



2018 Consent Calendar for the Reference Committee on Advocacy

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 (page numbers indicate page in**
4 **reference committee report). An item or items may be extracted for debate.**

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

8
9 **Item 1:** Adopt Resolution No. 1001 “Decriminalization of Non-Disclosure of HIV Status” (p. 1).

10
11 **Item 2:** Adopt Resolution No. 1002 “Support Creation of Physician Union Constructs Within
12 Antitrust” (pp. 1-2).

13
14 **Item 3:** Adopt Substitute Resolution No. 1003 “Intimate Partner Violence as a Cause of Maternal
15 Mortality” in lieu of Resolution No. 1003 (p. 2).

16
17 **Item 4:** Not Adopt Substitute Resolution No. 1004 “Transportation of Drug Overdose Patients” (pp.
18 2-3).

19
20 **Item 5:** Adopt Resolution No. 1005 “Oppose ‘Fetal Personhood’ Terminology in Governmental
21 Policies and Legislation” (p. 3).

22
23 **Item 6:** Adopt Resolution No. 1006 “Opioid Advertising Ban” (p. 3).

24
25 **Item 7:** Adopt Resolution No. 1007 “Removing REMS Categorization on Mifepristone” (pp. 3-4).

26
27 **Item 8:** Adopt Substitute Resolution No. 1008 “Oppose the Criminalization of Self-Induced
28 Abortion” in lieu of Resolution No. 1008 (p. 4).

29
30 **Item 9:** Adopt Resolution No. 1009 “Removing Gag Clauses from PBM Contracts” (pp. 4-5).

31
32 **Item 10:** Adopt Substitute Resolution No. 1010 “Reinforce Support of Ensuring Accurate Medical
33 Information at Crisis Pregnancy Centers (CPCS)” in lieu of Resolution No. 1010 (p. 5).

34
35 **Item 11:** Adopt Resolution No. 1011 “New Approaches to Gun Violence Prevention” (p. 6).

36
37 **Item 12:** Adopt Resolution No. 1012 “AAFP Statement on Nondiscrimination” (p. 6).

38
39 **Item 13:** Adopt Resolution No. 1013 “Advocating for Equitable Pay for Women and Minority Family
40 Physicians” (pp. 6-7).

41

42 **Item 14:** Adopt Substitute Resolution No. 1014 "Address Institutional Racism in the Health Care
43 System in lieu of Resolution No. 1014 (pp. 7-8).



2018 Report of the Reference Committee on Advocacy

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.

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.**

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

38
39 RESOLVED, That the American Academy of Family lobby for passage of legislation,
40 inclusive of but not limited to S. 2553 ("Know the Lowest Price Act of 2018") and S. 2554
41 ("Patient Right to Know Drug Prices Act"), which prohibit Pharmacy Benefits Managers from
42 including "gag clauses" in their contracts on a national level, and be it further

43
44 RESOLVED, That the American Academy of Family Physicians develop a tool kit to offer to
45 the chapters to better enable them to promote open communication between pharmacists
46 and patients regarding medication pricing.

47
48 The reference committee heard favorable testimony for this resolution that noted that pharmaceutical
49 benefits managers are prohibiting pharmacies from telling patients that their out-of-pocket costs
50 could be lower if they paid cash rather than submit for insurance coverage and trigger a copay.
51 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**

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**

47
48 **RESOLVED, That the American Academy of Family Physicians oppose the use of**
49 **federal health care funds to support crisis pregnancy centers.**
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 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
46 **1014, which reads as follows, be adopted in lieu of Resolution No. 1014:**

47 **RESOLVED, That the American Academy of Family Physicians adopt a policy**
48 **opposing segregation of patient care within the health care system and within**

1 health care institutions by race, insurance status, or other demographics, and
2 be it further

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

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

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

15
16
17 Respectfully Submitted,

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19
20
21 _____
22 Keisha Harvey, MD – Chair

23
24 Marian Allen, MD – LGBT
25 Alison Block, MD – Women
26 Arihant Jain, MD – IMG
27 Tabatha Wells, MD, FAAFP – New Physician
28 Kevin Wong, MD, CMD, FAAFP – Minority
29 Rebecca Cantone, MD (Observer)