



2012 Agenda for the Reference Committee on Advocacy

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 1008	Alternative Funding for Primary Care Graduate Medical Education
2. Resolution No. 1009	Stop State Legislators from Practicing Medicine Without a License
3. Resolution No. 1001	Expiration of Expirations
4. Resolution No. 1010	Resolution to Remove Barriers to Long Acting Reversible Contraceptive Devices Use
5. Resolution No. 1002	Anti-Bullying
6. Resolution No.1003	Lesbian, Gay, Bisexual and Transgender (LGBT) Demographic Information
7. Resolution No. 1004	Transgender Care
8. Resolution No. 1005	GLBT Foster Care and Adoption
9. Resolution No. 1006	In Sickness and in Health Equality for all Families



Resolution No. 1008

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Alternative Funding for Primary Care Graduate Medical Education

2
3 Submitted by: Lara D. Mashek, MD, Women
4 Kelly Jones, MD, Women
5 Rebecca Rodriguez, MD, Women
6 Allison Smith, MD, Women
7 Carolyn Forbes, MD, FAAFP, Women
8 Teresa Lovins, MD, FAAFP, Women
9 Russell Kohl, MD, FAAFP, GLBT
10 Ashby Wolfe, MD, MPH, MPP, New Physician
11 Ravi Grivois-Shah, MD, FAAFP, New Physician

12
13 WHEREAS, Over 60 million Americans lack adequate access to primary care due to a shortage
14 of primary care physicians in their communities¹, and

15
16 WHEREAS, primarily due to lack of adequate funding, the number of residency positions is
17 limited; and

18
19 WHEREAS, major funding for residency training positions comes from Federal and state
20 governments, increases in which are limited due to budgetary constraints, and

21
22 WHEREAS, although 56% of patient visits in America are primary care, only 37% of physicians
23 practice primary care medicine², and

24
25 WHEREAS, the American Academy of Family Physicians (AAFP) already supports encouraging
26 and recognizing innovation in training that ensures future family physicians will meet the needs
27 of their patients in the context of their communities³, now, therefore, be it

28
29 RESOLVED, That the American Academy of Family Physicians (AAFP) work diligently with
30 government and private entities to create alternative funding opportunities to help stabilize
31 current primary care residency training positions and develop additional positions to address the
32 critical shortage of primary care physicians in our country.

33
34 1. National Association of Community Health Centers
35 <http://www.nachc.com/client/documents/pressreleases/PrimaryCareAccessRPT.pdf> accessed
36 May 3, 2012

37 2. Halsey, A. June 20, 2009. Washington Post. http://www.washingtonpost.com/wp-dyn/content/article/2009/06/19/AR2009061903583_pf.html accessed May 3, 2012

38 3. AAFP Family Physicians Workforce and Residency Education (2009 COD)
39 <http://www.aafp.org/online/en/home/policy/policies/f/roleprod.html> accessed on May 3, 2012



Resolution No. 1009

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Stop State Legislators from Practicing Medicine Without a License

2
3 Submitted by: Andrea Angelucci, DO, General Registrant
4 Cathleen London, MD, Women
5 Susan Hadley, MD, Women
6 Joanna Bisgrove, MD, New Physician
7 Tina Tanner, MD, Women
8

9 WHEREAS, The American Academy of Family Physicians (AAFP) states that, “Quality
10 healthcare in family medicine is the achievement of optimal physical and mental health through
11 accessible, safe, cost-effective care that is based on best evidence, responsive to the needs
12 and preferences of patients and populations, and respectful of patients’ families, personal
13 values, and beliefs,”¹ and “supports the use of evidence-based and explicitly stated clinical
14 practice guidelines” that are “developed using rigorous evidence-based methodology,”² and
15

16 WHEREAS, family physicians undergo over 20,000 hours of clinical training before being
17 permitted to practice independently³ while state and federal legislators are not required to
18 undergo any medical training or licensure, and
19

20 WHEREAS, recent legislation mandated that physicians give patients inaccurate medical
21 information and inappropriately interfered with medical practice increasing cost without medical
22 benefit in a time of escalating health care expenditures^{4,5,6,7,8,9,10,11,12}, and
23

24 WHEREAS, under H.R. 358, dubbed the "Protect Life Act"¹³ hospitals could refuse to care for a
25 pregnant woman with a life-threatening complication, and
26

27 WHEREAS, although the above examples pertain to abortion care, a politically charged issue,
28 they open the door for inappropriate legislation of other controversial aspects of the physician-
29 patient relationship, and
30

31 WHEREAS, the AAFP “opposes legislation that infringes on the matter or breadth of information
32 exchanged within the patient-physician relationship because of the potential harm it can cause
33 to the health of the individual, family and community,” and states that, “Physicians should be
34 free to have open and honest communication with patients about all aspects of health and
35 safety¹⁴,” and
36

37 WHEREAS, the American Medical Association (AMA) “vigorously and actively defends the
38 physician-patient-family relationship and actively opposes state and/or federal efforts to interfere
39 in the content of communication in clinical care delivery between clinicians and patients,” and
40 “strongly condemns any interference by government or other third parties that compromise a
41 physician’s ability to use his or her medical judgment as to the information or treatment that is in
42 the best interest of their patients¹⁵,” now, therefore, be it
43

44 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose interference by
45 government or other third parties that compromise a physician's ability to use his or her medical
46 judgment as to the information or treatment that is in the best interest of their patients, and be it
47 further

48
49 RESOLVED, That the American Academy of Family Physicians (AAFP) condemn newly
50 enacted federal laws that restrict the privacy of physician-patient-family relationships and/or that
51 violate the First Amendment rights of physicians in their practice of the art and science of
52 medicine, and be it further

53
54 RESOLVED, That the American Academy of Family Physicians (AAFP) send letters to all
55 members of the Senate discouraging passage of H.R. 358, dubbed the "Protect Life Act" and be
56 it further

57
58 RESOLVED, That the American Academy of Family Physicians (AAFP) provide constituent
59 chapters with information regarding the potential for state legislation to restrict the privacy of
60 physician-patient-family relationships and/or state legislation that violates the First Amendment
61 rights of physicians in their practice of the art and science of medicine, and offer model
62 language such as: The right to practice within the scope of a medical license supersedes any
63 existing or future legislative act.

- 64
65 1. American Academy of Family Physicians. (2000) (2011 COD) "Quality Healthcare in Family
66 Medicine." <http://www.aafp.org/online/en/home/policy/policies/f/qualcare.html>
67 2. AAFP Statement of Policy on Clinical Practice Guidelines. 1994, updated 2008
68 <http://www.aafp.org/online/en/home/policy/policies/c/clinicalpractguidelines.html>
69 3. American Academy of Family Physicians. "Family Physician and Nurse Practitioner Training."
70 [http://www.aafp.org/online/etc/medialib/aafp_org/documents/press/nurse-practitioner/np-](http://www.aafp.org/online/etc/medialib/aafp_org/documents/press/nurse-practitioner/np-training.Par.0001.File.tmp/NP_Info_FP-NPTraining-Compare-4pgs.pdf)
71 [training.Par.0001.File.tmp/NP_Info_FP-NPTraining-Compare-4pgs.pdf](http://www.aafp.org/online/etc/medialib/aafp_org/documents/press/nurse-practitioner/np-training.Par.0001.File.tmp/NP_Info_FP-NPTraining-Compare-4pgs.pdf)
72 4. Guttmacher Institute. "State Policies in Brief: An overview of abortion laws." 5/1/2012.
73 http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf
74 5. National Cancer Institute." Fact Sheet: Abortion, Miscarriage, and Breast Cancer Risk."
75 <http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>
76 6. Guttmacher Institute. "State Policies in Brief: An overview of abortion laws." 5/1/2012.
77 http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf
78 7. American Psychological Association Task Force on Mental Health and Abortion. "Report of
79 the APA Task Force on Mental Health and Abortion." 8/13/2008.
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81 [al%20Association--Mental%20Health.pdf](http://reproductiverights.org/sites/crr.civicactions.net/files/documents/American%20Psychologic)
82 8. Guttmacher Institute. "State Policies in Brief: Requirements for ultrasound." 5/1/2012.
83 http://www.guttmacher.org/statecenter/spibs/spib_RFU.pdf
84 9. Clark W et al. "Medication abortion employing routine sequential measurements of serum
85 hCG and sonography only when indicated." *Contraception*. 2007 Feb;75(2):131-5.
86 <http://www.ncbi.nlm.nih.gov/pubmed/17241843>
87 10. Guttmacher Institute. "State Policies in Brief: Counseling and waiting periods for abortion."
88 5/1/2012. http://www.guttmacher.org/statecenter/spibs/spib_MWPA.pdf
89 11. Guttmacher Institute. "State Policies in Brief: State policies on later abortions." 5/1/2012.
90 http://www.guttmacher.org/statecenter/spibs/spib_PLTA.pdf
91 12. Ibid.
92 13. <http://www.govtrack.us/congress/bills/112/hr358>

- 93 14. American Academy of Family Physicians. (2011 COD) "Infringement on Patient Physician
94 Relationship."
95 <http://www.aafp.org/online/en/home/policy/policies/i/infringementonpatphyrelat.html>
96 15. American Medical Association. "Government Interference in Patient Counseling." H-
97 373.995. <https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm.pl?site=www.ama->
98 [assn.org&uri=%2fresources%2fdoc%2fPolicyFinder%2fpolicyfiles%2fHnE%2fH-373.995.HTM](https://ssl3.ama-assn.org/apps/ecomm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fresources%2fdoc%2fPolicyFinder%2fpolicyfiles%2fHnE%2fH-373.995.HTM)



Resolution No. 1001

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Expiration of Expirations
2

3 Submitted by: Nkiruka Udejiofor, MD, New Physicians
4 Jody R. George, MD, New Physicians
5 Mary Krebs, MD, New Physicians
6

7 WHEREAS, Factors that lead to prescription prior authorization triggers on maintenance
8 medications are not likely to change, and
9

10 WHEREAS, requiring repeated renewal of previously approved prior authorization of
11 maintenance medications raises costs in staff time, decreases efficiency, and wastes resources
12 in patient care, and
13

14 WHEREAS, insurance companies often have different procedures for previously approved prior
15 authorization requests that change yearly, now, therefore, be it
16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate through its
18 resources, including government advocacy, corporate relations or other means, to work toward
19 the elimination of expiration dates of previously approved authorizations of maintenance
20 medications.



Resolution No. 1010

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Resolution to Remove Barriers to Long Acting Reversible Contraceptive Devices Use

2
3 Submitted by: Andrea Angelucci, DO, New Physician
4 Cathleen London, MD, Women
5 Susan Hadley, MD, Women
6 Joanna Bisgrove, MD, New Physician
7 Susan Saucedo, MD, General Registrant

8
9 WHEREAS, Reproductive health care is part of comprehensive primary care and the American
10 Academy of Family Physicians (AAFP) “is concerned about the sexual health of adults¹,” and

11
12 WHEREAS, the AAFP Policy on Reproductive Decisions states, “physicians should seek to,
13 through extensive patient education and counseling, decrease the number of unwanted
14 pregnancies,”² but the disparity in unintended pregnancy in low income women increased by
15 29% between 1994 and 2001, and

16
17 WHEREAS, long acting reversible contraceptive devices are a cost-effective contraceptive
18 method with a significant upfront cost^{2,3}, and

19
20 WHEREAS, copper and hormonal intra uterine devices (IUDs) were the most cost-effective
21 reversible methods, with an estimated five-year cost of \$647 and \$930, respectively, and
22 Implanon costs \$650 -\$700.

23
24 WHEREAS, oral contraceptives have an estimated total cost of \$3,381 over a 5-year period⁴,
25 and

26
27 WHEREAS, there exists numerous recognized barriers to long acting reversible contraceptive
28 devices use, including lack of clinician knowledge or skill,^{5,6} low patient awareness of the
29 method⁷ and high upfront costs^{8,9}, and

30
31 WHEREAS, Garipey (2011) found that 43% of women had no coverage for IUDs and that high
32 out-of-pocket expense was highly associated with failure to obtain an IUD, with non-white
33 women facing greater out-of pocket expense than white women¹⁰ and whereas other research
34 has shown that cost concerns are an important factor in contraceptive method choice and use¹¹,
35 and

36
37 WHEREAS, unlike other medications or devices that usually decrease in cost the longer they
38 are on the market, the cost of IUDs has been increasing. In March of 2010, the average
39 wholesale price of the levonorgestrel IUD in the United States increased 43%, from \$586 to
40 \$843¹², now, therefore, be it

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm the Patient
43 Protection and Affordable Care Act support of no out-of-pocket cost for any contraception and
44 advocate for improved insurance coverage of IUDs, including adequate provider reimbursement

45 with regard to the current cost of the devices, and reduced out-of-pocket expenses for patients,
46 thus reducing barriers to Intra Uterine Device (IUD) use as a first-line option for most women,
47 and be it further

48
49 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse increased
50 resident and continuing medical education (CME) education on the use of intra uterine devices
51 (IUDs).

- 52
- 53 1. American Academy of Family Physicians. Policy: Contraceptive Advice (2007)
54 <http://www.aafp.org/online/en/home/policy/policies/c/contraceptiveadvice.html>
 - 55 2. Chiou CF, Trussell J, Reyes E, et al. Economic analysis of contraceptives for women.
56 *Contraception* 2003;68:3–10.
 - 57 3. Foster DG, Rostovtseva DP, Brindis CD, Biggs MA, Hulett D, Darney PD. Cost savings from
58 the provision of specific methods of contraception in a publicly funded program. *Am J Public*
59 *Health* 2009;99:446–51.
 - 60 4. Trussell J, Lalla AM, Doan QV, Reyes E, Pinto L, Gricar J. Cost-effectiveness of
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 - 62 5. Rubin SE et al. Determinants of intrauterine contraception provision among US family
63 physicians: a national survey of knowledge, attitudes and practice. *Contraception*.
64 2011;83(5):472-478.
 - 65 6. Stubbs E, Schamp A. “The evidence is in. Why are IUDs still out?: family physicians’
66 perceptions of risk and indications.” *Can Fam Physician*. 2008;54(4):560-6.
 - 67 7. Fleming KL et al. Attitudes and beliefs about the intrauterine device among teenagers and
68 young women. *Contraception*. 2010;82(2):178-182.
 - 69 8. American College of Obstetricians and Gynecologists. Increasing use of contraceptive
70 implants and intrauterine devices to reduce unintended pregnancy. ACOG Committee Opinion
71 No. 450. *Obstet Gynecol* 2009;114:1434–8.
 - 72 9. Chiou CF, Trussell J, Reyes E, et al. Economic analysis of contraceptives for women.
73 *Contraception* 2003;68:3–10.
 - 74 10. Gariepy AM et al. The impact of out-of-pocket expense on IUD utilization among women
75 with private insurance. *Contraception* . 2011;84(6) e39–e42.
 - 76 11. Testimony of Guttmacher Institute. Submitted to the Committee on Preventive Services for
77 Women, Institute of Medicine, January 12, 2011. Available at:
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80 *Contraception* 2010;82:391.



Resolution No. 1002

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Anti-Bullying

2
3 Submitted by: Luis Otero Jr., MD, FAAFP, GLBT
4 Sarah Balfour, MD, GLBT
5 Laura Jordhen, MD, GLBT
6 David Hoelting, MD, GLBT
7 Jeffrey Meiring, DO, GLBT
8 Benjamin Simmons, MD, GLBT
9 Beena Nagappala, MD, Minority
10 Theresa (Tess) Garcia, MD, Minority
11 Doreen Feldhouse, MD, FAAFP, Women
12 Jose Tiburcio, MD, Minority
13 Lori Carnsew, MD, FAAFP, Women
14 Kerry Pulliam, MD, New Physicians
15 Lara Mashek, MD, Women
16 S. Gail Martin, MD, Minority
17 Joanna T. Bisgrove, MD, New Physicians
18 Carolyn Forbes, MD, FAAFP, Women

19
20 WHEREAS, Bullying is a significant problem, with an estimation by the Centers for Disease
21 Control and Prevention to be as high as 20% among high school students, and

22
23 WHEREAS, the public awareness of bullying has increased with the advent of the Internet and
24 social media, and

25
26 WHEREAS, cyber bullying is being recognized as an increasing problem, and

27
28 WHEREAS, bullying can lead to serious academic, social, legal and emotional problems
29 including suicide, now, therefore, be it

30
31 RESOLVED, That the American Academy of Family Physicians (AAFP) update the bullying
32 policy to state: "Harassment and bullying in the school setting, on or off campus, including
33 online forums, for reasons including, but not limited to ethnicity, socioeconomic status, religion,
34 sexual orientation, gender identity, physical status, or other personal characteristics, have a
35 significant harmful effect on students and should not be tolerated," and be it further

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) make evidence-based
38 resources to screen for and prevent bullying at patient and community levels available on a
39 single page of the AAFP website and any other suitable venues (eg. Scientific Assembly, AAFP
40 live clinical course, enduring materials).



Resolution No. 1003

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

- 1 Lesbian, Gay, Bisexual and Transgender (LGBT) Demographic Information
2
3 Submitted by: Folashade Omole, MD, FAAFP, GLBT
4 Keisa Bennett, MD, GLBT
5
6 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes a broad and
7 diverse set of families, and
8
9 WHEREAS, the AAFP recognizes the importance of lesbian, gay, bisexual, and transgender
10 (LGBT) health needs, now, therefore, be it
11
12 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage all electronic
13 health record vendors (EHR) structure demographic identifiers in an open-ended manner so that
14 patients may self-identify both sexual orientation and gender.



Resolution No. 1004

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Transgender Care

2

3 Submitted by: Laura Ellis, MD, FAAFP, GLBT
4 Werner Brammer, MD, FAAFP, GLBT
5 Bruce Echols, MD, FAAFP, GLBT
6 Andrew Goodman, MD, GLBT

7

8 WHEREAS, Gender Identity Disorder is a medically recognized condition, and

9

10 WHEREAS, persons with Gender Identity Disorder who are not provided care can suffer serious
11 psychological and physical issues including suicide, and

12

13 WHEREAS, care for Gender Identity Disorder is lifelong and multifaceted including surgical,
14 hormonal, and psychological support and

15

16 WHEREAS, this care is expensive and out of reach of many people, and

17

18 WHEREAS, many insurers specifically exclude transgender care, and

19

20 WHEREAS, the American Academy of Family Physicians (AAFP) has already resolved that
21 employers and health plans should not discriminate by actual or perceived gender in the
22 provision of prescription drugs and devices, elective sterilization procedures, and diagnostic
23 testing (2011 COD), now, therefore, be it

24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts to
26 require insurers to provide coverage for comprehensive care of transgendered individuals
27 including medical care, screening tests based on medical need rather than gender, mental
28 health care, and, when medically necessary, gender reassignment surgery.



Resolution No. 1005

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 GLBT Foster Care and Adoption

2

3 Submitted by: Bernard Richard, MD, GLBT

4 Flora Sadri-Azarbayejani, DO, FAAFP, GLBT

5

6 WHEREAS, There is need for an increase in foster and adoptive parents, and

7

8 WHEREAS, there are over 500,000 children in foster care on any given day in the United
9 States, and

10

11 WHEREAS, same gender couples are raising children in at least 96% of all United States
12 counties, and

13

14 WHEREAS, 34.3% of lesbian couples and 22.3% of gay male couples are raising children
15 compared with 45.6% of married heterosexual and 43.1% of unmarried heterosexual couples,
16 and

17

18 WHEREAS, current AAFP policy on “Family” states that, “The family is a group of individuals
19 with a continuing legal, genetic, and/or emotional relationship. Society relies on the family group
20 to provide for the economic and protective needs of individuals, especially the children and the
21 elderly,” and

22

23 WHEREAS, the American Academy of Family Physicians (AAFP) Congress of Delegates
24 adopted a policy where the AAFP will “establish policy and be supportive of legislation which
25 promotes a safe and nurturing environment, including psychological and legal security, for all
26 children, including those of adoptive parents, regardless of the parents’ sexual orientation,” and

27

28 WHEREAS, studies have shown there are no changes in outcomes with regards to children who
29 are raised by gay, lesbian, bisexual, and transgender (GLBT) families including their sexual
30 orientation, now, therefore, be it

31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) support the allowance
33 of adults to become foster or adoptive parents regardless of sexual orientation, and be it further

34

35 RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation or
36 policies allowing same gender couples to co-foster or co-adopt children.



Resolution No. 1006

2012 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 In Sickness and in Health Equality for all Families

2
3 Submitted by: Bruce Echols, MD, FAAFP, GLBT
4 Samuel Hanson Willis, MD, GLBT
5 Carlos Gonzales, MD, FAAFP, GLBT
6 Susan Pereira, MD, GLBT
7 Justin Ford, DO, GLBT
8 Russell Kohl, MD, FAAFP, GLBT
9 Chandra Hartman, MD, FAAFP, GLBT
10 Sarah Lamanuzzi, MD, Women
11 Susan Hadley, MD, Women
12 Rebecca Rodriguez, MD, Women

13
14 WHEREAS, The language of written federal law regarding unions and families, uses the word
15 marriage in over 1,100 legal statutes, and

16
17 WHEREAS, the only way to achieve full legal equality for same gender families through our
18 federal legal system is to be married, and

19
20 WHEREAS, the 2011 American Academy of Family Physicians (AAFP) Congress of Delegates
21 passed a resolution in support of full legal equality for same-gender families to contribute to
22 overall health and longevity, improved family stability, and to benefit children of Gay, Lesbian,
23 Bisexual and Transgender (GLBT) families, now, therefore, be it

24
25 RESOLVED, That the American Academy of Family Physicians (AAFP) support civil marriage
26 for same gender families in accordance with the 2011 Congress of Delegates resolution
27 regarding full legal equality for same gender families.