources that were discussed were 2-1-1 and the University of California, San Francisco (UCSF) model.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3011, which reads as follows, be adopted in lieu of Resolution No. 3011:

RESOLVED, That the American Academy of Family Physicians explore how family physicians can best address social determinants of health in clinical practice in an evidence-based manner, and be it further

RESOLVED, That the American Academy of Family Physicians create continuing medical education (CME) on how to address social determinants of health in clinical practice.

ITEM NO. 11: RESOLUTION NO. 3012: UPDATING OF AAFP REPRODUCTIVE DECISIONS POLICY

RESOLVED, That the American Academy of Family Physicians (AAFP) actively oppose non-evidenced-based restrictions on medical services through advocacy efforts including but not limited to letter writing and providing public testimony when appropriate, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) modify the current reproductive decisions policy to state "the AAFP endorses the concept that abortion should be performed in conformance with the standards of good medical practice as determined by evidence-based outcomes."

The reference committee heard testimony in support of this resolution. They discussed this resolution and agreed with the intent. It was pointed out that there are currently two policies regarding reproductive health. One is titled "Reproductive Health Services," and the other is titled "Reproductive Decisions." The one titled "Reproductive Decisions" is currently under review and will be addressed by the Board of Directors at its summer meeting. There is controversy related to ethical issues surrounding abortion was recognized in discussion.

RECOMMENDATION: The reference committee recommends that Resolution No. 3012 be adopted.

REAFFIRMATION CALENDAR

The following item, A, is presented by the reference committee as an Item for Reaffirmation. Testimony in the reference committee hearing and discussion by Executive Session concurred that the resolution presented in item A is current policy or is already addressed in current projects. At the request of the National Conference of Constituency Leaders, any items may be taken from this section for an individual vote on that item. Otherwise, the reference committee will request approval of the "Items for Reaffirmation" in a single vote.

(A) Resolution No. 3003: "To Improve Access to Pre-exposure Prophylaxis for HIV (PrEP) Training," the resolved portion of which reads as printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) should include Pre-exposure Prophylaxis (PrEP) education in Continuing Medical Education (CME) offerings, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) writes a letter to strongly recommend to the Accreditation Council for Graduate Medical

Education (ACGME) require Pre-exposure Prophylaxis (PrEP) education as part of the family medicine core competencies.

The reference committee heard testimony in favor of the resolution on the topic of pre-exposure prophylaxis for HIV (PrEP) training. The pill contains two medicines that are also used to treat HIV. PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. More patients are being tested for HIV. African Americans and Latinos are at high risk for contracting HIV, and there are not enough physicians to care for HIV patients. Moreover, some physicians cannot provide PrEP services in some states.

Family physicians work on the front line and encounter patients who may come to them for care, including screening for sexually transmitted infections (STIs). However, family physicians may be hesitant to provide PrEP to their patients who are at high risk for HIV infection (e.g., inject drugs or men who have sex with men). Family physicians in busy urgent care centers see a large population of patients who seek treatment for STIs. Those patients see ads for PrEP and ask for it, but many family physicians do not provide PrEP care, because they are wary of the side effects patients may experience from the drugs.

The reference committee decided to accept both resolved clauses for reaffirmation. For the first resolved clause, the reference committee thought the AAFP provides members with CME on PrEP at conferences and CME meetings, such as the Family Medicine Experience (FMX). Topics for workshops are solicited by planning committees.

For the second resolved clause, the reference committee indicated the AAFP provides recommended curriculum guidelines for family medicine residents on HIV Infection/AIDS, which includes PrEP. The core curriculum guidelines can be found at (http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint273_HIV.pdf).

RECOMMENDATION: The reference committee recommends that Item A above be approved as current policy or as already being addressed in current projects.

I wish to thank those who appeared before the reference committee to give testimony and the reference committee members for their invaluable assistance. I also wish to commend the AAFP staff for their help in the preparation of this report.

Respectfully Submitted,

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JoAnna Kauffman, MD – CHAIR

Kevin Bernstein, MD, MS, USN – New Physicians
Susan Chiarito, MD, FAAFP – Women
Lubna Madani, MD – IMG
Susan Osborne, DO – GLBT
Margot Savoy, MD, MPH, CPE, FAAFP – Minority
Sebastian Tong, MD, MPH (Observer)