



2012 Consent Calendar for the Reference Committee on Advocacy

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

1 **The Reference Committee on Advocacy recommends the following consent calendar for**
2 **adoption (page numbers indicate page in reference committee report):**

3
4 **RECOMMENDATION: The Reference Committee on Advocacy recommends the following**
5 **consent calendar for adoption:**

6
7 **Item 1:** Adopt Resolution No. 1008 “Alternative Funding for Primary Care Graduate Medical
8 Education” (p. 1).

9
10 **Item 2:** Adopt Substitute Resolution No. 1009 “Stop State Legislators from Practicing Medicine
11 Without a License” in lieu of Resolution No. 1009 (pp. 1-2).

12
13 **Item 3:** Adopt Substitute Resolution No. 1001 “Expiration of Expirations” in lieu of Resolution
14 No. 1001 (pp. 2-3).

15
16 **Item 4:** Adopt Substitute Resolution No. 1010 “Resolution to Remove Barriers to Long Acting
17 Reversible Contraceptive Devices Use” in lieu of Resolution No. 1010 (p.3).

18
19 **Item 5:** Adopt Substitute Resolution No. 1002 “Anti-Bullying” in lieu of Resolution No. 1002 (pp.
20 3-5).

21
22 **Item 6:** Adopt Resolution No. 1003 “Lesbian, Gay, Bisexual and Transgender (GLBT)
23 Demographic Information” (p. 5).

24
25 **Item 7:** Adopt Substitute Resolution No. 1004 “Transgender Care” in lieu of Resolution No.
26 1004 (pp. 5-6).

27
28 **Item 8:** Adopt Substitute Resolution No. 1005 “GLBT Foster Care and Adoption” in lieu of
29 Resolution No. 1005 (p. 6).

30
31 **Item 9:** Adopt Resolution No. 1006 “In Sickness and in Health Equality for all Families (p. 7).



2012 Report of the Reference Committee on Advocacy

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

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

5
6 **ITEM NO. 1: RESOLUTION NO. 1008: ALTERNATIVE FUNDING FOR PRIMARY CARE**
7 **GRADUATE MEDICAL EDUCATION**
8

9 RESOLVED, That the American Academy of Family Physicians (AAFP) work diligently
10 with government and private entities to create alternative funding opportunities to help
11 stabilize current primary care residency training positions and develop additional
12 positions to address the critical shortage of primary care physicians in our country.
13

14 The committee heard testimony from an author of the resolution that the purpose of the
15 resolution is to direct AAFP resources to searching for alternative funding sources, including
16 insurance companies and hospital systems, for the graduate medical education for family
17 medicine residencies. One speaker also noted that several states are already engaged in
18 finding alternative funding streams for primary care training. The resolution would encourage the
19 AAFP to collaborate with private and public entities.
20

21 The committee noted that current AAFP policy does not speak directly to alternative funding
22 sources, although including all payers is implicit in the GME modernization legislation (HR 3667)
23 that AAFP and the Academic Family Medicine Organizations drafted and Reps. McMorris
24 Rogers (R-WA) and Thompson (D-CA) have introduced. The committee did discuss a concern
25 that the private sector funding could create a conflict of interest. However, the committee
26 decided that a mechanism can be created to accept third-party funding and disperse it without
27 relation to the funders, thus minimizing the potential conflict.
28

29 **RECOMMENDATION: The reference committee recommends that Resolution No. 1008 be**
30 **adopted.**
31

32 **ITEM NO. 2: RESOLUTION NO. 1009: STOP STATE LEGISLATORS FROM PRACTICING**
33 **MEDICINE WITHOUT A LICENSE**
34

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

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

5
6 RESOLVED, That the American Academy of Family Physicians (AAFP) send letters to
7 all members of the Senate discouraging passage of H.R. 358, dubbed the "Protect Life
8 Act" and be it further

9
10 RESOLVED, That the American Academy of Family Physicians (AAFP) provide
11 constituent chapters with information regarding the potential for state legislation to
12 restrict the privacy of physician-patient-family relationships and/or state legislation that
13 violates the First Amendment rights of physicians in their practice of the art and science
14 of medicine, and offer model language such as: The right to practice within the scope of
15 a medical license supersedes any existing or future legislative act.

16
17 The reference committee heard testimony that a number of states have enacted laws to require
18 physicians to give patients specific medical information, that is unproven or inaccurate or to
19 perform invasive, medically unnecessary tests.

20
21 The reference committee found the resolution as drafted addressed too many topics and
22 referred to a specific piece of federal legislation which could be amended or changed. The
23 committee decided to strengthen the resolution by clarifying the underlying principles expressed
24 in the resolution as drafted.

25
26 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
27 **No. 1009 be adopted in lieu of Resolution No. 1009, which reads as follows:**

28
29 **RESOLVED, That the American Academy of Family Physicians (AAFP) not support**
30 **interference by either government or third parties that compromise a physician's**
31 **ability to use his or her medical judgment as to the information or treatment that is**
32 **in the best interest of their patients.**

33
34 **ITEM NO. 3: RESOLUTION NO. 1001: EXPIRATION OF EXPIRATIONS**

35
36 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate
37 through its resources, including government advocacy, corporate relations or other
38 means, to work toward the elimination of expiration dates of previously approved
39 authorizations of maintenance medications.

40
41 The committee heard testimony that one state has approved and is successfully implementing
42 successfully legislation that eliminates expiration dates for prior authorization of maintenance
43 medications. The speaker recommended that the AAFP should continue to promote and
44 advocate for similar legislation in other states.

45
46 The committee was impressed that a prior authorization in relief is in effect in at least one state.
47 The committee did, however, discuss the problem of how would "maintenance medications" be
48 defined. The definitions differ among insurance companies and will continue to be a matter of
49 their policy.

1 The committee agreed with the intent of the resolution but thought that stipulating the AAFP
2 divisions was unnecessary and likely to indicate too narrow of an advocacy path.

3
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
5 **No. 1001 be adopted in lieu of Resolution No. 1001, which reads as follow:**

6
7 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate**
8 **for the elimination of expiration dates of previously approved authorizations of**
9 **maintenance medications.**

10
11 **ITEM NO. 4: RESOLUTION NO. 1010: RESOLUTION TO REMOVE BARRIERS TO LONG**
12 **ACTING REVERSIBLE CONTRACEPTIVE DEVICES USE**

13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm the
15 Patient Protection and Affordable Care Act support of no out-of-pocket cost for any
16 contraception and advocate for improved insurance coverage of IUDs, including
17 adequate provider reimbursement with regard to the current cost of the devices, and
18 reduced out-of-pocket expenses for patients, thus reducing barriers to Intra Uterine
19 Device (IUD) use as a first-line option for most women, and be it further

20
21 RESOLVED, That the American Academy of Family Physicians (AAFP) endorse
22 increased resident and continuing medical education (CME) education on the use of
23 intra uterine devices (IUDs).

24
25 The Reference Committee on Advocacy heard testimony from one of the co-authors of the
26 resolution who described the growing problem of access to contraception for young and/or poor
27 women who are more likely to experience high-risk or unplanned pregnancies. She further
28 recommended that the reference committee amend the resolution to replace the term “IUD” with
29 the term “all long-term, reversible contraception.”

30
31 The reference committee agreed to amend the resolution to include the more inclusive term “all
32 long-term, reversible contraception.” The reference committee also discussed the need to make
33 the resolution more comprehensive by removing the mention of the Patient Protection and
34 Affordable Care Act in recognition of the importance of eliminating financial barriers to
35 contraceptive coverage regardless of the impending Supreme Court’s decision. Further, the
36 reference committee did not see a widespread need to call for an increase in resident and
37 continuing medical education training in the use of long-term, reversible contraception.

38
39 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
40 **No. 1010 be adopted in lieu of Resolution No. 1010, which reads as follow:**

41
42 **RESOLVED, That the American Academy of Family Physicians (AAFP) support the**
43 **elimination of all financial barriers to any method of contraception including long-**
44 **term reversible contraceptive devices.**

45
46 **ITEM NO. 5: RESOLUTION NO. 1002: ANTI-BULLYING**

47
48 RESOLVED, That the American Academy of Family Physicians (AAFP) update the
49 bullying policy to state: “Harassment and bullying in the school setting, on or off campus,
50 including online forums, for reasons including, but not limited to ethnicity, socioeconomic
51 status, religion, sexual orientation, gender identity, physical status, or other personal

1 characteristics, have a significant harmful effect on students and should not be
2 tolerated,” and be it further

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) make evidence-
5 based resources to screen for and prevent bullying at patient and community levels
6 available on a single page of the AAFP website and any other suitable venues (eg.
7 Scientific Assembly, AAFP live clinical course, enduring materials).
8

9 An author of the resolution spoke to the reference committee and noted that the Gay, Lesbian,
10 Bisexual and Transgender (GLBT) caucus wants to bring together the AAFP’s resources for
11 anti-bullying efforts. Everyone agrees with the problem; the effective solutions are still a matter
12 of discussion. Another author noted that “cyber-bullying” should be added to current AAFP
13 policy. This has been an item in the news and is a frequent problem in small towns. The AAFP
14 does have a statement on the issue but the speaker felt that the policy needs to be updated
15 because technology has outstripped anti-bullying programs that are in place. Another speaker
16 stated that this resolution would update AAFP policy by supporting efforts of school systems
17 and institutions of higher education to address bullying off campus. Currently, many school
18 administrators do not know their authority after school and beyond school grounds. Their
19 policies are often outdated and ineffective. The AAFP should serve as a resource for family
20 physicians who are committed to the improvement of the health of their communities. The
21 speaker stated that family physicians should have effective screening techniques available to
22 help ascertain who is a potential bullied patient. Such screening techniques should be compiled
23 and promoted by the AAFP. Another speaker noted that, while GLBT individuals are often the
24 objects of bullying in schools, this is a problem experienced by most other minorities in the
25 community as well. The focus of the resolution is to empower primary care physicians to
26 address bullying that affects their patients. One speaker expressed the belief that this
27 resolution is not confined to cyberbullying, which is more prevalent in high school. The problem
28 is not confined to the high schools. In grammar school, the students are still beating each other
29 up. The effect on the bullied child can be hard to recognize but deeply felt.
30

31 One speaker asked if the committee would consider broadening the resolution to include
32 medical school.
33

34 The reference committee supported this resolution and discussed whether it was necessary to
35 expand the resolution to include medical schools. But, the reference committee decided that the
36 proposed language is inclusive of medical schools. The committee decided that the resolution
37 did not need to specify which methods of communication that the AAFP needed to use, but
38 rather thought it best to articulate the goal of making the information easily available. The
39 committee noted that the AAFP is beginning the process of revamping the website and it would
40 be a distraction from that process to try to mandate specific content that would have to be
41 redesigned for a new format later.
42

43 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
44 **No. 1002 be adopted in lieu of Resolution No. 1002, which reads as follow:**
45

46 **RESOLVED, That the American Academy of Family Physicians (AAFP) update the**
47 **anti-bullying policy to state: “Harassment and bullying in the school setting, on or**
48 **off campus, including online forums, for reasons including, but not limited to**
49 **ethnicity, socioeconomic status, religion, sexual orientation, gender identity,**
50 **physical status, or other personal characteristics, have a significant harmful effect**
51 **on students and should not be tolerated,” and be it further**

1 **RESOLVED, That the American Academy of Family Physicians (AAFP) make easily**
2 **available evidence-based resources to screen for and prevent bullying at patient**
3 **and community levels.**
4

5 **ITEM NO. 6: RESOLUTION NO.1003: LESBIAN, GAY, BISEXUAL AND TRANSGENDER**
6 **(GLBT) DEMOGRAPHIC INFORMATION**
7

8 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage all
9 electronic health record vendors (EHR) structure demographic identifiers in an open-
10 ended manner so that patients may self-identify both sexual orientation and gender.
11

12 The Reference Committee on Advocacy heard testimony from several speakers who rose in
13 support of the resolution. One speaker mentioned that one electronic health record system
14 allows for capturing only information about whether a patient has sex with men or women but
15 requires that other information, i.e. transgendered status, must be stored on the problem list.
16 Another speaker pointed to the Institute of Medicine which has called for an emphasis on GLBT
17 health needs, but expressed frustration that without a way to identify sexual orientation or
18 gender identification, it is more difficult to help those patients.
19

20 The reference committee concurred with the testimony.
21

22 **RECOMMENDATION: The reference committee recommends that Resolution No. 1003 be**
23 **adopted.**
24

25 **ITEM NO. 7: RESOLUTION NO. 1004: TRANSGENDER CARE**
26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts
28 to require insurers to provide coverage for comprehensive care of transgendered
29 individuals including medical care, screening tests based on medical need rather than
30 gender, mental health care, and, when medically necessary, gender reassignment
31 surgery.
32

33 In 2011, the AAFP Congress of Delegates addressed a resolution about elective surgery. The
34 author of the resolution offered this as a refinement of that resolution. The speaker noted, for
35 example, that standards of care (published by the World Professional Association for
36 Transgender Health or WPATH) are emphatic about including mental health care, which is very
37 important to the patient and to the family. However, the current policy is silent on this issue. The
38 transition process is a reimbursement challenge to the patient and to the physicians involved.
39 The speaker noted that gender reassignment surgery is not covered by insurance, and the
40 patients who elect surgery undertake considerable risk. By way of example, the speaker
41 described how this surgery may require international travel. But the follow up instructions
42 provided in a foreign language are not clear to the patient. This risk can extend to resorting to
43 non-medical alternatives as drastic as industrial strength silicone injections. A speaker
44 reiterated that the surgery costs and risks that a patient can incur are indeed significant and
45 therefore paying for surgery will save the patient and the health care system major expenditures
46 in the longer term.
47

48 One speaker noted that it will be hard to argue that gender reassignment surgery is ever
49 “medically necessary” within the current definitions of that term. However, it is the job of a
50 family physician to advocate for those who seek surgery and having it covered by insurance
51 makes it feasible for many who otherwise could not afford it. Maintaining independence as

1 physicians argues that the physician should determine if the surgery is medically necessary. As
2 one speaker noted, “If we don’t advocate for our patients who need this, who else will?”
3

4 The committee agreed with the resolution, but thought that the list of care options for
5 transgender individuals should be numbered for clarity and that the term “gender reassignment
6 surgery” should be changed to reflect a more positive description.
7

8 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
9 **No. 1004 be adopted in lieu of Resolution No. 1004, which reads as follow:**

10
11 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**
12 **efforts to require insurers to provide coverage for comprehensive care of**
13 **transgendered individuals including: 1) medical care, 2) screening tests based on**
14 **medical need rather than gender, 3) mental health care, and, 4) when medically**
15 **necessary, gender confirmation surgery.**
16

17 **ITEM NO. 8: RESOLUTION NO. 1005: GLBT FOSTER CARE AND ADOPTION**
18

19 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
20 allowance of adults to become foster or adoptive parents regardless of sexual orientation,
21 and be it further
22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation
24 or policies allowing same gender couples to co-foster or co-adopt children.
25

26 The Reference Committee on Advocacy heard from one speaker who pointed out that there is a
27 great need for foster care for children and no reason to prevent prospective GLBT foster parents
28 from providing a safe home for those children. Another speaker said that states which prohibit
29 gay marriage and restrict single parent adoption effectively deny GLBT individuals from being
30 foster parents. Several speakers shared moving personal experiences in calling for the
31 adoption of the resolution.
32

33 The reference committee believed that it was not sufficient to simply “allow” GLBT individuals
34 and couples to be able to foster or adopt children in need of loving homes and revised the
35 resolution by strengthening current AAFP policy to include transgender parents.
36

37 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
38 **No. 1005 be adopted in lieu of Resolution No. 1005, which reads as follow:**
39

40 **RESOLVED, That the American Academy of Family Physicians (AAFP) establish**
41 **policy and support legislation which promotes a safe and nurturing environment,**
42 **including psychological and legal security for all children, including those of**
43 **adoptive or foster parents, regardless of the parents’ sexual orientation or gender**
44 **identity.**
45
46

1 **ITEM NO. 9: RESOLUTION NO. 1006: IN SICKNESS AND IN HEALTH EQUALITY FOR ALL**
2 **FAMILIES**

3
4 RESOLVED, That the American Academy of Family Physicians (AAFP) support civil
5 marriage for same gender families in accordance with the 2011 Congress of Delegates
6 resolution regarding full legal equality for same gender families.
7

8 The committee heard numerous speakers in favor of the resolution who spoke of their own
9 experiences and those of their patients on how difficult it was to secure the “full legal equality”
10 (including health benefits) that the current AAFP policy demands. One author of the resolution
11 noted that the resolution essentially speaks to the equality of all AAFP members. Civil marriage
12 should be available to all who seek it because it is key to health and stability.
13

14 A speaker said that AAFP is appropriately focused on the health of our patients. One often can
15 access insurance, which studies have shown is key to the effectiveness of health care, only
16 through marriage. This is a patient problem that all family physicians are called on to address.
17 This is not a religious issue, it is a matter of patient care.
18

19 A speaker noted that the lack of access to civil marriage consigns individuals to the status of
20 second-class citizens. The only way to achieve full legal equality is to be allowed to marry. The
21 committee heard several stories of gay and lesbian individuals being unable to have access to
22 the health benefits and legal rights that others have as a matter of course. A speaker described
23 the lack of this right as a kind of formalized bullying. A speaker noted the effect of the passage
24 of this resolution on AAFP members who are gay or lesbian. Members need to feel that they are
25 accepted completely by the organization.
26

27 The committee agreed with the resolution and noted that Vermont and Washington are two
28 states which changed from sanctioning civil union to civil marriage, because civil unions simply
29 did not assure participants of equal rights.
30

31 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be**
32 **adopted.**

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

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29 Respectfully Submitted,

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Kevin Wang, MD, Chair

34
35 Joe Freund, MD, GLBT
36 Kastoori Iyengar, MD, IMG
37 Sarah Lamanuzzi, MD, Women
38 Darlene Petersen, MD, New Physicians
39 Marie-Elizabeth Ramas, MD, Minority
40 Samuel Hanson Willis, MD (Observer), GLBT