



# 2018 Report of the Reference Committee on Advocacy

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

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

5  
6 **ITEM NO. 1: RESOLUTION NO. 1001: DECRIMINALIZATION OF NON-DISCLOSURE OF HIV**  
7 **STATUS**

8  
9 RESOLVED, That the American Academy of Family Physicians, in order to support HIV  
10 prevention efforts, adopt a policy recommending the decriminalization of HIV and the repeal  
11 or reform of these laws to eliminate HIV-specific criminal penalties, and be it further

12  
13 RESOLVED, That the American Academy of Family Physicians create a State Legislative  
14 Issue Backgrounder recommending the decriminalization of HIV and the repeal or reform of  
15 these laws to eliminate HIV-specific criminal penalties.

16  
17 The reference committee heard testimony in support of the resolution. Several members discussed  
18 the ineffectiveness of criminalizing HIV status non-disclosure in halting the spread of HIV. Another  
19 member argued that too many young people were not getting tested because of these laws. The  
20 reference committee discussed current AAFP policy and whether this issue was addressed,  
21 concluding it was not.

22  
23 **RECOMMENDATION: The reference committee recommends that Resolution No. 1001 be**  
24 **adopted.**

25  
26 **ITEM NO. 2: RESOLUTION NO. 1002: SUPPORT CREATION OF PHYSICIAN UNION**  
27 **CONSTRUCTS WITHIN ANTITRUST**

28  
29 RESOLVED, That the American Academy of Family Physicians support the creation of  
30 physician unions through platform or campaign, and be it further

31  
32 RESOLVED, That the American Academy of Family Physicians support the creation of  
33 physician unions through platform or campaign and gather the support of other  
34 organizations such as American Medical Association to push forth this initiative in  
35 grassroots, statewide, and national activities.

36  
37 The reference committee heard testimony both in favor and opposition. Several members  
38 suggested that unions of employed physicians and other health professional staff could be very  
39 helpful in protecting patient-clinician time. There was some concern that the AAFP might not be  
40 able to “gather the support of AMA” as directed in the second resolved clause. An opponent of the  
41 resolution noted that medicine had been ruined by turning it into a business and suggested that it

1 would be preferable for family physicians to take over management rather than acquiesce to it. The  
2 reference committee discussed current AAFP policy on collective negotiation and antitrust and  
3 agreed the resolution be adopted.  
4

5 **RECOMMENDATION: The reference committee recommends that Resolution No. 1002 be**  
6 **adopted.**  
7

8 **ITEM NO. 3: RESOLUTION NO. 1003: INTIMATE PARTNER VIOLENCE AS A CAUSE OF**  
9 **MATERNAL MORTALITY**

10  
11 RESOLVED, That the American Academy of Family Physicians promote and advocate for  
12 research and data collection regarding intimate partner violence related maternal mortality.  
13

14 The reference committee heard testimony in support of the resolution. Members noted that  
15 pregnancy related deaths in Maryland were found to be directly related to violence that would not  
16 happen but for pregnancy. Members also noted that the inclusion of intimate partner violence  
17 within maternal mortality statistics caused maternal mortality to be the leading cause of death for  
18 women in certain jurisdictions. The reference committee discussed the need for more data to  
19 develop appropriate policies to address violence against pregnant women and agreed to add a  
20 second resolved clause.  
21

22 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
23 **1003, which reads as follows, be adopted in lieu of Resolution No. 1003:**  
24

25 **RESOLVED, That the American Academy of Family Physicians promote and**  
26 **advocate for research and data collection regarding intimate partner violence related**  
27 **maternal mortality, and be it further**

28  
29 **RESOLVED, That the American Academy of Family Physicians encourage the**  
30 **appropriate agencies including the Centers for Disease Control and Prevention to**  
31 **include data about intimate partner violence in statistics on maternal mortality.**  
32

33 **ITEM NO. 4: RESOLUTION NO. 1004: TRANSPORTATION OF DRUG OVERDOSE PATIENTS**  
34

35 RESOLVED, That emergency room providers, once verifying the patient had a narcotic  
36 overdose, initiate medication-assisted treatment in an emergency room, and be it further  
37

38 RESOLVED, That emergency room staff arrange next day follow up for the medication-  
39 assisted patient to help minimize the risk of recurrent narcotic overdose.  
40

41 The reference committee heard testimony in support of the resolution. Most of the members  
42 speaking on the resolution supported its aim despite concerns about its specifics. Concerns were  
43 raised about how to initiate treatment without the patient's consent and whether low-resource  
44 communities could facilitate next day availability. It was suggested that the term "narcotic" implied  
45 criminality or illegal recreational use. The reference committee discussed the concerns raised  
46 about the resolution and agreed to recommend that it not be adopted.  
47

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 1004 not**  
2 **be adopted.**

3  
4 **ITEM NO. 5: RESOLUTION NO. 1005: OPPOSE “FETAL PERSONHOOD” TERMINOLOGY IN**  
5 **GOVERNMENTAL POLICIES AND LEGISLATION**

6  
7 RESOLVED, That the American Academy of Family Physicians publicly oppose the use of  
8 fetal personhood language in policies and legislative initiatives, and be it further

9  
10 RESOLVED, That the American Academy of Family Physicians develop appropriate  
11 materials for the state advocacy website to assist members to advocate their opposition to  
12 fetal personhood language in policies and legislative initiatives at the state and national  
13 level.

14  
15 The reference committee heard testimony from several speakers in support of the resolution to  
16 reject the use of fetal personhood. One member expressed concern about how the resolution  
17 would impact the discussion of fertility treatment. Another spoke in opposition to the resolution.  
18 However, the reference committee recommended to adopt the resolution.

19  
20 **RECOMMENDATION: The reference committee recommends that Resolution No. 1005 be**  
21 **adopted. EXTRACTED AND ADOPTED AS WRITTEN**

22  
23 **ITEM NO. 6: RESOLUTION NO. 1006: OPIOID ADVERTISING BAN**

24  
25 RESOLVED, That the American Academy of Family Physicians actively support legislation  
26 prohibiting direct-to-consumer pharmaceutical company advertising of opioid drugs and  
27 opioid receptor antagonists, now, be it further

28  
29 RESOLVED, That the American Academy of Family Physicians actively support legislation  
30 prohibiting promotion of opioid drugs and opioid receptor antagonists to health-care  
31 providers.

32  
33 The reference committee heard testimony in support of the resolution calling for the AAFP to  
34 support legislation to prohibit direct-to-consumer (DTC) advertising of opioid drugs. Members noted  
35 that the resolution is compatible with current AAFP policies regarding DTC advertising. The  
36 reference committee noted a concern by a member that DTC advertising gives an unbalanced  
37 perspective and that only the United States and New Zealand allow DTC advertising of  
38 pharmaceuticals. The reference committee agreed to recommend that the resolution be adopted.

39  
40 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be**  
41 **adopted.**

42  
43 **ITEM NO. 7: RESOLUTION NO. 1007: REMOVING REMS CATEGORIZATION ON**  
44 **MIFEPRISTONE**

45  
46 RESOLVED, That the American Academy of Family Physicians endorse the principle that  
47 the Risk Evaluation and Mitigation Strategies (REMS) classification on mifepristone is not  
48 based on scientific evidence and limits access to abortion care, and be it further,

49  
50 RESOLVED, That the American Academy of Family Physicians engage in advocacy and  
51 lobbying efforts to overturn the Risk Evaluation and Mitigation Strategies (REMS)  
52 classification on mifepristone.

1 The reference committee heard testimony regarding the merits of this resolution, specifically the  
2 elimination of the REMS classification of mifepristone. It was noted that there is less than a 1%  
3 complication rate with this drug that has a 15-year record of efficacy. One member stated that  
4 mifepristone can be used for other indications including vaginal bleeding and miscarriage. The  
5 reference committee agreed to recommend that the resolution be adopted.

6  
7 **RECOMMENDATION: The reference committee recommends that Resolution No. 1007 be**  
8 **adopted.**

9  
10 **ITEM NO. 8: RESOLUTION NO. 1008: OPPOSE THE CRIMINALIZATION OF SELF-INDUCED**  
11 **ABORTION**

12  
13 RESOLVED, That the American Academy of Family Physicians advocate and lobby against  
14 legislative efforts to criminalize self-induced abortion.

15  
16 The reference committee heard testimony regarding this resolution, agreeing with many speakers  
17 that this is an access-to-care issue. One member suggested that criminalizing self-induced  
18 abortion does not improve care. Another member noted that Indiana enacted a state law  
19 criminalizing self-induced abortion, and patients who suffer miscarriages are urged to keep  
20 everything they were wearing to prove that they did not cause the abortion. The committee  
21 believes that the resolution implicates multiple issues including patient education regarding  
22 pregnancy as well as the need for physician education on post-abortion care.

23  
24 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
25 **1008, which reads as follows, be adopted in lieu of Resolution No. 1008:**

26  
27 **RESOLVED, That the American Academy of Family Physicians advocate and lobby**  
28 **against legislative efforts to criminalize self-induced abortion, and be it further**

29  
30 **RESOLVED, That the American Academy of Family Physicians provide continuing**  
31 **medical education on post-abortion care of patients, and, be it further**

32  
33 **RESOLVED, That the American Academy of Family Physicians reaffirm current policy**  
34 **that advocates for full reproductive health care including safe and legal abortion.**

35  
36 **EXTRACTED AND ADOPTED AS WRITTEN**

37  
38 **ITEM NO. 9: RESOLUTION NO. 1009: REMOVING GAG CLAUSES FROM PBM CONTRACTS**

39  
40 RESOLVED, That the American Academy of Family lobby for passage of legislation,  
41 inclusive of but not limited to S. 2553 ("Know the Lowest Price Act of 2018") and S. 2554  
42 ("Patient Right to Know Drug Prices Act"), which prohibit Pharmacy Benefits Managers from  
43 including "gag clauses" in their contracts on a national level, and be it further

44  
45 RESOLVED, That the American Academy of Family Physicians develop a tool kit to offer to  
46 the chapters to better enable them to promote open communication between pharmacists  
47 and patients regarding medication pricing.

48  
49 The reference committee heard favorable testimony for this resolution that noted that pharmaceutical  
50 benefits managers are prohibiting pharmacies from telling patients that their out-of-pocket costs  
51 could be lower if they paid cash rather than submit for insurance coverage and trigger a copay.  
52 Another member suggested that drug compliance is already a challenge and making drugs costlier

1 compounds affordability concerns. The reference committee discussed that there is no current AAFP  
2 policy on this topic and agreed to recommend that the resolution be adopted.

3  
4 **RECOMMENDATION: The reference committee recommends that Resolution No. 1009 be**  
5 **adopted.**

6  
7 **ITEM NO. 10: RESOLUTION NO. 1010: REINFORCE SUPPORT OF ENSURING ACCURATE**  
8 **MEDICAL INFORMATION AT CRISIS PREGNANCY CENTERS (CPCS)**

9  
10 RESOLVED, That the American Academy of Family Physicians support efforts to hold crisis  
11 pregnancy centers accountable for false or misleading advertising about the pregnancy-  
12 related services they offer, and be it further

13  
14 RESOLVED, That the American Academy of Family Physicians engage in advocacy and  
15 lobbying efforts to support legislation mandating that crisis pregnancy centers disclose  
16 whether or not there is a licensed medical provider on staff and to disclose that they do not  
17 provide or refer for contraception or abortion services, and be it further

18  
19 RESOLVED, That the American Academy of Family Physicians oppose the use of federal  
20 funds to support crisis pregnancy centers, and be it further, and be it further

21  
22 RESOLVED, That the American Academy of Family Physicians support efforts to hold crisis  
23 pregnancy centers accountable for false or misleading advertising about the pregnancy-  
24 related services they offer.

25  
26 The reference committee heard testimony in support of the resolution to call for accurate medical  
27 information at crisis pregnancy centers. Speakers suggested that crisis pregnancy centers put  
28 women in harm's way and do not disclose that they do not offer a full range of reproductive  
29 services. It was suggested that funding given to crisis pregnancy centers could be better spent on  
30 nutrition programs such as the Women's, Infants and Children (WIC) nutrition program. One  
31 member expressed concern that resolved clause three was inaccurate in that funding for a non-  
32 health related item (a child safety seat) had been provided by at least one center, and thus argued  
33 that clause should be deleted. The reference committee agreed that the spirit of the resolution  
34 focused on health funding and discussed specifying federal health care funding. In addition, the  
35 reference committee noted that the first and fourth resolved clauses were nearly identical.

36 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
37 **1010, which reads as follows, be adopted in lieu of Resolution No. 1010:**

38 **RESOLVED, That the American Academy of Family Physicians support efforts to**  
39 **hold crisis pregnancy centers accountable for false or misleading advertising about**  
40 **the pregnancy-related services they offer, and be it further **ADOPTED****

41  
42 **RESOLVED, That the American Academy of Family Physicians engage in advocacy**  
43 **and lobbying efforts to support legislation mandating that crisis pregnancy centers**  
44 **disclose whether or not there is a licensed medical provider on staff and to disclose**  
45 **that they do not provide or refer for contraception or abortion services, and be it**  
46 **further **ADOPTED****

47  
48 **RESOLVED, That the American Academy of Family Physicians oppose the use of**  
49 **federal health care funds to support crisis pregnancy centers **ADOPTED.****  
50

1 **ITEM NO. 11: RESOLUTION NO. 1011: NEW APPROACHES TO GUN VIOLENCE**  
2 **PREVENTION**  
3

4 RESOLVED, That the American Academy of Family Physicians strongly support gun  
5 violence prevention laws that permit police or family members to petition a state court to  
6 order the temporary removal of firearms from a person who may present a danger to others  
7 or themselves, and be it further  
8

9 RESOLVED, That the American Academy of Family Physicians develop or collect and  
10 disseminate education regarding gun violence prevention laws to its membership.  
11

12 The reference committee heard testimony in support of the resolution. Testimony was offered  
13 regarding the prevalence of firearms in rural communities, and the need to educate community  
14 members and physicians regarding existing laws to address gun violence. One member thought  
15 the resolution was premature and that action should wait until further evidence-based research is  
16 published. The reference committee discussed the resolution, noting that the Academy will soon  
17 publish a position paper on gun violence.

18 **RECOMMENDATION: The reference committee recommends that Resolution No. 1011 be**  
19 **adopted.**

20 **ITEM NO. 12: RESOLUTION NO. 1012: AAFP STATEMENT ON NONDISCRIMINATION**  
21

22 RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors  
23 publicly oppose any changes to federal policy which conflicts with AAFP's non-  
24 discrimination policy regarding healthcare and adoption, and be it further  
25

26 RESOLVED, The American Academy of Family Physicians Board of Directors release an  
27 immediate statement in opposition to Senate Bill 811 and House Bill 1881 which allows for  
28 discrimination regarding adoption.  
29

30 The reference committee heard testimony in support of the resolution. Testimony was offered  
31 regarding the impact of the bills noted in the resolution and the ways in which they would impact  
32 funding for different institutions and allow for discrimination in adoption. The reference committee  
33 agreed to adopt the resolution.  
34

35 **RECOMMENDATION: The reference committee recommends that Resolution No. 1012 be**  
36 **adopted.**  
37

38 **ITEM NO. 13: RESOLUTION NO. 1013: ADVOCATING FOR EQUITABLE PAY FOR WOMEN**  
39 **AND MINORITY FAMILY PHYSICIANS**  
40

41 RESOLVED, That the American Academy of Family Physicians create a policy statement  
42 supporting equitable pay for women and minority family physicians, and be it further  
43

44 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for  
45 legislation for equitable pay for women and minority family physicians, which will ultimately  
46 benefit both of these constituency groups within the AAFP.  
47

48 The reference committee heard testimony in support of the resolution. Testimony noted the  
49 persistent disparities in pay for physicians of color and women physicians and its impact. The

1 reference committee agreed with the resolution and discussed the existence of the AAFP's policy  
2 opposing physician discrimination.

3 **RECOMMENDATION: The reference committee recommends that Resolution No. 1013 be**  
4 **adopted.**

5  
6 **ITEM NO. 14: RESOLUTION NO. 1014: ADDRESS INSTITUTIONAL RACISM IN THE HEALTH**  
7 **CARE SYSTEM**

8  
9 RESOLVED, That the American Academy of Family Physicians adopt a policy opposing  
10 segregation of patient care within the health care system and within health care institutions  
11 by race, insurance status, or other demographics, and be it further  
12

13 RESOLVED, That the Center for Diversity and Health Equity develop materials and provide  
14 education to increase awareness of how racism is manifested through institutional policies  
15 and how segregated care within the health care system is a cause of racial disparities in  
16 health outcomes, and be it further  
17

18 RESOLVED, That the American Academy of Family Physicians advocate for equal  
19 payment for health care services regardless of insurance status of the patient and  
20 regardless of practice type, immediately by restoring the provisions of the Patient Protection  
21 and Affordable Care Act which mandated an increase in Medicaid rates, and be it further  
22

23 RESOLVED, That the American Academy of Family Physicians advocate for fair allocation  
24 of indigent care funds either by allocating funds to hospitals proportional to the amount of  
25 charity care provided or, in the future, by attaching those funds directly to assist patients in  
26 accessing care, and be it further  
27

28 RESOLVED, That the American Academy of Family Physicians advocate for policies that  
29 mandate hospitals to track and report accurate data on out-patient visits, appointment  
30 waiting times, utilization of high-tech resources and patient satisfaction by patients' race  
31 and insurance status.  
32

33 The reference committee heard testimony in support of the resolution. Testimony noted the  
34 bewildering complexity of health funding and its link to institutional racism. One member also noted  
35 inequity in patient out-of-pocket cost based on insurance status and its impacts on care delivery  
36 and access. The reference committee agreed with the resolution and discussed the intent of  
37 resolved clauses four and five. It was unclear to the reference committee whether "indigent care  
38 funds" related to disproportionate share hospital payments, funding for federally qualified health  
39 centers or some other funding stream. The meaning of the term "charity care" was also discussed.  
40 Resolved clause five mandated burdensome reporting that seemed limited to hospital-based care.  
41 The reference committee discussed "appointment waiting times" and whether that term referred to  
42 the speed with which an appointment could be scheduled or the time spent by patients in the  
43 waiting room. Since the last two resolved clauses were unclear, the reference committee agreed to  
44 eliminate them and recommended adopting a substitute resolution.

| 45

1 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
2 **1014, which reads as follows, be adopted in lieu of Resolution No. 1014:**

3 **RESOLVED, That the American Academy of Family Physicians adopt a policy**  
4 **opposing segregation of patient care within the health care system and within**  
5 **health care institutions by race, insurance status, or other demographics, and**  
6 **be it further**

7 **RESOLVED, That the Center for Diversity and Health Equity develop materials**  
8 **and provide education to increase awareness of how racism is manifested**  
9 **through institutional policies and how segregated care within the health care**  
10 **system is a cause of racial disparities in health outcomes, and be it further**

11 **RESOLVED, That the American Academy of Family Physicians advocate for**  
12 **equal payment for health care services regardless of insurance status of the**  
13 **patient and regardless of practice type, immediately by restoring the**  
14 **provisions of the Patient Protection and Affordable Care Act which mandated**  
15 **an increase in Medicaid rates.**

16 **RESOLVED, That the AAFP advocate for equal reimbursement for healthcare**  
17 **services regardless of insurance status of the patient and regardless of**  
18 **practice type, immediately by restoring the provisions of the ACA which**  
19 **mandated and increase in Medicaid rates to match Medicare rates, and**  
20 **ultimately through a universal Medicare-for-All healthcare payment system,**  
21 **and be it further**

22 **RESOLVED, That the AAFP advocate for policies that mandate hospitals to**  
23 **track and report quality metrics by patients' race and insurance status, and**  
24 **advocate for policies that impose penalties for the discriminatory practice of**  
25 **medicine (such multi-tiered system of healthcare delivery) and for**  
26 **enforcement mechanisms for such penalties.**

27 **ADOPTED AS AMENDED**  
28



1

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

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6

7 Respectfully Submitted,

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11

12 \_\_\_\_\_  
Keisha Harvey, MD – Chair

13

14 Marian Allen, MD – LGBT

15 Alison Block, MD – Women

16 Arihant Jain, MD – IMG

17 Tabatha Wells, MD, FAAFP – New Physician

18 Kevin Wong, MD, CMD, FAAFP – Minority

19 Rebecca Cantone, MD (Observer)