



2017 Agenda for the Reference Committee on Advocacy

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

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 1001	Primary Care Physician as United States Surgeon General
2. Resolution No. 1002	Care of Women and Children in Family Immigration Detention
3. Resolution No. 1003	Supporting Family Physicians Negatively Impacted by Current Immigration Policy
4. Resolution No. 1004	Removing Barriers to Access to Office-Based Buprenorphine Therapy for Opiate Dependence
5. Resolution No. 1005	Eliminating Barriers for Gender Marker Change on Legal Documents
6. Resolution No. 1006	Opposition to the Dakota Access Pipeline
7. Resolution No. 1007	Update and Expansion of Sexual Assault Survivors Rights to Protection
8. Resolution No. 1008	Transparency for Qualifying Employment Within the Public Service Loan Forgiveness Program
9. Resolution No. 1009	Reaffirm Current Policy to Oppose Legislative Restrictions on Centers Receiving Title X and Medicaid Funding
10. Resolution No. 1010	Support Reauthorization of the Ryan White Care Act
11. Resolution No. 1011	Support for Tribal Sovereignty
12. Resolution No. 1012	Maternity and Reproductive Health Care are Essential Health Benefits
13. Resolution No. 1013	Support Telemedicine Medication Abortion
14. Resolution No. 1014	Oppose the Trump Administration Executive Order to Withhold Federal Funding to Sanctuary Cities

15. Resolution No. 1015 Adoption Equality

16. Resolution No. 1016 Support Health Care for Undocumented Patients and Their Families



Resolution No. 1001

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Primary Care Physician as U.S. Surgeon General

2

3 Submitted by: Sarah Avila, MD, Women

4 Sneha Chacko, MD, Minority

5 Rochelle Collins, DO, Women

6 Allison Fitzgerald, MD, Women

7 Ginny Gottschalk, MD, Women

8 Mara Groom, DO, Women

9 Mary Krebs, MD, Women

10 Kirsten Morissette, MD, Women

11

12 WHEREAS, The acting Surgeon General appointed by President Donald Trump, Sylvia Trent-
13 Adams, PhD, is not a physician, and

14

15 WHEREAS, the Surgeon General is the Chair of the National Prevention Council and overseer of
16 the U.S. Public Health Service Commissioned Corps, and

17

18 WHEREAS, the training and capabilities of primary care physicians make them uniquely qualified
19 to serve in this role, now, therefore, be it

20

21 RESOLVED, That the American Academy of Family Physicians write a letter to the President of the
22 United States recommending that the Surgeon General be a primary care physician, and be it
23 further

24

25 RESOLVED, That the American Academy of Family Physicians (AAFP) establish a Speak Out
26 Campaign to help facilitate members of the AAFP to communicate with the White House and their
27 respective representatives.



Resolution No. 1002

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1 Care of Women and Children in Family Immigration Detention

2
3 Submitted by: Rupal Bhingadia, MD, New Physician
4 Syeachia Dennis, MD, Minority
5 Lael Greenstein, MD, New Physician
6 Pooja Paunikar, MD, New Physician
7 Robert Sedlacek, MD, New Physician
8 Melissa V. See, MD, Minority
9 LaTasha Seliby, MD, FAAFP, Women

10
11 WHEREAS, Family immigration detention is a system that detains and seeks to deport women and
12 children who come to the United States to seek asylum, and

13
14 WHEREAS, the Department of Homeland Security (DHS) has no minimum age limit at which
15 children can be held in detention, and

16
17 WHEREAS, the practice of immigration detention is not mandated, and

18
19 WHEREAS, no law requires DHS officials to detain asylum-seeking families, and

20
21 WHEREAS, the law permits immigration officials to process asylum-seekers at the border, release
22 them to friends and family, and issue a notice to appear in immigration court, and

23
24 WHEREAS, families released from detention may seek treatment not only for the mental and
25 physical consequences of the violence and persecution that forced them to flee from their home
26 countries, but also from the physical and psychological trauma they may have experienced in
27 detention, and

28
29 WHEREAS, DHS's own Advisory Committee on Family Residential Centers, which was convened
30 to suggest improvements and best practices for the family immigration detention system,
31 recommended that DHS end family immigration detention altogether, and

32
33 WHEREAS, the Advisory Committee's report voiced concerns over the inherent psychological and
34 physical distress of detention, particularly for children, and

35
36 WHEREAS, currently the American Academy of Pediatrics released a policy statement on
37 Detention of Immigrant Children, with key policy recommendations stating that children not be
38 exposed to conditions or settings that may re-traumatize them, such as those that currently exist in
39 detention; that children never be separated from a parent or primary caregiver, unless there are
40 concerns for the safety of the child at the hand of the parent; that when in custody, that DHS
41 should discontinue the use of family detention and instead use community-based alternatives and
42 that children receive timely, comprehensive medical care that is culturally and linguistically
sensitive by trained medical providers, throughout the immigration processing pathway, and

43 WHEREAS, the American Academy of Family Physicians supports comprehensive and appropriate
44 health care be provided to incarcerated women in federal detention facilities including but not
45 limited to reproductive health, now, therefore, be it

46 RESOLVED, That the American Academy of Family Physicians oppose the detention of families
47 seeking safe haven, and be it further

48
49 RESOLVED, That the American Academy of Family Physicians oppose the expansion of family
50 immigration detention in the United States, and be it further

51
52 RESOLVED, That the American Academy of Family Physicians oppose the separation of parents
53 from their children who are detained while seeking safe haven, and be it further

54
55 RESOLVED, That the American Academy of Family Physicians develop a policy statement on
56 family detention.



Resolution No. 1003

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Supporting Family Physicians Negatively Impacted by Current Immigration Policy

2
3 Submitted by: Tanya Anim, MD, Minority
4 Syeachia Dennis, MD, Minority
5 Roshan Najafi, MD, Minority
6

7 WHEREAS, The American Medical Association estimates that 27% of US physician workforce is
8 foreign born, and
9

10 WHEREAS, the current executive administration has created barriers with the executive order
11 banning travel from six countries and other administrative obstacles to obtaining a visa, and
12

13 WHEREAS, 94% of Americans live in a community with at least one doctor from an affected
14 country of the travel ban, and
15

16 WHEREAS, as physicians on a J-1 Visa waiver are required to work with underserved populations
17 which help alleviate the current physician shortage, now, therefore, be it,
18

19 RESOLVED That the American Academy of Family Physicians oppose legislation or executive
20 orders that create barriers for immigrant and non-immigrant, work Visa physicians that practice in
21 the US, and be it further
22

23 RESOLVED, That the American Academy of Family Physicians create a policy statement
24 regarding the important role physicians on visa waivers currently play in alleviating the physician
25 shortage and increasing access for underserved Americans.



Resolution No. 1004

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Removing Barriers to Access to Office-Based Buprenorphine Therapy for Opiate Dependence

2

3 Submitted by: Marian Allen, MD, LGBT

4 David Goodman, MD, LGBT

5 Carrie Pierce, MD, Women

6

7 WHEREAS, More than two million Americans have an opioid-use disorder and more than 30,000
8 Americans die from opioid overdoses annually, and

9

10 WHEREAS, buprenorphine is one of the first-line treatments for management of opioid-use
11 disorder, and

12

13 WHEREAS, the majority of states permit payers to require preauthorization prior to dispensing of
14 some buprenorphine prescriptions, and

15

16 WHEREAS, more strict payer preauthorization requirements for buprenorphine have been
17 associated with higher rates of relapse, and

18

19 WHEREAS, some state legislatures are considering bills designed to prohibit payers from requiring
20 preauthorization for buprenorphine, now, therefore, be it

21 RESOLVED, That the American Academy of Family Physicians support chapters in working with
22 their state legislatures to eliminate preauthorization requirements for buprenorphine.



Resolution No. 1005

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1 Eliminating Barriers for Gender Marker Change on Legal Documents

2
3 Submitted by: Karin Susskind, MD, LGBT
4 Isabelle Trepiccione, MD, General Registrant
5 Kevin Wang, MD, LGBT
6

7 WHEREAS, An estimated 1.4 million adults in the United States have a gender identity that differs
8 from the gender marker they were assigned at birth, and
9

10 WHEREAS, a majority of transgender patients do not have legal documentation of gender marker
11 that matches their gender identity according to the 2015 U.S Transgender Survey, and
12

13 WHEREAS, 32% of transgender patients who do not have legal documentation of gender marker
14 consistent with their gender identity experience negative health consequences, and
15

16 WHEREAS, requirements vary from state to state, for example, to change gender marker on a
17 license, Alabama requires documentation from a surgeon verifying that the applicant has
18 completed gender reassignment surgery, and Washington requires a signed letter from a health
19 care or social service provider, now, therefore, be it
20

21 RESOLVED, That the American Academy of Family Physicians support the elimination of barriers
22 for changing gender markers on legal documentation, and be it further
23

24 RESOLVED, that the American Academy of Family Physicians assist chapters in working with
25 state legislators to draft state legislation to eliminate barriers to gender marker change.



Resolution No. 1006

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Opposition to Dakota Access Pipeline

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3 Submitted by: Brea Bondi-Boyd, MD, IMG
4 Mollie Cecil, MD, New Physicians
5 Kim R. Eubanks, MD, LGBT
6 Tasha Starks, MD, Minority

7

8 WHEREAS, The previous route for the Dakota Access Pipeline across the Missouri River adjacent
9 to Bismarck, North Dakota, was considered unacceptable due to the potential contamination of
10 water supplies by a toxic pipeline spill, and

11

12 WHEREAS, pipeline spills are a common occurrence, and

13

14 WHEREAS, the present route is adjacent to the Standing Rock Lakota Reservation, and a spill
15 would contaminate the water supply for the tribe and all communities downstream, and

16

17 WHEREAS, considering the health risks of the pipeline to the tribe to be of less importance than
18 the health risks to a non-native population constitutes environmental racism, and

19

20 WHEREAS, the present route would destroy tribal burial grounds sacred to the local tribes, greatly
21 affecting the mental and spiritual health of the indigenous peoples of Turtle Island now, therefore,
22 be it

23

24 RESOLVED, That the American Academy of Family Physicians stand in opposition to the present
25 route of the Dakota Access Pipeline, and be it further

26

27 RESOLVED, That the Board of Directors investigate options to make its opposition to the Dakota
28 Access Pipeline known to the present Administration and Energy Transfer Partners, the company
29 building the pipeline.



Resolution No. 1007

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Update and Expansion of Sexual Assault Survivors Rights to Protection

2

3 Submitted by: Rupal Bhingradia, MD, New Physicians

4 Pooja Paunikar, MD, New Physicians

5 Anita Ravi, MD, New Physicians

6 Melissa V. See, MD, MPA, Minority

7

8 WHEREAS, The American Academy of Family Physicians (AAFP) supports a sexual assault
9 survivor’s rights to protection from their perpetrator including protection from re-victimization as it
10 may relate to the use of custody or visitation lawsuits for offspring conceived during the illegal act,
11 and

12

13 WHEREAS, the AAFP supports a legal framework that codifies this protection, and

14

15 WHEREAS, the American Civil Liberties Union states that “jailing people who refuse to testify
16 against their abusers or attackers not only compounds the trauma they are already experiencing, it
17 effectively criminalizes the innocent for having been victimized,” and

18

19 WHEREAS, family physicians are positioned to advocate for the comprehensive health care of
20 sexual assault survivors, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians update and expand the sexual
23 assault survivors’ rights to protection, to include wording to oppose the use of incarceration to
24 mandate sexual assault victims to testify.



Resolution No. 1008

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Transparency for Qualifying Employment Within the Public Service Loan Forgiveness Program

2
3 Submitted by: Elizabeth Salisbury-Afshac, MD, New Physicians
4 Kevin Bernstein, MD, New Physicians
5 Brandon J. Crouch, MD, New Physicians
6 Bashur Yalldo, MD, New Physicians
7

8 WHEREAS, The average medical school graduate indebtedness of 2014 graduates is \$176,348
9 among graduates that have debt, and
10

11 WHEREAS, according to the American Academy of Family Physicians (AAFP) policy on Workforce
12 Reform, medical school debt is a barrier to choice of careers in primary care, and
13

14 WHEREAS, service-based loan repayment and forgiveness programs are referenced by the AAFP
15 as a way to increase the primary care workforce, and
16

17 WHEREAS, Public Service Loan Forgiveness (PSLF) is a program that forgives the remaining
18 balance on loans received under the Federal Direct Loan program after making 120 qualifying
19 monthly payments under a qualifying repayment plan while working full-time for a qualifying
20 employer (without missing a scheduled payment), and
21

22 WHEREAS, the AAFP has specific policy and recommended loan programs listed on its website
23 (e.g. National Health Service Corps, Indian Health Service Loan Repayment, etc.) though does not
24 list the PSLFP, and
25

26 WHEREAS, employment within certain qualifying organizations that previously qualified for PSLF
27 no longer qualify for the program, now, therefore, be it
28

29 RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and
30 lobbying efforts to encourage transparency by the Public Service Loan Forgiveness program about
31 qualifying employment for its program, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians investigate qualifying employment
34 within the Public Service Loan Forgiveness program, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians provide guidance to its members
37 about qualifying employment for the Public Service Loan Forgiveness program.



Resolution No. 1009

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Reaffirm Current AAFP Policy to Oppose Legislative Restrictions on Centers Receiving Title X and
2 Medicaid Funding

3
4 Submitted by: Shannon Connolly, MD, Women
5 Laurel Dallmeyer, MD, Women
6 Betsy Gilbertson, MD, Women
7 Julie Johnston, MD, Women

8
9 WHEREAS, In 2015, the Congress of Delegates adopted Resolution No. 512 opposing legislative
10 restrictions on health centers receiving Title X and Medicaid funding, including Planned
11 Parenthood, and further delineated their support by sending a letter dated July 26, 2016 to the
12 relevant members of the 2016 U.S. Senate and U.S. House of Representatives, and
13

14 WHEREAS, it is clear that in the current U.S. Congress and Administration's support for Planned
15 Parenthood and the vital services they provide is at risk, now, therefore, be it
16

17 RESOLVED, That the AAFP continue to lobby U.S. Congress to oppose legislation that diminishes
18 funding and/or access to preventive and reproductive health services for women and men, and re-
19 engage fully in the support for these vital services, and be it further
20

21 RESOLVED, That as a matter of policy the American Academy of Family Physicians reiterate the
22 necessity of maintaining Medicaid and Title X funding of all providers of clinics who meet usual
23 standards of eligibility, and be it further
24

25 RESOLVED, That the American Academy of Family Physicians send an updated letter to the
26 appropriate members of the U.S. Congress reiterating our continued firm and unwavering support
27 for funding of the family planning program as authorized by Title X of the Public Health Service Act
28 of 2017 and opposing the addition of new restrictions.



Resolution No. 1010

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Support Reauthorization of the Ryan White Care Act

2

3 Submitted by: Mary Catherine Harrel, MD, LGBT

4 Scott Hartman, MD, LGBT

5 Brent Sugimoto, MD, LGBT

6 Sara Thorp, MD, New Physicians

7

8 WHEREAS, over 500,000 people annually receive services funded through the Ryan White Care
9 Act, and

10

11 WHEREAS, nearly 20% of Ryan White Funding clients have no other form of health care coverage
12 for HIV treatment and prevention services, and

13

14 WHEREAS, Ryan White Funding includes funding for specific marginalized subgroups within the
15 HIV-infection community, with nearly three quarters of Ryan White clients coming from racial and
16 ethnic minority populations, and

17

18 WHEREAS, 52% of HIV-infected persons will be impacted by loss of Ryan White funding, either by
19 complete or partial loss of medical care, and

20

21 WHEREAS, access to HIV treatment ultimately serves as prevention and helps reduce global
22 disease burden for HIV and AIDS, and

23

24 WHEREAS, more than 83% of Ryan White clients achieved HIV virologic suppression in 2015, and

25

26 WHEREAS, some state governments have considered using Ryan White funds for non-HIV-related
27 purposes, such as Lesbian, Gay, Bisexual, Transgender “conversion therapy,” now, therefore, be it

28

29 RESOLVED, That the American Academy of Family Physicians publicly support Ryan White Care
30 Act funding, when proposed for reauthorization for the care of individuals and communities affected
31 by HIV and the continuation of programs related to HIV prevention and treatment.



Resolution No. 1011

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Support for Tribal Sovereignty

2

3 Submitted by Mollie Cecil, MD, New Physician

4 Kim Eubanks, MD, LGBT

5 Tess Garcia, MD, LGBT

6 David J. Hoelting, MD, LGBT

7

8 WHEREAS, The lands now referred to as the United States of America were illegally seized by
9 European immigrants, and

10

11 WHEREAS, the present system of Native reservations has set tribes apart as Sovereign Domestic
12 States, and

13

14 WHEREAS, reservations have the right of self-governance, with the exception of prosecution of
15 non-Natives for felony offenses, and

16

17 WHEREAS the incidence of sexual assault against Native women occurs at a rate of one out of
18 three, and

19

20 WHEREAS, the majority of sexual assaults against Native women are committed by Non-Natives,
21 and

22

23 WHEREAS, the state courts are not pursuing these prosecutions, considering them low priority,
24 and

25

26 WHEREAS, the inability to take legal action against one's assailant is detrimental to mental and
27 emotional health, now, therefore, be it

28

29 RESOLVED, That the American Academy of Family Physicians recognize the right of tribal
30 sovereignty on tribal land, and be it further

31

32 RESOLVED, That the American Academy of Family Physicians write a policy in support of tribal
33 rights to prosecute sexual assault cases against non-Native defendants in tribal courts.



Resolution No. 1012

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Maternity and Reproductive Health Care are Essential Benefits

2

3 Submitted by: Allison Bacon, MD, Women

4 Holly Montjoy, MD, LGBT

5 Carrie Pierce, MD, Women

6

7 WHEREAS, Proposed national legislation would allow insurers to opt out of maternity and
8 reproductive health coverage as “non-essential health benefits,” and

9

10 WHEREAS, insurance coverage of maternity care is associated with participation in prenatal care
11 which has been generally demonstrated to lower maternal, fetal, and neonatal morbidity and
12 mortality, and

13

14 WHEREAS, insurance coverage of contraceptive methods is associated with increased utilization
15 which has been shown to reduce rates of unwanted pregnancy, sexually transmitted diseases,
16 dysmenorrhea, and some cancers, and

17

18 WHEREAS, family planning and maternity care are essential health care services for women, and
19 regarding their coverage as nonessential constitutes discrimination on the basis of gender, and

20

21 WHEREAS, in January 2012, the AAFP affirmed the importance of pregnancy and newborn health
22 coverage as essential benefits, now, therefore, be it

23

24 RESOLVED, That the American Academy of Family Physicians oppose legislation that allows
25 insurers to opt out of maternity and reproductive health coverage, and be it further

26

27 RESOLVED, That the American Academy of Family Physicians issue a formal statement affirming
28 that maternity and reproductive health services are essential to general health care and should be
29 covered under all insurance plans.



Resolution No. 1013

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Support Telemedicine Medication Abortion

2

3 Submitted by: Carrie Pierce, MD, Women

4 Brent Sugimoto, MD, LGBT

5 Sara Thorp, MD, New Physicians

6 Tabatha Wells, MD, General Registrant

7

8 WHEREAS, The American Academy of Family Physicians (AAFP) supports expanded use of
9 telemedicine as an appropriate and efficient means of improving health, when conducted within the
10 context of appropriate standards of care, and

11

12 WHEREAS, the appropriateness of a telemedicine service should be dictated by the standard of
13 care and not by politics, and

14

15 WHEREAS, the AAFP supports access to reproductive health services and opposes non-
16 evidence-based restrictions on medical care, and

17

18 WHEREAS, 90% of U.S. counties do not have a clinic that provides abortion, and

19

20 WHEREAS, 31% of patients in rural areas traveled more than 100 miles for abortion services, and

21

22 WHEREAS, abortion accounted for 45% of abortions before nine weeks' gestation in 2014, and

23

24 WHEREAS, telemedicine abortion has been shown to increase a patient's odds of accessing
25 abortion care earlier in pregnancy when abortions are safer, particularly in remote areas, and

26

27 WHEREAS, telemedicine services for medication abortion are as safe and effective as those
28 provided in person, now, therefore, be it

29

30 RESOLVED, That the American Academy of Family Physicians oppose legislation that singles out
31 medication abortion as a service to ban from telemedicine care.



Resolution No. 1014

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Oppose the Trump Administration Executive Order to Withhold Federal Funding to Sanctuary
2 Cities

3
4 Submitted by: Shannon Connolly, MD, Women
5 Josue Gutierrez, MD, New Physicians
6 Arthur Ohannessian, MD, New Physicians
7 Santina Wheat, MD, LGBT

8
9 WHEREAS, On January 25, 2017, the Administration published Executive Order 13768:
10 Enhancing Public Safety in the Interior of the United States, which will be referred to as the
11 Sanctuary City EO for the purposes of this document, and

12
13 WHEREAS, the Sanctuary City EO declares the intent to withhold federal funding to state, county,
14 and local jurisdictions deemed to be providing “sanctuary” to undocumented immigrants by not
15 aggressively enforcing federal immigration law, and

16
17 WHEREAS, sanctuary cities is an ill-defined term that may apply to any local, county, or state
18 jurisdiction as determined by the executive branch of government, and

19
20 WHEREAS, sanctuary cities includes an evolving list of jurisdictions in states like: California, New
21 York, Florida, Iowa, Washington, Oregon, Pennsylvania, Nevada, Illinois, Louisiana, Maryland,
22 Minnesota, Mississippi, Alabama, Virginia, and Texas, and

23
24 WHEREAS, increased immigration enforcement and defunding efforts significantly impact the
25 safety of women and children by suppressing reporting of violent crime and domestic violence,
26 including subsequent cooperation with local law enforcement entities, and

27
28 WHEREAS, on March 21, 2017, the Los Angeles Police Department announced that the number of
29 sexual-assault reports from the city's Latino population this year had plunged 25% from the same
period last year, and domestic-violence reports had dropped by 10%, and

30
31 WHEREAS, Police Chief, Charlie Beck, reported that the drop in reporting did not occur among
other ethnic groups in the city, and

32
33 WHEREAS, in Denver, four women who recently made domestic-abuse allegations declined to
34 pursue their cases out of fear they would be seen at the courthouse by U.S. Immigration and
35 Customs Enforcement officers and deported, according to Denver's city attorney, Kristin Bronson,
36 and

37
38 WHEREAS, the American Academy of Family Physicians (AAFP) published a violence position
39 paper in 2014 regarding the association of intimate partner violence and worsening health
40 outcomes, and

41 WHEREAS, increased immigration enforcement and defunding efforts inhibit public health efforts
42 to treat infectious disease outbreaks effectively due to patients and families being fearful to seek
43 treatments and report contacts, and
44

45 WHEREAS, on April 25, 2017 Judge William H. Orrick of United States District Court in San
46 Francisco, placed a nationwide temporary injunction on the Sanctuary City EO due to it being
47 unconstitutional, and
48

49 WHEREAS, Judge William H. Orrick wrote that the president had overstepped his powers with his
50 executive order on immigration by linking billions of dollars in federal funding to immigration
51 enforcement, given only Congress could place such conditions on spending, and
52

53 WHEREAS, on January 31, 2017, AAFP President John Meigs, sent a letter to President Trump
54 regarding the AAFP concerns that his immigration ban executive order would have significant
55 negative impacts on primary care physicians and the patients they serve, now, therefore, be it
56

57 RESOLVED, That the American Academy of Family Physicians write a letter to President Trump
58 voicing its opposition to Executive Order 13768 regarding sanctuary cities, and be it further
59

60 RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and
61 lobbying efforts to oppose congressional action that would withhold federal funding to sanctuary
62 cities.



Resolution No. 1015

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Adoption Equality

2

3 Submitted by: Joanna Bisgrove, MD, LGBT
4 Rachel Franklin, MD, Women
5 Kathleen Meehan-de la Cruz, MD, LGBT
6 Brent Sugimoto, MD, LGBT

7

8 WHEREAS, The American Academy of Family Physicians has policy specifically supporting
9 marriage for same sex couples “to contribute to overall health and longevity, improved family
10 stability, and to benefit children of Lesbian, Gay, Bisexual, Transgender (LGBT) families” and

11

12 WHEREAS, there is an extensive body of evidence showing that children of LGBT families are as
13 emotionally well-balanced and resilient as their peers raised in traditional families, and

14

15 WHEREAS, marriage equality is the law of the land as determined by the U.S. Supreme Court in
16 Obergefell v. Hodges (June 2015), and

17

18 WHEREAS, state laws regarding adoptions by LGBT families still vary widely, and often continue
19 to place unnecessary barriers on families wanting to be legally united with all the benefits and
20 protections, and

21

22 WHEREAS, such legal barriers could undermine the safety and stability so vital to a child’s well-
23 being and development, now, therefore be it

24

25 RESOLVED, That the American Academy of Family Physicians support the removal of legislative
26 and logistical barriers to adoption by Lesbian, Gay, Bisexual, and Transgender (LGBT).



Resolution No. 1016

2017 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Support Health Care for Undocumented Patients and Their Families

2

3 Submitted by: Sarayeachia Dennis, MD, Minority
4 Lael Greenstein, MD, New Physicians
5 Syed Naseeruddin, MD, FAAFP, LGBT
6 Karin Susskind, MD, LGBT

7

8 WHEREAS, There are 12 million undocumented immigrants in the United States, which represents
9 about 3.5 percent of the population, and

10 WHEREAS, the American Academy of Family Physicians (AAFP) believes that medical care
11 decision-making occurs between the physician and the patient and opposes actions that would
12 criminalize the provision of medical care to undocumented foreign-born individuals, and

13 WHEREAS, the AAFP has a goal to provide health care coverage to everyone in the United States
14 through a primary care-based system built on the patient-centered medical home, and

15 WHEREAS, fear of the legal implications of seeking medical care pose a potential barrier for
16 undocumented immigrants seeking medical care, and

17 WHEREAS, there are negative public health implications if undocumented immigrants are not able
18 to seek necessary medical care, especially in the case of communicable diseases, and

19 WHEREAS, the American Academy of Pediatrics has set precedent in the care of undocumented
20 patients with their tool kit and guidelines "Health Care for Children of Immigrant
21 Families" https://www.aap.org/en-us/Documents/cocp_toolkit_full.pdf, now, therefore, be it

22 RESOLVED, That the American Academy of Family Physicians create a policy statement
23 supporting the provision of health care for all patients regardless of immigration status, and be it
24 further

25 RESOLVED, That the American Academy of Family Physicians should create a physician tool kit to
26 help physicians address knowledge gaps surrounding immigrant health care, including but not
27 limited to the legal rights of undocumented patients as well as clinical medical care, and be it
28 further

29 RESOLVED, That the American Academy of Family Physicians create a policy statement opposing
30 required collection or reporting on immigration status data, and be it further

31 RESOLVED, That the American Academy of Family Physicians lobby for legislation that would
32 ensure continued access to health care among undocumented immigrants and their families and
33 oppose any legislation that would decrease access to care.