



2019 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	Resolution to Achieve FamMedPAC Free of Conflict of Interest/Transparency
2. Resolution No. 1002	Promoting Safety in Schools
3. Resolution No. 1003	Medical Student Debt Relief (Expanded)
4. Resolution No. 1004	Paid Family Leave
5. Resolution No. 1005	Support of a Sustainable Health Care System
6. Resolution No. 1006	Health Care Coverage Should Equate to Health Care Access
7. Resolution No. 1007	Affirming the Safety and Legality of Abortion
8. Resolution No. 1008	Declaration of Public Health Emergencies for Refugee, Migrant and Asylum-Seeker Care
9. Resolution No. 1009	Oppose Criminalization of Physicians Providing Abortion Care
10. Resolution No. 1010	Fairness for Family Physicians of Non-US origin and their Families
11. Resolution No. 1011	Keep Legislators from Practicing Medicine Without a License
12. Resolution No. 1012	Single Payer as the System that Provides Equity and Health Care as a Human Right
13. Resolution No. 1013	Support Breastfeeding Mothers in the Workplace
14. Resolution No. 1014	AAFP Supports Family Leave
15. Resolution No. 1015	Resolution to Prevent Nuclear War

1 **Resolution NO. 1001**

2
3 **Resolution to Achieve FamMedPAC Free of Conflict of Interest/Transparency**

4
5 Submitted by: Alex Mroszczyk-McDonald, MD, New Physician
6 Reshma Ramachandran, MD, General Registrant
7 Ean Bett, MD, New Physician
8 Reshma Phelan, MD, General Registrant
9

10 WHEREAS, FamMedPAC operates as a financial vehicle for American Academy of Family
11 Physicians (AAFP) in advancing the organization's legislative agenda and in broadening its
12 visibility with Congress, and

13
14 WHEREAS, the FamMedPAC has published the monetary amounts donated to candidates and
15 committees on the AAFP website periodically, and

16
17 WHEREAS, currently the FamMedPAC outlines a set of general criteria for their donations to
18 candidates during each election cycle, and

19
20 WHEREAS, the AAFP has adopted a policy statement on the "Prevention of Gun Violence," and

21
22 WHEREAS, the AAFP has adopted a legislative stance on drug pricing that that states that the
23 AAFP "supports legislation [e]nsuring the availability of effective, safe and affordable
24 medications," and

25
26 WHEREAS, the AAFP has put forward a position paper in 2018 entitled, "Health Care for All: A
27 Framework for Moving to a Primary Care-Based Health Care System in the United States" as
28 guidance towards "achiev[ing] the goal of health care coverage for all, a goal based upon AAFP
29 policy which recognizes that health is a basic human right for every person and that the right to
30 health includes universal access to timely, acceptable and affordable health care of appropriate
31 quality," and

32
33 WHEREAS, during the 2018 election cycle, the FamMedPAC contributed funds to candidates
34 who received significant funding from the National Rifle Association and the pharmaceutical and
35 biotechnology industries, and

36
37 WHEREAS, during the 2018 election cycle, the FamMedPAC contributed funds to candidates
38 who voted to repeal or have stated that they support the repeal of the Affordable Care Act,
39 legislation that the AAFP had continued to support and defend, and

40
41 WHEREAS, the FamMedPAC is engaging in a fundraising strategy that is anticipated in making
42 it the 5th largest medical specialty PAC by the end of the 2020 cycle, allowing FamMedPAC to
43 wield significant influence over elected officials in advancing AAFP's legislation, now, therefore,
44 be it

45
46 RESOLVED, That the American Academy of Family Physicians requires that the FamMedPAC
47 examine the campaign contributions of the National Rifle Association and other related groups
48 as well as pharmaceutical and biotechnology companies in determining whether or not funds
49 should be directed toward candidates, and be it further
50

51 RESOLVED, That the American Academy of Family Physicians requires that the FamMedPAC
52 review the candidates' voting records to ensure that they align with American Academy of
53 Family Physicians' commitment to Health Care for All, affordable prescription drugs, and gun
54 violence prevention in determining whether or not funds should be allocated for such a
55 candidate, and be it further
56

57 RESOLVED, That the American Academy of Family Physicians requests the FamMedPAC to
58 prepare an annual report outlining their rationale for providing or withholding donations to
59 candidates, politicians, and committees that would be available on American Academy of Family
60 Physicians website for membership to ensure transparency and accountability of such funds
61 collected from student, resident, and physician members, and be it further
62

63 RESOLVED, That the American Academy of Family Physicians ensures the publication of the
64 minutes of the proceedings of the FamMedPAC on their website to be available for all American
65 Academy of Family Physicians members, and be it further
66

67 RESOLVED, That this resolution be sent to the American Academy of Family Physicians
68 Congress of Delegates.

1 **Resolution NO. 1002**

2

3 **Promoting Safety in Schools**

4

5 Submitted by: Marie-Elizabeth Ramas, MD, Minority
6 Juliann Barrett, DO, Women

7

8 WHEREAS, The American Academy of Family Physicians (AAFP) supports primary prevention
9 strategies to reduce the injuries and deaths associated with gun ownership and violence, and

10

11 WHEREAS, the AAFP promotes and supports a safe and nurturing environment for all children
12 that includes access to comprehensive medical, dental and mental health care, psychological
13 and legal security, and does not discriminate on the basis of adoption, foster care, religion,
14 sexual orientation, or gender identity, and

15

16 WHEREAS, the AAFP advocates for common-sense legislation that protects the constitutional
17 rights of law-abiding Americans while seeking to prevent felons, domestic abusers and the
18 mentally ill from lawfully purchasing a firearm, and

19

20 WHEREAS, implicit bias affects the equitable application of laws, now, therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians expand its current firearm policy
23 to support red flag laws, waiting periods, and gun-free school zones, and be it further

24

25 RESOLVED, That the American Academy of Family Physicians promote the equitable and
26 nondiscriminatory application of gun safety laws.

1 **Resolution NO. 1003**

2
3 **Medical Student Debt Relief (Expanded)**

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5 Submitted by: Juliann Barrett, DO, Women
6 Elise Bognanno, MD, Women

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8 WHEREAS, The debt occurred by pursuing medical training services is a barrier to choosing
9 primary care, and

10
11 WHEREAS, the Affordable Care Act has expanded opportunities for more individuals to seek
12 primary care, and

13
14 WHEREAS, the population is aging and expanding, and

15
16 WHEREAS, there is a critical and evolving shortage of primary care physicians, and

17
18 WHEREAS, source funding for current medical student loans is shared between both private
19 and federal entities, now, therefore, be it

20
21 RESOLVED, That the American Academy of Family Physicians seek to collaborate with
22 financial institutions to offer loan consolidation programs geared toward lowering the interest
23 rate on privately funded student loans once a physician enters the United States work force or
24 qualifying non-governmental organization as a practicing family medicine primary care provider,
25 and be it further

26
27 RESOLVED, That the American Academy of Family Physicians seek to advocate legislation to
28 support that federal loan agencies offer loan consolidation programs geared toward lowering the
29 interest rate on government funded student loans once a physician enters the United States
30 work force or qualifying non-governmental organization as a practicing primary care provider
31 (Family Medicine, Internal Medicine, Pediatric etc.) to offset the financial burden that high debt
32 places on our primary care providers, and be it further

33
34 RESOLVED, That the American Academy of Family Physicians collaborate with the Group of
35 Six (American Academy of Pediatrics, American Osteopathic Association, American College of
36 Physicians, American Congress of Obstetricians and Gynecologists, American Psychiatric
37 Association) to advocate legislation to support that federal loan agencies offer loan
38 consolidation programs geared toward lowering the interest rate on government funded student
39 loans once a physician enters the United States work force or qualifying non-governmental
40 organization as a practicing primary care provider (Family Medicine, Internal Medicine, Pediatric
41 etc.) to offset the financial burden that high debt places on our primary care providers.

1 **Resolution NO. 1004**

2
3 **Paid Family Leave**

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5 Submitted by: Marissa Lapedis, MD, LGTB
6 Jewell Carr, MD, New Physicians
7 Kathryn Score, MD, New Physicians
8 Nichole Johnson, MD, LGBT
9 Leila Hesselson, MD, LGBT
10 Talia Aron, MD, Women
11 Nicole Chaisson, MD, Women
12 Damilola Oluyitan, MD, Minority
13 Sukhjeet Kamboj, MD, FAAFP, IMG
14

15 WHEREAS, The United States (U.S.) is alone among 193 nations in that the U.S. does not have
16 a national policy of paid parental leave, and
17

18 WHEREAS, maternal mortality rates are higher in the U.S. than in any other industrialized
19 nation, and
20

21 WHEREAS, research demonstrates that parental leave is associated with improved infant, child
22 and maternal health and well-being and access to paid parental leave, in particular is strongly
23 associated with lower rates of infant and child mortality, and
24

25 WHEREAS, findings indicate that paid leave is also associated with improvements in gender
26 equality and has positive long-term economic impacts on families, and
27

28 WHEREAS, paid family leave is endorsed by the American Academy of Pediatrics and the
29 American College of Obstetricians and Gynecologists, and
30

31 WHEREAS, California's Paid Family Leave (PFL) program doubled utilization of maternity leave,
32 particularly for black, non-college educated, unmarried and Hispanic mothers, who before had
33 averaged only one to two weeks of leave prior to the passage of PFL legislation, and
34

35 WHEREAS, one of the common misconceptions about paid parental leave is that the onus falls
36 on the employer's shoulders to continue to pay the employee, and most current state programs
37 are funded by a tax on workers that then allows funding for their paid leave, and
38

39 WHEREAS, non-traditional family units are often excluded from traditional
40 parental/maternity/family leave policies, now, therefore, be it
41

42 RESOLVED, That the American Academy of Family Physicians support a minimum of 12 weeks
43 paid leave for parents of a newly born or newly adopted child [of any age], including family
44 physicians and residents, and support an optional extension of this leave as unpaid time off, and
45 be it further
46

47 RESOLVED, That the American Academy of Family Physicians advocate actively for national
48 legislation to support Paid Family Leave, and be it further
49

50 RESOLVED, That the American Academy of Family Physicians partner with the Accreditation
51 Council for Graduate Medical Education to update the Common Program Requirements to
52 include specific language endorsing paid family leave, and be it further
53
54 RESOLVED, This resolution should be sent to the Congress of Delegates.

1 **Resolution NO. 1005**

2
3 **Support of a Sustainable Health Care System**

4
5 Submitted by: Ean Bett, MD, New Physicians
6 Andrew Parad, MD, LGBT
7 Laura Kaplan-Weisman, MD, LGBT
8 Richard Bruno, MD, General Registrant
9 Anita Ravi, MD, New Physicians
10 Rupal Bhingradia, MD, General Registrant
11 Roma Amin, MD, Minority
12 Casey Henritz, DO, Women
13 Nicholas Bird, MD, IMG
14 Jemellee Jacala-Tadian, MD, IMG
15

16 WHEREAS, Health care spending as percentage of Gross Domestic Product (GDP) equaled
17 about 6% in 1967 and about 18% in 2017, and
18

19 WHEREAS, at this continued rate of increase, health care spending will equal about 54% of
20 GDP in 2067, and
21

22 WHEREAS, the average total costs for health care for a family of four is now over \$28,000, and
23

24 WHEREAS, the median household income is about \$62,000, and
25

26 WHEREAS, it is untenable for the country to spend over half its GDP on health care, and
27

28 WHEREAS, it is untenable for the cost of health insurance for a family of four to be nearly half
29 their income, and
30

31 WHEREAS, four out of the top ten largest lobbyists in 2018 were health care companies who
32 spent over \$95,000,000 that year alone, now, therefore, be it
33

34 RESOLVED, That the American Academy of Family Physicians support a system of health care
35 that is financially sustainable regardless of politics and free from undue influence from
36 commercial entities, and be it further
37

38 RESOLVED, That this resolution be referred to American Academy of Family Physicians
39 Congress of Delegates.

1 **Resolution NO. 1006**

2
3 **Health Care Coverage Should Equate to Health Care Access**

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5 Submitted by: Ean Bett, MD, New Physicians
6 Richard Bruno, MD, General Registrant
7 Andrew Parad, MD, LGBT
8 Laura Kaplan-Weisman, MD, LGBT
9 Anita Ravi, MD, New Physicians
10 Rupal Bhingradia, MD, General Registrant
11 Roma Amin, MD, Minority
12 Nicholas Bird, MD, IMG

13
14 WHEREAS, There are over 30 million underinsured Americans, many of whom forego health
15 care due to financial reasons, and

16
17 WHEREAS, nearly one in six Americans is either uninsured or underinsured and is at risk for
18 not having access to basic health care, and

19
20 WHEREAS, in 2015 the American Academy of Family Physicians (AAFP) reaffirmed its support
21 of universal access to basic health care, and

22
23 WHEREAS, in 2017 the AAFP resolved that health is a basic human right, and the right to
24 health includes universal access to timely, acceptable and affordable health care of appropriate
25 quality, now, therefore, be it

26
27 RESOLVED, That the American Academy of Family Physicians support a system of universal
28 health care in which coverage equates to access, and be it further

29
30 RESOLVED, That this resolution be referred to American Academy of Family Physicians
31 Congress of Delegates.

1 **Resolution NO. 1007**

2
3 **Affirming the Safety and Legality of Abortion**

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5 Submitted by: Martha Simmons, MD, FAAFP, New Physicians
6 Tes Lang, MD, New Physicians
7 Carrie Pierce, MD, Women
8 Laura Kaplan Weisman, MD, LGBT
9 Danny Neghassi, MD, Minority
10 Ivonne Mclean, MD, General Registrant
11 Tamer Said, MD, General Registrant
12

13 WHEREAS, Abortion is common, as one in four women will have an abortion before the age of
14 45, and

15
16 WHEREAS, abortion is safe with major complication rates at less than 0.5%, and

17
18 WHEREAS, Roe vs. Wade affirmed that the decision to terminate a pregnancy was a privacy
19 issue between a woman and her physician, and

20
21 WHEREAS, the American Academy of Family Physicians (AAFP) has stated that they support a
22 woman's access to reproductive health services and oppose non-evidence-based restrictions on
23 medical care and the provision of such services without specific reference to abortion services,
24 and

25
26 WHEREAS, medical associations including the American College of Obstetricians and
27 Gynecologists have issued official statements of policies in support of a woman's right to safe
28 and legal abortion, and

29
30 WHEREAS, abortion access in the United States has been declining as state legislative efforts
31 to target regulations of abortion providers have therefore further restricted abortion, and

32
33 WHEREAS, at least 16 states have laws that would negate the legal status of abortion in the
34 absence of Roe v. Wade, and

35
36 WHEREAS, medication abortion can be safely provided within general medical practice without
37 specialized procedural training, but states often restrict access with non-evidence-based
38 restrictions, now, therefore, be it

39
40 RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v.
41 Wade in the form of a policy statement, and be it further

42
43 RESOLVED, That the American Academy of Family Physicians partner with the American
44 College of Obstetricians and Gynecologists and related stakeholders in position papers to
45 defend access to safe and legal abortion across the United States, and be it further

46
47 RESOLVED, That the American College of Obstetricians and Gynecologists will support the
48 right of family physicians to provide medication abortions with mifepristone in their general
49 family practices and oppose legislation restricting access, and be it further
50

51 RESOLVED, that the NCCL will instruct its delegates to submit resolution "Affirming the Safety
52 and Legality of Abortion" to the AAFP Congress of Delegates.

1 **Resolution NO. 1008**

2
3 **Declaration of Public Health Emergencies for Refugee, Migrant and Asylum-Seeker Care**

4
5 Submitted by: Andrew Carroll, MD, FAAFP, Minority
6 Carmen Colon-Gonzalez, MD, FAAFP, Minority
7 Jean Lu, MD, Minority
8 Timothy Yu, MD, IMG
9 Oksana Marroquin, MD, IMG
10 Viviane Sachs, MD, IMG
11 Leslie Griffin, MD, IMG
12 Claudia Mercado, MD, General Registrant
13 Erika Roshanravan, MD, General Registrant
14 Ani Roshanravan, MD, FAAFP, IMG
15

16 WHEREAS, Refugee, migrant, and asylum-seeker care is often absent or significantly lacking,
17 leading to unnecessary morbidity and mortality for those persons without access to health care
18 services, and
19

20 WHEREAS, the American Academy of Family Physicians policy recognizes the necessity of
21 providing attentive, immediate, and comprehensive health care services of immigrants to reduce
22 unnecessary poor health care outcomes, and
23

24 WHEREAS, the declaration by the President of the United States states, "Now, Therefore, I,
25 Donald J. Trump hereby declare that a national emergency exists at the southern border of the
26 United States," does not acknowledge the significant public health emergency that also exists
27 as a result of a significant surge of asylum seekers, and
28

29 WHEREAS, there is a continuing and deepening crisis at the border of asylum seeking, migrant,
30 and refugee families, creating a humanitarian and medical crisis of epic proportions, and
31

32 WHEREAS, only a public health emergency allows for emergency licensure for health care
33 professionals to provide health care in states where an emergency involving immigrants exist,
34 now, therefore, be it
35

36 RESOLVED, That the American Academy of Family Physicians enlist other professional
37 organizations and advocate that when federal and/or state governments declare an emergency
38 which involves foreign-born individuals coming into the United States that they also declare a
39 public health emergency to allow for emergency licensure of physicians to provide medical care
40 to those individuals in affected states, and be it further
41

42 RESOLVED, That the American Academy of Family Physicians adopt the California Academy of
43 Family Physicians Toolkit on immigration called "Healthy Harbors for All Californians" to assist
44 family physicians in caring for immigrant families and families separated at borders, and be it
45 further
46

47 RESOLVED, That the American Academy of Family Physicians work with other professional
48 organizations to submit another joint public statement decrying current administration policies
49 on immigrant care, detention, and family separation.

1 **Resolution NO. 1009**

2
3 **Oppose Criminalization of Physicians Providing Abortion Care**

4
5 Submitted by: Casey Henritz, DO, Women
6 Kanthi Dhaduvai, MD, General Registrant
7 Roma Amin, MD, Minority
8 Martin Simmons, MD, New Physicians
9 Karen Isaacs, MD, General Registrant
10 Richard Bruno, MD, General Registrant
11 Michael Richardson, MD, New Physicians
12 Natasha Bhuyan, MO, Women
13 Nicole Chaisson, MD, MPH, Women
14

15 WHEREAS, The American Academy of Family Physicians (AAFP) has resolved that it supports
16 a patient's access to reproductive health services and opposes non-evidence-based restrictions
17 on medical care and the provision of such services, and
18

19 WHEREAS, the AAFP has historically supported the rights of family physicians to determine
20 their own scope of practice, and that a broad scope of practice is associated with lower
21 physician burnout, and
22

23 WHEREAS, one in four women in the United States will have an abortion by the age of 45, and
24

25 WHEREAS, abortions have a very low rate of complications requiring hospitalization;
26 approximately 0.5% or less making them one of the safest office procedures physicians
27 perform, and
28

29 WHEREAS, studies done in Texas during the period where the majority of their abortion clinics
30 were closed found an increased rate of maternal mortality, and
31

32 WHEREAS, several states are enacting laws to prohibit abortion under most circumstances (like
33 Indiana, Florida, Georgia and Iowa's fetal heartbeat bills), and
34

35 WHEREAS, some of the state laws being proposed will criminalize physicians for performing
36 abortions including Georgia's HB546, and
37

38 WHEREAS, physicians providing abortion care are doing so at the request of their patients,
39 now, therefore, be it
40

41 RESOLVED, That the American Academy of Family Physicians publicly oppose any law which
42 would criminalize physicians for providing abortion care, and be it further
43

44 RESOLVED, That this resolution opposing the criminalization of physicians providing abortion
45 care will be sent to the American Academy of Family Physicians' Congress of Delegates.

1 **Resolution NO. 1010**

2
3 **Fairness for Family Physicians of Non-US origin and their Families**

4
5 Submitted by: Rajesh Rajesh, MD, IMG
6 Alan- Michael Vargas, MD, IMG
7 Alex Mroszczk McDonald, MD, IMG
8 Alan-Michael Jain, MD, IMG
9 Sukhjeet Kamboj, MD, IMG
10 Leila Hesselson, MD, IMG
11 Timothy Yu, MD, IMG
12 Cynthia Jeremiah, MD, IMG
13 Tamer Said, MD, IMG
14 Viviane Said, MD, IMG
15

16 WHEREAS, A great number of physicians practicing in the United States are international
17 medical graduates of non-U.S. origin, and
18

19 WHEREAS, 20% of American Academy of Family Physician (AAFP) membership and over 25%
20 of family medicine residents are comprised of international medical graduates, and
21

22 WHEREAS, many family physicians have come to the U.S. on an employment-based visa such
23 as the H1-B, and
24

25 WHEREAS, international medical graduate family physicians are more likely to work amongst
26 rural and underserved populations, and
27

28 WHEREAS, based on country of origin wait time for adjustment of immigration status can
29 extend up to decades, and
30

31 WHEREAS, non-citizen children of international medical graduates physicians who turn 21 will
32 be required to return to their country of origin even though they grew up in the U.S., and
33

34 WHEREAS, the decades-long green card wait-times create severe quality of life issues for their
35 families and uncertainty around residency status impacts their morale and ability to care for
36 patients, and
37

38 WHEREAS, the mission of the AAFP is to improve the health of patients, families and
39 communities by serving the needs of members with professionalism and creativity, and
40

41 WHEREAS, other medical organizations such as the American Medical Association (AMA) and
42 Society of Hospital Medicine (SHM) and have supported the Fairness for High-Skilled
43 Immigrants Act -H.R. 1044 (2018 the act was referenced as H.R 392), and
44

45 WHEREAS, converting our employment-based immigration system into a "first-come, first-
46 served" system that does not discriminate based on country of origin, we would be taking a
47 significant step towards retaining family physicians in this country, now, therefore, be it
48

49 RESOLVED, That the American Academy of Family Physicians advocate for the elimination of
50 per country numerical limitation of permanent residency status for highly skilled employment-
51 based immigrants, and be it further

52
53 RESOLVED, That the American Academy of Family Physicians work with the American Medical
54 Association and the Society of Hospital Medicine in the elimination of the country specific
55 employment-based immigration limits.

1 **Resolution NO. 1011**

2
3 **Keep Legislators from Practicing Medicine Without a License**

4
5 Submitted by: Nicole Chaisson, MD, MPH, Women
6 Talia Aron, MD, Women
7 Laura Murphy, DO, General Registrant
8 Jewell Carr, MD, New Physicians
9 Amanda Meegan, DO, LGBT
10 Gattu Rao, MD, Minority
11 Zia Okocha, MD, General Registrant
12 Lisetta Shah, MD, Minority
13 Lauren Williams, MD, General Registrant
14

15 WHEREAS, The American Academy of Family Physicians (AAFP) is committed to providing
16 patient-centered, evidence-based care for our patients and develops and endorses practice
17 guidelines that meet criteria for methodological rigor, relevance to family medicine, and freedom
18 from bias, and
19

20 WHEREAS, family physicians undergo over 20,000 hours of clinical training before being
21 permitted to practice independently, and
22

23 WHEREAS, state and federal legislators are not required to undergo any medical training or
24 licensure, and
25

26 WHEREAS, recent legislation has significantly interfered with information provided within the
27 physician-patient relationship, (e.g. four states currently require that women seeking abortions
28 be informed of abortion reversal options when this practice has not been studied or verified
29 scientifically), and
30

31 WHEREAS, recent legislation has significantly interfered with a physician's ability to use their
32 trained judgment, (e.g. 27 states require patients to wait a specified amount of time between the
33 required counseling and the abortion procedure thereby idenying the physician's expertise and
34 ability to determine whether his or her patient is fully consented and ready for the procedure),
35 and
36

37 WHEREAS, the safety and quality of abortion care depends on where a woman lives due to
38 state-level restrictions on access, state-level restrictions on provision of services, and lack of
39 consistent training and education around abortion care, and
40

41 WHEREAS, at least 20 states have now introduced bills that would broaden vaccine exemptions
42 even without a medical need, and would require doctors to provide more information on risks of
43 vaccines that are not supported by evidence, despite clear scientific evidence, and
44

45 WHEREAS, though the above examples pertain to abortion care, a politically charged issue,
46 and vaccine refusal, they represent a slippery slope into other legislative incursions into the
47 physician-patient relationship, and open the door for inappropriate legislation, and
48

49 WHEREAS, the AAFP opposes legislation that infringes on the content or breadth of information
50 exchanged within the patient physician relationship because of the potential harm it can cause
51 to the health of the individual, family and community, and

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WHEREAS, the American Medical Association vigorously and actively defends the physician-patient-family relationship and actively opposes state and/or federal efforts to interfere in the content of communication in clinical care delivery between clinicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians condemns any interference by state or federal government that mandates a physician to present non-evidence based information to a patient, and be it further

RESOLVED, That the American Academy of Family Physicians advocate against state laws that restrict the privacy of physician-patient-family relationships and/or that violate the First Amendment rights of physicians in their practice of the art and science of medicine, unless a substantial public health justification exists, by partnering with other organizations, formally releasing a statement and/or mobilizing state chapters to take action, and be it further

RESOLVED, That the AAFP will advocate against state interference in the teaching and training of medical students and residents in the practice of evidence-based medical services.

1 **Resolution NO. 1012**

2
3 **Single Payer as the System that Provides Equity and Health Care as a Human Right**

4
5 Submitted by: Ean Bett, MD, New Physicians
6 Andrew Parad, MD, LGBT
7 Laura Kaplan-Weisman, MD, LGBT
8 Richard Bruno, MD, General Registrant
9 Anita Ravi, MD, New Physicians
10 Rupal Bhingradia, MD, General Registrant
11 Marissa Lapedis, MD, LGBT
12 Roma Amin, MD, Minority

13
14 WHEREAS, In 2017 the American Academy of Family Physicians (AAFP) declared that health
15 care is a human right, and

16
17 WHEREAS, in 2018 the AAFP declared that "Health Has No Zip Code" and accepted the goal
18 of health care equity as policy, and

19
20 WHEREAS, the AAFP has evaluated systems of health care in Board Report F to the 2017
21 Congress of Delegates (COD) and Board Report G to the 2018 COD, and

22
23 WHEREAS, in 2018 the AAFP changed their policy from a pluralistic system as the solution to
24 America's health care crisis to a policy that supports several possible systems as the solution,
25 now, therefore, be it

26
27 RESOLVED, That single payer is the only system amongst those studied by the American
28 Academy of Family Physicians that ensures an equitable system and delivers health care as a
29 human right for all, and be it further

30
31 RESOLVED, That single payer be the preferred system of the American Academy of Family
32 Physicians in efforts for health care reform, and be it further

33
34 RESOLVED, That this resolution be referred to Congress of Delegates.

1 **Resolution NO. 1013**

2
3 **Support Breastfeeding Mothers in the Workplace**

4
5 Submitted by: Anne Toledo, MD, New Physicians
6 Zeena Cortes, MD, Minority
7 Ivonne Mclean, MD, General Registrant
8 Carrie Pierce, MD, Women
9 Tess Lang, MD, New Physicians
10 Tabatha Wells, MD, New Physicians

11
12 WHEREAS, Evidence has overwhelmingly shown that breastfeeding has significant health
13 benefits for both mothers and infants, and

14
15 WHEREAS, studies have found that infants who are breastfed experience short-term benefits
16 such as decreased morbidity and mortality associated with infectious illnesses, as well as long-
17 term benefits including decreased rates of diabetes, obesity, hyperlipidemia, childhood
18 leukemia, and lymphoma; and decreased rates of sudden infant death syndrome, and

19
20 WHEREAS, mothers who do not breastfeed are at a higher risk for breast and ovarian cancers,
21 heart disease, postpartum depression, diabetes, and rheumatoid arthritis, and

22
23 WHEREAS, the American Academy of Family Physicians (AAFP) affirms that "all babies, with
24 rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six
25 months of life [and] should continue with the addition of complementary foods throughout the
26 second half of the first year," and

27
28 WHEREAS, despite the recommendation of major medical associations including the AAFP,
29 83% of mothers who gave birth in 2015 started out breastfeeding their infants; however, only
30 25% of infants continue to exclusively breastfeed at six months, and 36% at 12 months, and

31
32 WHEREAS, black infants are much less likely than white infants to breastfeed, is a pattern
33 consistent with underlying race-based health disparities and institutional discrimination, and

34
35 WHEREAS, a recent report published by the Center for WorkLife Law states that many mothers
36 are forced to decide between continuing to breastfeed and their jobs, largely due to
37 discriminatory workplace practices that prevent many breastfeeding mothers from expressing
38 milk at work, and

39
40 WHEREAS, breastfeeding workers are more likely to experience sexual harassment in the
41 workplace, and

42
43 WHEREAS, despite the federal Break Time for Nursing Mothers law, which mandates break
44 time and private space for milk expression, over nine million women of childbearing age are not
45 covered due to technicalities, and

46
47 WHEREAS, even for those who are covered, the Break Time for Nursing Mothers law is largely
48 unenforced for the average worker, especially low-income workers and unmarried mothers;
49 despite many states passing protective legislation to fill in the gaps left by federal law, now,
50 therefore, be it

52 RESOLVED, That the American Academy of Family Physicians advocate for the enforcement of
53 current legislation as well as additional legislation that supports the ability of working mothers to
54 breastfeed, and be it further
55
56 RESOLVED, That the American Academy of Family Physicians advocate for amendments to
57 current legislation to remove exclusions for specific fields.

1 **Resolution NO. 1014**

2

3 **AAFP Supports Family Leave**

4

5 Submitted by: Scott Hartman, MD, FAAFP, General Registrant
6 Tabatha Wells, MD, FAAFP, New Physicians
7 Carrie Pierce, MD, Women
8 Tabatha Cortes, MD, Minority
9

10 WHEREAS, Maternal mortality rates are higher in the United States (U.S.) than any other
11 industrialized nations, and

12
13 WHEREAS, the U.S. is alone among 193 nations in not having paid parental leave, and

14
15 WHEREAS, research demonstrates that parental leave is associated with improved infant, child,
16 and maternal health and well-being, and access to paid parental leave, in particular is strongly
17 associated with lower rates of infant and child mortality, and

18
19 WHEREAS, findings indicate that paid leave is also associated with improvements in gender
20 equality and has positive long-term economic impacts on families, and

21
22 WHEREAS, paid family leave is endorsed by the American College of Obstetricians and
23 Gynecologists, and by the American Academy of Pediatrics, and

24
25 WHEREAS, California's Paid Family Leave (PLF) program doubled utilization of maternity leave,
26 particularly for black, non-college educated, unmarried and Hispanic mothers, who had
27 averaged only one to two weeks of leave prior to the passage of PFL legislation, and

28
29 WHEREAS, one of the common misconceptions about paid parental leave is that the onus falls
30 on the employer's shoulders to continue to pay the employee, and most current state programs
31 are funded by a tax on workers that then allows funding for their paid leave, now, therefore, be it

32
33 RESOLVED, That the American Academy of Family Physicians support a minimum of 12 weeks
34 paid leave for primary caregivers for a newly born or adopted child, including family physicians
35 and residents, and support an optional extension of this leave as unpaid time off.

1 **Resolution NO. 1015**

2
3 **Resolution to Prevent Nuclear War**

4
5 Submitted by: Alex Mroszczyk-McDonald, MD New Physicians
6 Martha Simmons, MD, New Physicians
7 Joseph Nichols, MD, MPH, FAAFP, LGBT
8

9 WHEREAS, Nine nations collectively have approximately 15,000 nuclear weapons in their
10 arsenals, most of which are far more destructive than those that killed hundreds of thousands of
11 people in Hiroshima and Nagasaki, Japan, in 1945, and
12

13 WHEREAS, the detonation of even a small number of these weapons could have catastrophic
14 human and environmental consequences that could affect everyone on the planet, and
15

16 WHEREAS, the United States (U.S.) maintains several hundred nuclear missiles in
17 underground silos on hair-trigger alert, capable of being launched within minutes after a
18 presidential order, which greatly increases the risk of an accidental, mistaken or unauthorized
19 launch, and
20

21 WHEREAS, the U.S. continues to reserve the right to use nuclear weapons first, which reduces
22 the threshold for nuclear use and makes a nuclear war more likely, and
23

24 WHEREAS, the U.S. president has the sole and unchecked authority to order the use of nuclear
25 weapons, and
26

27 WHEREAS, over the next 30 years, the U.S. plans to spend an estimated \$1.7 trillion to replace
28 its entire nuclear arsenal and the bombers, missiles and submarines that deliver them with more
29 capable, more usable versions, and
30

31 WHEREAS, taxpayers spend over \$2 million every hour of every day to maintain the U.S.
32 nuclear arsenal, and
33

34 WHEREAS, the U.S., as well as Britain, China, France and Russia, are obligated under the
35 Nuclear Non-Proliferation Treaty (NPT) to take concrete steps toward eliminating their nuclear
36 arsenals, and
37

38 WHEREAS, in July 2017, 122 nations approved the Treaty on the Prohibition of Nuclear
39 Weapons which makes it illegal under international law to develop, test, produce, manufacture,
40 or otherwise acquire, possess or stockpile nuclear weapons or other nuclear explosives, and
41

42 WHEREAS, the American Academy of Family Physicians (AAFP) passed a resolution in the
43 2015 COD supporting the elimination of nuclear weapons, and
44

45 WHEREAS, the AAFP passed a resolution in the 2016 COD supporting a moratorium on
46 testing, production and deployment of nuclear, biological, and chemical weap and, now,
47 therefore, be it
48

49 RESOLVED, That the American Academy of Family Physicians advocte for the United States
50 government to lead a global effort to prevent nuclear war by renouncing the option of using
51 nuclear weapons first, ending the sole, unchecked authority of any president to launch a nuclear

52 attack, taking United States nuclear weapons off hair-trigger alert, cancelling the plan to replace
53 its entire arsenal with enhanced weapons, and actively pursuing a verifiable agreement among
54 nuclear-armed states to eliminate their nuclear arsenals.