



2016 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	Expanding Physician Education Materials for Sexually Transmitted Diseases in Immigrant and Uneducated Minority Populations
2. Resolution No. 1002	Improving Medicare Financing Through Parts A, B, C, and Through Medigap Consolidation
3. Resolution No. 1003	Eliminating Patient Satisfaction Scores as a Metric of Quality Healthcare
4. Resolution No. 1004	Educating a Diverse Physician Workforce
5. Resolution No. 1005	Opioid Prescribing Restrictions
6. Resolution No. 1006	Specialty-Specific Peer Domain of Medical Licensure Issues and Disciplinary Actions
7. Resolution No. 1007	Mitigate Disparities in Mental Health Availability
8. Resolution No. 1008	Limiting Increases In Drug Enforcement Agency and State Licensing Fees and Unrelated Fees to Practice Medicine
9. Resolution No. 1009	Single-Payer Health care (Medicare for All)
10. Resolution No. 1010	Call to Repeal State Laws which Punish Pregnant Women Suffering from Addiction
11. Resolution No. 1011	Lowering Total Out-of-Pocket Costs for All Health Insurance



Resolution No. 1001

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1 Expanding Physician Education Materials for Sexually Transmitted Diseases in Immigrant and
2 Uneducated Minority Populations

3

4 Submitted by: Sneha Chacko, MD, Minority
5 Eddie Richardson, MD, FAAFP, Minority
6 Stella King, MD, Minority
7 Anita Ravi, MD, MPH, New Physicians

8

9 WHEREAS, Sexually transmitted infections (STI) are seen disproportionately in minority
10 populations, and

11

12 WHEREAS, patients with low health literacy can be unaware that unprotected sex can lead to
13 unintended pregnancies and sexually transmitted infections, and

14

15 WHEREAS, a brief unofficial analysis of one family medicine physician working in an inner city
16 emergency room, treating this same population, over a four month period found that 58 out of 63
17 female patients aged 21 to 31 years of age, with STI exposure or STI symptoms, had no
18 knowledge that unprotected sex can lead to pregnancy, and

19

20 WHEREAS, the majority of these patients do not have a high school education and are minorities
21 that have come from different countries within the past 15 years, now, therefore, be it

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) develop curriculum
24 and educate physicians on STI and pregnancy prevention targeting uneducated minority and
25 immigrant population, and be it further

26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) request the Robert
28 Graham Center to investigate the economic, social and public health impact of lack of sex
29 education and knowledge in the immigrant and uneducated minority population.



Resolution No. 1002

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1 Improving Medicare Financing Through Parts A, B, C, and Through Medigap Consolidation

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3 Submitted by: Alma Littles, MD, FAAFP, Minority
4 Karen L. Smith, MD, FAAFP, Minority
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6 WHEREAS, Medicare has been one of the strongest, most successful social programs in America.
7 However, the intrusion of private insurance through Medicare Advantage (Part C) plans, and the
8 lack of stop-loss coverage (necessitating Medigap plans) have resulted in unnecessarily higher
9 costs to taxpayers and beneficiaries and weakened traditional Medicare, and

10
11 WHEREAS, privatized Medicare plans have been active since the 1970s, touting better quality for
12 lower costs. Since being rebranded as Medicare Advantage (Part C) plans in 2003, they have been
13 responsible for an increasing share of overall Medicare spending; in 2014, Part C plans were
14 responsible for \$155 billion in spending (26% of Medicare's total spending) and covered over 15
15 million Americans.¹ Part C plans are funded by Medicare Trust Funds (from Part A and Part B),
16 and are paid via risk-adjusted capitation model, and

17
18 WHEREAS, through a variety of means ("upcoding" diagnoses, lobbying Congress),^{2,3} Part C
19 program sponsors have received large overpayments for services for years. The Medicare
20 Payment Advisory Commission (MedPAC) estimated that there were \$44 billion in overpayments
21 from 2004 – 2008,⁴ and has repeatedly advised Center for Medicare & Medicaid Services (CMS) to
22 reduce overpayments. Additionally, overpayments have not been definitively shown to help
23 beneficiaries; a 2014 UPenn / National Bureau of Economic Research study showed that
24 overpayments to Part C sponsors result in more insurer advertising, but little medical or monetary
25 benefit for beneficiaries.⁵ The overpayments ultimately drain the Medicare Trust Funds, and result
26 in increased premiums for all traditional Medicare beneficiaries, and

27
28 WHEREAS, Medigap plans, used by approximately 23% of traditional Medicare beneficiaries, are
29 intended to cover deductibles and co-insurance, and offer stop-loss protection (an out-of-pocket
30 cap). Plans can cost over \$2,000 annually and are inefficient, wasting 20% of premiums on
31 overhead.⁶ Yet most Medigap enrollees have annual incomes of less than \$40,000, with nearly half
32 less than \$20,000,⁷ and need (but can scarcely afford) this protection. If the Medigap protections
33 were rolled into traditional Medicare, which has a 2-3% overhead cost, beneficiaries would receive
34 stop-loss protection for lower costs, and administrative complexity for all providers who bill
35 Medicare would be significantly reduced, and

36
37 WHEREAS, CMS seeks to combat fraud, waste, and abuse. The Part C program, though built into
38 the system by law, has been demonstrably responsible for tens of billions of dollars in waste.
39 Medigap programs, though not subsidized, are wasteful to beneficiaries due to high overhead
40 costs. Moreover, the administrative complexity generated by multiple payers for Medicare services
41 (including traditional Medicare, Medigap plans, and Medicare Advantage plans) adds additional
42 burdens to doctor's offices and hospitals, further straining the health care system, and
43

44 WHEREAS, the American Academy of Family Physician's (AAFP's) Single Payer Health Care
45 Member Interest Group has noted the inefficiencies exemplified by continual overpayments
46 (without medical or monetary benefit) to Part C programs, and the high cost of Medigap plans,
47 now, therefore, be it
48

49 RESOLVED, That the American Academy of Family Physicians (AAFP) advocates for legislation
50 that eliminates the Medicare Advantage and Medigap programs, and folds the benefits of Part C
51 plans and Medigap plans into traditional Medicare.
52



Resolution No. 1003

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1 Eliminating Patient Satisfaction Scores as a Metric of Quality Healthcare

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3 Submitted by: Leanne Swiderski, MD, New Physicians
4 Rupal Bhingradia, MD, General Registrant
5 MiLinda Zabramba, MD, New Physicians
6 Nardin Khalil, MD, New Physicians
7 Alberto Marcelin, MD, New Physicians
8 Megan Adamson, MD, New Physicians
9 Jessica Triche, MD, Women Physicians
10 Mitzi Rubin, MD, New Physicians
11 Tobe Momah, MD, Minority

12
13 WHEREAS, The Centers for Medicare and Medicaid Services have included patient satisfaction
14 data as a widely used metric of quality healthcare, and

15
16 WHEREAS, health plans, health systems and employers are able to use data from patient
17 satisfaction surveys to determine physician compensation, and

18
19 WHEREAS, studies have shown that patients who are prescribed persistent opioid medications for
20 chronic pain are more likely to be highly satisfied with all health care services and patients in
21 practices with frugal antibiotic prescribing were less satisfied with their healthcare, and

22
23 WHEREAS, 2014 data showed that 1.9 million Americans had a substance use disorder involving
24 prescription pain relievers, and

25
26 WHEREAS, in 2010-2011, an estimated 506 antibiotic prescriptions per 1000 patients were written
27 annually, but only 353 of these antibiotic prescriptions were estimated to be appropriately
28 prescribed, and

29
30 WHEREAS, striving for high patient satisfaction can become a barrier to physicians providing
31 quality evidence-based health care, especially in the cases of patients requesting services or
32 medications that are not indicated, and

33
34 WHEREAS, the unintended consequences of patient satisfaction scores have contributed to
35 physician burnout with 78% of physicians reporting that patient satisfaction surveys moderately or
36 severely affected their job satisfaction, and 28% of physicians reported that the scores made them
37 consider quitting, and

38
39 WHEREAS, higher patient satisfaction is associated with higher overall health care and
40 prescription drug costs, a higher rate of inpatient admissions, and increased patient mortality, now,
41 therefore, be it

42 RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter to the
43 Centers for Medicare and Medicaid Services discouraging the use of patient satisfaction scores as
44 a metric of quality healthcare, and be it further

45

46 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate against physician
47 reimbursement based on patient satisfaction scores.



Resolution No. 1004

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Educating a Diverse Physician Workforce

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3 Submitted by: Ada Steward, MD, FAAFP, Minority
4 Kim Yu, MD, Minority
5 Saby Karuppiah, MD, MPH, FAAFP, Minority
6

7 WHEREAS, The American Academy of Family Physicians (AAFP) is aware of the issues and
8 concerns of underrepresented minority physicians and improving the health of minority
9 populations, and

10
11 WHEREAS, the AAFP provides a national forum for advocacy on minority health issues and
12 through its work with NCCL, and

13
14 WHEREAS, the AAFP is aware of the health benefits of having physicians from diverse
15 backgrounds, and

16
17 WHEREAS, the American Medical Association Minority Affairs Section (AMA-MAS) is introducing a
18 resolution to address this very issue at the AMA Annual Meeting June 2016, now, therefore, be it

19
20 RESOLVED, That the American Academy of Family Physicians (AAFP) support pipeline programs
21 and encourage support services for underrepresented minority college students that will support
22 them as they move through college, medical school and residency programs, and be it further
23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) support the AMA in
25 recommending that medical school admissions committees use wholistic evaluation of admission
26 applicants, taking into account the diversity of preparation and the variety of talents that applicants
27 bring to their education, and be it further,
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) support the American
30 Medical Association (AMA) in advocating to the National Residency Matching Program (NRMP) to
31 track and disseminate demographic information pertaining to race and ethnicity collected from
32 Electronic Residency Application Service (ERAS) applications, and be it further
33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) support the American
35 Medical Association (AMA) to continue the work that was initiated by the Commission to End
36 Health Care Disparities' Workforce Diversity and Leadership Development Committee, and be it
37 further
38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) Board direct the AAFP
40 delegation to the American Medical Association (AMA) support these precepts at the AMA's House
41 of Delegates Annual Meeting starting in June 2016.



Resolution No. 1005

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Opioid Prescribing Restrictions

2

3 Submitted by: Cathleen London, MD, Women

4 Emma Daisy, MD, General Registrant

5 Miranda Balkin, MD, GLBT

6 Marian C. Allen, MD, GLBT

7

8 WHEREAS, It is the American Academy of Family Physicians policy to keep state legislators out of
9 the exam room, and

10

11 WHEREAS, the Centers for Disease Control came out with opioid prescribing guidelines in
12 response to the heroin epidemic, and

13

14 WHEREAS, the state of Maine, in response to these guidelines passed legislation restricting
15 physician opioid prescribing, and

16

17 WHEREAS, the state of Massachusetts, in response to these guidelines, passed legislation
18 restricting physician opioid prescribing, now, therefore, be it

19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) publicly condemn the
21 practice of medicine without a license by state legislators, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) strongly advocate for
24 Federal Legislation prohibiting state restriction of physician prescribing, and be if further

25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) AMA Delegation bring
27 Resolution No. 1005 from the 2016 National Conference of Constituency Leaders to the AMA.



Resolution No. 1006

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Specialty-Specific Peer Domain of Medical Licensure Issues and Disciplinary Actions

2

3 Submitted by: Valerie Mutchler-Fornili, MD, Women

4 Lisa Winkler, MD, Women

5 Joann Buonomano, MD, FAAFP, Women

6 Emma Daisy, MD, General Registrant

7

8 WHEREAS, Medical licensure and disciplinary issues are complex and difficult for those without a
9 medical degree to evaluate fairly and objectively, and

10

11 WHEREAS, currently those physicians that evaluate issues related to medical licensure may not
12 be licensed in the same specialty, now, therefore, be it

13

14 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a currently
15 licensed and practicing family physician to actively participate in the evaluation and resolution of
16 any licensure and disciplinary issues for family physicians.



Resolution No. 1007

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Mitigate Disparities in Mental Health Availability

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3 Submitted by: Alan-Michael Vargas, MD, IMG

4 Adnan Ahmed, MD, IMG

5 Danielle Gold, MD, IMG

6

7 WHEREAS, There is a severe and ongoing mental health provider shortage across the United
8 States, and

9

10 WHEREAS, family physicians care for a wide spectrum of mental illnesses and devote a significant
11 amount of clinical time on treating and counseling patients without appropriate time based
12 reimbursement, and

13

14 WHEREAS, the disease burden of mental illnesses continues to increase as the population grows,
15 now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians (AAFP) promote to advocacy
18 efforts to increase value based reimbursements for counseling and services rendered for mental
19 health illnesses, and be it further

20

21 RESOLVED, That the American Academy of Family Physicians (AAFP) explore advocacy efforts to
22 improve availability of mental health provider access.



Resolution No. 1008

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Limiting Increases In Drug Enforcement Agency and State Licensing Fees and Unrelated Fees to
2 Practice Medicine

3

4 Submitted by: Alice Daniels, MD, Women
5 Susan Chiarito, MD, FAAFP, Minority
6 Valerie Mutchler-Fornili, MD, Women
7 Karla Booker, MD, FAAFP, General Registrant

8

9 WHEREAS, Nationwide physicians license and Drug Enforcement Agency fees increase, and

10

11 WHEREAS, the Illinois physician licensing fees increased over 100% in 2014, and

12

13 WHEREAS, there has been no change in service to justify this increase, and

14

15 WHEREAS, the now former governor of Illinois stated this increase was to roll back in 2017 to the
16 rate charged prior to the 2014 increase, and

17

18 WHEREAS, there has been no dialogue over returning to the 2013 fees, and

19

20 WHEREAS, these fees could place hardship on physicians, and

21

22 WHEREAS, there should be a limit over how much licensing fees can be raised over a certain
23 period of time in all states, and

24

25 WHEREAS, there was no valid reason given for increasing this licensing to over 100%, and

26

27 WHEREAS, other fees required for practice medicine within their state, like the Virginia Birth Injury
28 Fund, which adds \$300.00 to the Virginia physicians annual cost to practice medicine, now,
29 therefore, be it

30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with all state
32 licensing and federal bodies to roll back fees to practice medicine and unrelated fees to practice
33 medicine be removed, and be it further

34

35 RESOLVED, That the American Academy of Family Physicians (AAFP) request that when
36 physician licensing fee increases are proposed by state and federal licensing agencies, that
37 physicians be notified one calendar year before fees are to occur, and be it further

38

39 RESOLVED, That the American Academy of Family Physicians (AAFP) request the state and
40 federal licensing agencies provide justifiable reasons for licensing fee increases.



Resolution No. 1009

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Single-Payer Health care (Medicare for All)

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3 Submitted by: Cathleen London, MD, Women
4 Kristen Koenig, MD, FAAFP, Women
5 Jessica Richmond, MD, New Physicians
6 Robert Sedlacek, MD, New Physicians
7

8 WHEREAS, The United States is the only industrialized nation that doesn't have health insurance
9 as a right of citizenship, and
10

11 WHEREAS, 33 million Americans are still uninsured as of 2015; 45,000 Americans die per year
12 because they lack health insurance, and the uninsured have a 40% increased risk of death
13 compared to the insured, and
14

15 WHEREAS, administrative costs of the current U.S. health care system are 31%, and
16 administrative costs of HR 676 Medicare for All would be 3-5%, and
17

18 WHEREAS, health care premiums have doubled in the past 10 years, and
19

20 WHEREAS, 60% of bankruptcies are associated with medical costs, and most Americans are one
21 car accident away from bankruptcy, and
22

23 WHEREAS, a single-payer system would reduce labor costs for businesses, and
24

25 WHEREAS, negotiating drug prices would save the system \$154 billion per year, and the Veteran's
26 Administration pays 40% less for drugs, and
27

28 WHEREAS, Medicare for All would save \$710 billion a year (25% of the total health care costs),
29 and would create jobs overall despite insurance company job losses, and
30

31 WHEREAS, 65% of Maine doctors and 80% of Democrats nationwide support a single-payer
32 system, now, therefore, be it
33

34 RESOLVED, That the American Academy of Family Physicians (AAFP) lobby Congress in favor of
35 passing HR 676 (Medicare for All).



Resolution No. 1010

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Call to Repeal State Laws which Punish Pregnant Women Suffering from Addiction

2
3 Submitted by: Rachel Franklin, MD, Women
4 Anna Kauffman, MD, Women
5 Mary Nguyen, MD, FAAFP, Minority
6 Suhail Shaikh, MD, FAAFP, Minority
7 Joanna Bisgrove, MD, FAAFP, General Registrant
8

9 WHEREAS, Addiction is now widely recognized as a chronic disease for which persons suffering
10 from the disease should be treated rather than punished, and

11
12 WHEREAS, pregnant women who suffer from addiction are an extremely vulnerable population
13 that requires highly skilled, compassionate and patient centric care, and

14
15 WHEREAS, children born to pregnant women with addiction who are receiving regular care for
16 their addiction have better neonatal outcomes, and

17
18 WHEREAS, punitive state laws against pregnant women with addiction dissuade women from
19 seeking treatment that could benefit both them and their children, and

20
21 WHEREAS, pregnant women threatened with incarceration while pregnant, or with loss of custody
22 of their child, should they seek treatment, often delay or fail to receive prenatal care, raising the
23 risk of premature birth, morbidity and mortality, and

24
25 WHEREAS, 18 other health care organizations have released statements against state laws that
26 punish rather than assist pregnant women with addiction who seek treatment, including
27 the American Medical Association, the American Academy of Pediatrics, American College of
28 Physicians, the American College of Obstetrics and Gynecology, the March of Dimes, National
29 Advocates for Pregnant Women, and the American Society for Addiction Medicine, now, therefore,
30 be it

31
32 RESOLVED, That the American Academy of Family Physicians update the language of its policy
33 regarding substance abuse in pregnant women to better reflect the American Academy of Family
34 Physicians condemnation of the mistreatment of pregnant women suffering from addiction, and be
35 it further

36
37 RESOLVED, That the language of the American Academy of Family Physicians policy regarding
38 substance abuse in pregnant women include a statement referencing the risk of pregnant women
39 who suffer from addiction avoiding prenatal care out of fear of being prosecuted or otherwise
40 punished, and be it further

41
42 RESOLVED, That the American Academy of Family Physicians Board of Directors adopt Congress
43 of Delegates Resolution Number 401 (New York State D), opposing mandatory drug testing of

44 pregnant women, as AAFP policy rather than accepting such resolution for information at its May
45 2016 meeting, and be it further
46
47 RESOLVED, That the American Academy of Family Physicians join the 18 other health care
48 organizations who have already publicly released statements strongly condemning existing state
49 laws which punish rather than assist pregnant women suffering from addiction by releasing a
50 statement which highlights our updated policy on this matter.



Resolution No. 1011

2016 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Lowering Total Out-of-Pocket Costs for All Health Insurance

2
3 Submitted by: Alma Littles, MD, FAAFP, Minority
4 Karen L. Smith, MD, FAAFP, Minority

5
6 WHEREAS, Private insurance plans with high deductibles and high co-payments along with
7 increasingly large out-of-pocket maximums per calendar year are causing a significant number of
8 patients to ration the use of primary care and preventive services. These plans put many income
9 earners, including most Americans in the middle class, at risk for medical bankruptcy, and

10
11 WHEREAS, timely access to primary care health services is a cost-effective way to run a health
12 care system. Under the Affordable Care Act (ACA), the increasing popularity of bronze and silver
13 level plans with both employers and individuals is resulting in more plans with higher co-pays,
14 deductibles, and overall out-of-pocket costs. Over the last five years, costs for premiums and out-
15 of-pocket expenses have gone up by more than 52%, while the median annual income is dropping.
16 Though plan specifics vary, under the ACA, the average maximum out-of-pocket expenses for
17 2016 are \$6,600 for an individual and \$13,200 for a family of four. The Census Bureau estimates
18 2014 real median income to be \$53,657, down from \$54,463 in 2013. These conflicting trends are
19 causing many middle working class Americans to face significant problems paying for medical
20 care, especially in times of catastrophic illness, and

21
22 WHEREAS, free market forces have long been touted as a powerful tool necessary to drive down
23 medical costs. However, plans are complicated and confusing to compare, and most ultimately
24 choose a plan based on cost of premiums, not considerations of future out-of-pocket costs. The
25 result is that many reduce primary care and preventive service use without regard to the necessity
26 of the treatments, procedures, preventive care or drugs they choose not to purchase. In a recent
27 Gallup poll, one in three Americans was found to delay medical care because of cost, and

28
29 WHEREAS, family physicians are well aware that delaying care can lead to unnecessary suffering,
30 preventable death, and higher costs of care. We maintain that high out-of-pocket costs directly
31 interfere with the primary objective of our profession: providing safe, timely, and high quality
32 primary care to our patients. In addition, American Academy of Family Physicians (AAFP) policy
33 supports “universal access to basic health care services for all people”. Increasing financial
34 obstacles directly and negatively impacts our ability to fulfill our duties to our patients, and

35
36 WHEREAS, the AAFP’s Single Payer Health Care Member Interest Group strongly supports the
37 AAFP policy of universal access for all, now, therefore, be it

38
39 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for legislation
40 that significantly reduces or eliminates deductibles, copayments, and other out of pocket costs for
41 all types of insurance plans, especially silver and bronze level Affordable Care Act (ACA) plans, as
42 these measures lead to patients avoiding necessary care, and be it further

43 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an in-depth
44 economic analysis of the current Affordable Care Act (ACA), to determine whether or not it has the
45 ability to meet the mission of the (AAFP) as it pertains to universal access and an acceptable
46 manner of cost containment.