



2013 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. <u>Resolution No. 1001</u>	Research and Education on Impact of Marijuana Legalization
2. <u>Resolution No. 1002</u>	Funding for Research on Gun Violence
3. <u>Resolution No. 1003</u>	Regulation of Electronic Cigarettes
4. <u>Resolution No. 1004</u>	Additional Graduate Medical Education Residency Positions - Make Them Family Medicine
5. <u>Resolution No. 1005</u>	Supporting Reorganization of Conrad 30 Waiver Program
6. <u>Resolution No. 1006</u>	Controlled Substances Nationwide Tracking System
7. <u>Resolution No. 1007</u>	Interference with Provider Patient Relationship
8. <u>Resolution No. 1008</u>	Access to Oral Contraceptives
9. <u>Resolution No. 1009</u>	Pregnancy Counseling Centers Disclosure in Advertising



Resolution No. 1001

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Research and Education on Impact of Marijuana Legalization

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4 Submitted by: Heather Toney, DO, New Physicians
5 Zach Wachtl, MD, New Physicians
6 Casey Law, MD, New Physicians
7 Alisha Miller, MD, New Physicians

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9 WHEREAS, Currently 18 states and Washington, DC allow legal medical marijuana use, and

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11 WHEREAS, two states allow legal recreational marijuana use, and

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13 WHEREAS, other states are considering similar legalization, and

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15 WHEREAS, one third of the U.S. population lives in a state that allows some form of legal
16 access to marijuana, and

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18 WHEREAS, the American Academy of Family Physicians (AAFP) has limited current physician
19 education regarding how physicians should educate their patients on the personal and public
20 health ramifications of marijuana use, and

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22 WHEREAS, marijuana use has a myriad potential of health risks and benefits, now, therefore,
23 be it

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25 RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the
26 feasibility of creating physician education regarding how family physicians can best educate
27 their patients on the personal and public health ramifications of marijuana use, and be it further

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29 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage federal and
30 state governments to fund the review of existing data and to support future studies regarding the
31 personal and public health ramifications of marijuana legalization.



Resolution No. 1002

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Funding for Research on Gun Violence

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3 Submitted by: Laura Ruis, MD, FAAFP, GLBT

4 Benjamin Simmons, III, MD, FAAFP, GLBT

5 Brea Bond, MD, GLBT

6 Kathleen Meehan-de la Cruz, MD, GLBT

7 Joanna Bisgrove, MD, FAAFP, Women

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9 WHEREAS, Gun violence is an overwhelming problem in the United States, a significant cause
10 of morbidity and mortality, and

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12 WHEREAS, family physicians represent the front line of public health research while daily caring
13 for patients, and

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15 WHEREAS, insurance companies often have different procedures for previously approved prior
16 authorization requests that change yearly, and

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18 WHEREAS, Congress has repeatedly used manipulative funding as a method to prevent
19 research concerning the issues surrounding gun violence, and

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21 WHEREAS, the lack of research into public health issues precludes the development of
22 potential evidence-based issues, now, therefore, be it

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24 RESOLVED, That the American Academy of Family Physicians support efforts which seek to
25 increase research into gun violence on how gun violence impacts public health, and be it further

26

27 RESOLVED, That the American Academy of Family Physicians lobby Congress to secure
28 sufficient federal funding allocated to gun violence research, and be it further

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30 RESOLVED, That the American Academy of Family Physicians' leadership direct
31 communication to the U.S. Speaker of the House of Representatives, majority leader of the U.S.
32 Senate, minority leaders of both houses of Congress, and members of the appropriate
33 Congressional committees addressing the funding issue, and be it further

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35 RESOLVED, That the American Academy of Family Physicians' leadership suggest to the U.S.
36 Congress that gun violence research be funded by a \$10 tax on gun sales.



Resolution No. 1003

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Regulation of Electronic Cigarettes

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3 Submitted by: Kevin Wang, MD, GLBT

4 Adnan Ahmed, MD, GLBT

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6 WHEREAS, Many nicotine replacement therapies are regulated by the Food and Drug
7 Administration (FDA), and

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9 WHEREAS, electronic cigarettes are a new and popular alternative to the treatment for tobacco
10 cessation, and gaining in popularity for recreational use, and

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12 WHEREAS, there is limited evidence of the efficacy of electronic cigarettes to help tobacco
13 users quit smoking, now, therefore, be it

14

15 RESOLVED, That the American Academy of Family Physicians (AAFP) Commission on Health
16 of the Public and Science consider if electronic cigarettes should be regulated as a drug or
17 medical device by the Food and Drug Administration.



Resolution No. 1004

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Additional Graduate Medical Education Residency Positions - Make Them Family Medicine
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3 Submitted by: Prashanth Bhat, MD, MPH, IMG
4 F. George Leon, MD, IMG
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6 WHEREAS, Accreditation Council for Graduate Medical Education's (ACGME) 20th report
7 predicts the American medical system requires 40% of the physician workforce be primary care
8 providers, and
9
10 WHEREAS, family medicine as a specialty focuses on primary care, and
11
12 WHEREAS, family medicine is the second most matched specialty for International Medical
13 Graduates (IMGs), and
14
15 WHEREAS, the ACGME is proposing to increase residency slots considerably, now, therefore,
16 be it
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18 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a defined
19 majority of graduate medical education residency positions for family medicine.



Resolution No. 1005

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Supporting Reorganization of Conrad 30 Waiver Program

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3 Submitted by: Keerthy Kris Hnamani, MD, IMG
4 Alexander Brzezny, MD, IMG
5 Rosita Miranda, MD, IMG
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7 WHEREAS, The Conrad 30 Waiver Program allows physicians on J-1 visa to apply for a waiver
8 for the two year residence requirement upon completion of the J-1 exchange visitor program,
9 and

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11 WHEREAS, there are legislative efforts currently under way nationally to reorganize this
12 program, and

13
14 WHEREAS, the international medical graduates comprise approximately 38% of family
15 medicine residents, 27% of all residents and fellows in the United States and 25% of all
16 practicing physicians, and

17
18 WHEREAS, the use of J-1 visa waivers is a significant means of placing physicians in many
19 communities, including rural and low-income urban areas with problems attracting physicians
20 and have turned to international medical graduates to meet their health care needs, and

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22 WHEREAS, Conrad 30 Waiver program as presently constituted does not adequately meet the
23 numbers of the J-1 waiver needed, including for those interested in serving in academic centers,
24 now, therefore, be it

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26 RESOLVED, That the American Academy of Family Physicians (AAFP) actively support any
27 effort aimed at reorganization of the “Conrad 30 Waiver” program leading to an increase in the
28 number of available Conrad 30 slots and creating separate slots dedicated for academic
29 medical centers.

30
31 Fiscal Note: staff time

32
33 Reference:

34 <http://www.govtrack.us/congress/bills/113/s616>

35 <http://www.lexology.com/library/detail.aspx?g=cc7f95ea-4694-4426-9e2b-e2c862a953f8>

36 <http://www.ama-assn.org/resources/doc/img/senate-discussion-draft.pdf>



Resolution No. 1006

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Controlled Substances Nationwide Tracking System
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3 Submitted by: Joylin Dsa, MD, Minority
4 Rajendra P. Mahajan, MD, Minority
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6 WHEREAS, Controlled substances are the most abused, and
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8 WHEREAS, we as providers have a duty to treat pain, and
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10 WHEREAS, it is our duty to prevent abuse as well, and
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12 WHEREAS, the majority of these prescriptions are abused/misused/diverted, and
13
14 WHEREAS, physicians are held liable by the Drug Enforcement Agency (DEA), and
15
16 WHEREAS, several deaths have been reported secondary to drug overdose, and
17
18 WHEREAS, there are no clear guidelines for physicians on prescribing practices, and
19
20 WHEREAS, physicians may undertreat legitimate pain, and
21
22 WHEREAS, several physicians overlook nurse practitioners, physician assistants, sign
23 prescriptions for their patients and have a greater responsibility in tackling this problem, now,
24 therefore, be it
25
26 RESOLVED, That the American Academy of Family Physicians (AAFP) support a nationwide
27 tracking system for controlled substances/prescriptions that every provider can access and
28 registration for this system must not be based on Provider State Licenses but by their Drug
29 Enforcement Agency (DEA) numbers.



Resolution No. 1007

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Interference with Provider Patient Relationship

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3 Submitted by: Ilona Farr, MD, Women

4 Molly Rutherford, MD, MPH, Women

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6 WHEREAS, The American Academy of Family Physicians (AAFP) believes in the liberties
7 guaranteed in the United States Constitution, and

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9 WHEREAS, the recent federal legislation HR 3590, the Patient Protection and Affordable Care
10 Act, (PPACA), (P.L.111-148) passed by the U.S. Congress and signed by the President on
11 March 23, 2010, abridges those freedoms, and

12

13 WHEREAS, small private family practices, in many cases run by women, will be forced out of
14 business by increasingly costly rules and regulations mandated by PPACA, now, therefore, be it

15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) support the complete
17 repeal of the federal legislation known as the Patient Protection and Affordable Care Act,
18 (PPACA), and all recent federal rules, regulations, committees, taxes, penalties, audits, and
19 other associated boards and funding related to this bill, and be it further

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21 RESOLVED, That the American Academy of Family Physicians (AAFP) support the repeal of
22 boards and committees including Federal Coordinating Council for Comparative Effectiveness
23 Research authorized by the American Recovery and Reinvestment Act, and the Independent
24 Payment Advisory Board for Medicare, both of which interfere with the provider/patient
25 relationship, and allow total federal control of the free market system of health care in the United
26 States with the potential to cause federal rationing of health care services.



Resolution No. 1008

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Access to Oral Contraceptives

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3 Submitted by: Angela Sparks, MD, Women
4 Anne Montgomery, MD, FAAFP, Women
5 Cathleen London, MD, Women
6 Joanna Bisgrove, MD, FAAFP, Women
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8 WHEREAS, Unintended pregnancy remains a major public health problem in the United States
9 (U.S.), and

10
11 WHEREAS, over the past 20 years, the overall rate of unintended pregnancies is unchanged
12 and unacceptably high, accounting for approximately 50% of all pregnancies, and

13
14 WHEREAS, access and cost issues are common reasons why women have gaps in
15 contraceptive use or do not use contraception, and

16
17 WHEREAS, in the interest of increasing access to contraception, and based on the available
18 data, the American College of Obstetricians and Gynecologists' Committee on Gynecologic
19 Practice has already concluded and recommended:

- 20 • Considering the risks versus the benefits based on currently available data, oral
21 contraceptives should be available over-the-counter.
- 22 • Women should and are able to self-screen for most contraindications to oral contraceptives
23 using checklists.
- 24 • Screening for cervical cancer or STIs is not medically required to provide hormonal
25 contraception. Also, over the counter access does not impact rates of these important health
26 screenings in countries already providing this access.
- 27 • Continuation rates of oral contraceptives are higher in women who are provided with multiple
28 pill packs at one time, and

29 WHEREAS, the AAFP supports cost effective, comprehensive women's healthcare and believes
30 physicians should seek to decrease the number of unwanted pregnancies, now, therefore, be it

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate through its
33 resources, including government advocacy, corporate relations or other means, to work toward
34 the elimination of expiration dates of previously approved authorizations of maintenance
35 medications, and be it further

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37 RESOLVED, That the American Academy of Family Physicians (AAFP) adopt policy
38 recommending that oral contraceptives be made available for retail sale without a prescription,
39 and be it further

40 RESOLVED, That this resolution be sent to the American Academy of Family Physicians
41 (AAFP) Congress of Delegates.

42 References:

43 Over-the-counter access to oral contraceptives. Committee Opinion No. 544. American College
44 of Obstetricians and Gynecologists. Obstet Gynecol 2012;120:1527-31.

45
46 http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Gynecologic_Practice/Over-the-Counter_Access_to_Oral_Contraceptives

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48 AAFP policy on reproductive decisions.

49 <http://www.aafp.org/online/en/home/policy/policies/r/reproductdecisions.html>

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53 No fiscal note, policy only.



Resolution No. 1009

2013 National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 Pregnancy Counseling Centers Disclosure in Advertising

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3 Submitted by: Carol Barlage, MD, Women

4 Mozella Williams, MD, Women

5 Cathleen London, MD, Women

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7 WHEREAS, Unintended pregnancies in the United States (U.S.) continue at an overall rate of
8 approximately 49%, and

9

10 WHEREAS, in the U.S. the rate for unintended pregnancies in women under the age of 18 is
11 80%, and

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13 WHEREAS, most of unintended pregnancies occur in women who do not fully understand their
14 options when diagnosed with pregnancy, and

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16 WHEREAS, there are pregnancy centers that are operated by people who are not health care
17 providers and who oppose abortion and do not refer or counsel regarding this option, and

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19 WHEREAS, there are pregnancy centers that do not clearly advertise or disclose which services
20 they provide or refer for, now, therefore, be it

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22 RESOLVED, That the American Academy of Family Physicians (AAFP) support pregnancy
23 centers disclosing onsite and in its advertising what services it provides or refers for, and which
24 services it does not provide or refer for, and be it further

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26 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that
27 pregnancy centers follow health information privacy laws and be staffed by qualified, licensed
28 personnel.