2016 Agenda for the Reference Committee on Health of the Public & Science

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

Item No.	Resolution Title
1. Resolution No. 3001	Extended Care Facility Placement Should Not Require a Three Day Inpatient Stay
2. Resolution No. 3002	Decreasing Drug Prices for Medicare Recipients and Strengthening Medicare
3. Resolution No. 3003	To Improve Access to Pre-exposure Prophylaxis for HIV (PrEP) Training
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7. Resolution No. 3007	Oppose Transphobic Legislation Regarding the Use of Public Facilities
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12. Resolution No. 3012	Updating of AAFP Reproductive Decisions Policy

Resolution No. 3001

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

Extended Care Facility Placement Should Not Require a Three Day Inpatient Stay

Submitted by: MiLinda Zabramba, MD, New Physicians
Rupal Bhingradia, MD, New Physicians
Alberto Marcelin, MD, New Physicians

WHEREAS, currently, Medicare is the only insurance company that requires a three midnight inpatient stay for disposition to extended care facility, and

WHEREAS, these patients are above the age of 65 and frequently frail with multiple medical comorbidities, and

WHEREAS, patients discharged home despite being recommended to discharge to extended care facility (ECF) by physical and occupational therapies, are at risk for falls, injury, worsening of chronic conditions and over all, an increase in health care cost, morbidity and mortality, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter to the Centers for Medicare and Medicaid Services to remove the requirement of an inpatient stay and three midnight stay to qualify for extended care facility placement.

Resolution No. 3002

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

Decreasing Drug Prices for Medicare Recipients and Strengthening Medicare

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

WHEREAS, By law, traditional Medicare (Part B) is prohibited from negotiating prescription drug prices with manufacturers. All negotiations are done by Medicare Advantage plans (Part C) or individual Medicare Prescription Drug plans (Part D). The inability of traditional Medicare to negotiate results in drug prices that are 73% higher than Medicaid prices, increases cost-shifting to beneficiaries, decreases adherence, and prohibits Medicare from saving almost $16 billion dollars annually, and

WHEREAS, in 2003, the *Medicare Modernization Act (MMA)* was passed, resulting in the creation of publicly funded, privately run Medicare Prescription Drug plans (Part D). These plans, along with the Medicare Advantage plans (Part C), provided access to prescription drugs for enrolled Medicare beneficiaries for the first time. Included in the *MMA* is a clause that prohibits the federal government from negotiating prices with drug manufacturers and instead leaves negotiation to the commercial Medicare Part D plans. Additionally, the law ended prescription drug rebates for Medicare and Medicaid ("dually eligible") patients, and

WHEREAS, these two elements of the *MMA* have resulted in brand-name drug prices for Medicare Part D beneficiaries that are 73% higher than for Medicaid beneficiaries and 80% higher than for Veterans Health Administration (VHA) beneficiaries. For cost savings, Medicaid programs rely primarily on rebates from drug manufacturers, and the VHA relies on a combination of rebates, negotiations, and active formulary management. If Part D plans were to obtain brand-name drugs at the same price as Medicaid or the VHA or through similar means, Medicare (and therefore taxpayers) would save nearly $16 billion annually. Additionally, allowing medication importation and re-importation of Canadian or American manufactured drugs from Canada can lower costs even further, and

WHEREAS, recent events, including the $84,000 pricing of Sovaldi and the 5,000% price increase of Daraprim, have shined a spotlight on the fact that there is little that stops brand name drug manufacturers from charging as much as possible for potentially life-saving drugs. As out of pocket medical costs (premiums, deductibles, and co-pays) rise, with the coverage gap ("donut hole") still present, and with seniors spending an average of 37% of their Social Security checks on medical costs, it is important to decrease drug costs in order to provide needed relief to both Medicare beneficiaries and taxpayers. While the *Affordable Care Act* has some provisions that address the "donut hole", the law merely addresses out of pocket costs and is an incomplete solution, and

WHEREAS, in 2002, the American Academy of Family Physicians (AAFP) took a legislative stance and supported safe, effective, and affordable medications (http://www.aafp.org/about/policies/all/drug-pricing.html), which was reaffirmed in 2014. In addition, a 2006 Robert Graham Center Policy Report (http://www.aafp.org/afp/2006/0201/p402.html)

similarly recognized that increased out of pocket costs decreases adherence to medication. With the Merit-Based Incentive Payment System (MIPS) on the horizon, the AAFP has advocated including drug prices in the calculation of value-based payment. Decreasing out-of-pocket medication costs and simplifying formularies helps Medicare beneficiaries stay adherent to their medications and stay healthy. It also decreases the time physicians waste in determining the medications on the formulary, and

WHEREAS, overall, this is an issue that directly impacts all Medicare beneficiaries who need prescription drugs, and the family physicians and health care systems who take care of them. Currently, there are multiple bills in both houses of Congress that address these three issues, including H.R. 1042 (Medicare Fair Drug Pricing Act), S. 1083 (Medicare Drug Savings Act), and S. 22 (Safe and Affordable Drugs from Canada Act), and

WHEREAS, the AAFP's Single-Payer Health Care Member Interest Group recommends supporting such legislation as a way to strengthen Medicare and expand it to all Americans, which helps achieve the AAFP goal of health care for all, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for strengthening Medicare by allowing Medicare to negotiate drug prices and to actively manage formularies, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for reinstating prescription drug rebates for low income Medicare beneficiaries.

Resolution No. 3003

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

To Improve Access to Pre-exposure Prophylaxis for HIV (PrEP) Training

Submitted by: Scott Hartman, MD, FAAFP, GLBT
Karen Krigger, MD, Minority
Ada Stewart, MD, FAAFP, Minority
Randy Gelow, II, MD, GLBT
Adnan Ahmed, MD, IMG
Lisa Winkler, MD, Women
Valerie Mutchler-Fornili, MD, Women
Joann Buonomano, MD, FAAFP, Women

WHEREAS, There are 1.2 million United States (U.S.) citizens infected with Human Immunodeficiency Virus (HIV), and

WHEREAS, there are 40,000 new HIV infections yearly in the U.S., and

WHEREAS, 1 in 2 black men who have sex with men (MSM), 1 in 4 Latino MSM and 1 in 11 white MSM will contract HIV in their life-times MSMs continue to face the greatest burden of HIV with 1 in 6 MSM facing risk of HIV, and

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WHEREAS, African-Americans remain the most affected racial or ethnic group, with 1 in 20 men, and 1 in 48 women at risk for HIV in their lifetime, and

WHEREAS, those who inject drugs are at much higher risk than the general population, with 1 in 23 for women, and 1 in 36 for men, and

WHEREAS, by region, people living in the southern U.S. face the highest risks for HIV, including Washington, D.C. (1 in 13) and the states of Maryland (1 in 49), Georgia (1 in 51), Florida (1 in 54), and Louisiana (1 in 56), and

WHEREAS, meeting the National HIV/AIDS Strategy (NHAS) 2020 target of increasing the percentage of people living with HIV who are diagnosed to 90%, and the percentage of persons with an HIV diagnosis who are virally suppressed to 80%, could prevent 168,000 new HIV infections, and

WHEREAS, rapid uptake of Pre-exposure Prophylaxis (PrEP) can help prevent another 17,000 infections if treatment of 40% of high-risk MSM,10% of injection drug users,10% of high-risk heterosexuals, and

WHEREAS, if current rates of diagnosis, care, and treatment are maintained from 2015-2020; more than 265,000 new infections could occur over that period without PrEP, and

WHEREAS, one-third of U.S. primary care physicians are unaware that there is a daily prophylactic medication that can reduce the risk of sexually transmitted HIV by 90%, and

WHEREAS, approximately 24.7% of sexually active adult MSM (492,000), 18.5% of persons who inject drugs (115,000), and 0.4% of heterosexually active adults (624,000) had substantial risks for acquiring HIV consistent with PrEP indications, and

WHEREAS, provision of PrEP is within the scope of care by family physicians, and

WHEREAS, patients are having a hard time finding a PrEP provider, and

WHEREAS, Ryan White HIV providers cannot provide services to HIV uninfected patients, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) should include Pre-exposure Prophylaxis (PrEP) education in Continuing Medical Education (CME) offerings, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) writes a letter to strongly recommend to the Accreditation Council for Graduate Medical Education (ACGME) require Pre-exposure Prophylaxis (PrEP) education as part of the family medicine core competencies.

Resolution No. 3004

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

Increased Access for Providers to Prescribe to Anti-Hepatitis Medications

Submitted by: Tobe Momati, MD, New Physicians
Alex Faustin, MD, Minority
Alberto Marcelin, MD, New Physicians

WHEREAS, More than 3.5 million Americans currently suffer from hepatitis C and more than 17,000 were infected in 2014 and there is a shortage of infectious disease physicians and hepatologists to provide care for this number of patients, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) write a statement to Gilead pharmaceuticals, who are the sole manufacturers of the anti-hepatitis products (including Harvoni and Sovaldi), advocating a lift of restrictions on non-infectious disease and hepatology physicians from prescribing the above anti-hepatitis medications in order to facilitate the care of hepatitis C patients.

Resolution No. 3005

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

Following HIV Testing Guidelines from the CDC

Submitted by: Brent Sugimoto, MD, GLBT
Benjamin Simmons, MD, GLBT
Susan Osborne, MD, GLBT
Santina Wheat, MD, New Physician

WHEREAS, The 2013 NCCL Resolution 3007 “Update on HIV Screening” was adopted by the National Conference of Constituency Leaders (NCCL) to change current American Academy of Family Physicians (AAFP) practice recommendations to screen adolescents and adults ages 18 to 65 years for HIV infection, and

WHEREAS, the AAFP Board of Directors upon review accepted it for information but stated that the resolution was not consistent with current AAFP HIV policy as reviewed in 2013 and did not address screening based on risk or community rates, and

WHEREAS, according to the Centers for Disease Control and Prevention (CDC), 34% of high school students reported sexual intercourse during the previous 3 months, yet 41% did not use a condom the last time they had sexual intercourse, and

WHEREAS, in 2014 almost 10,000 youth ages 13 to 24 were diagnosed with HIV, which represented 22% of all new HIV diagnoses, and

WHEREAS, from 2005-2014 HIV diagnoses among black and Hispanic/Latino gay and bisexual men ages 13 to 24 increased 87%, and

WHEREAS, the CDC recommends that everyone ages 13 to 64 get tested for HIV at least once as part of routine health care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) amend its guidelines to reflect those of the Centers for Disease Control and Prevention (CDC) in recommending that everyone ages 13 to 64 be offered HIV testing be offered at least once as part of routine health care.

Resolution No. 3006

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

Sweet and Accurate Food Labeling

Submitted by: Valerie Mutchler-Rorneli, MD, Women
Maria deArman, MD, Women
Heather Aguirre, DO, General Registrant
Kevin Bernstein, MD, New Physicians

WHEREAS, The 2015-2020 World Health Organizations Guidelines recommend for adults and children intake of free sugars to less than 10% of their total energy intake (caloric intake), and

WHEREAS, the evidence shows that adults who consume less sugar have lower body weight, and

WHEREAS, that increasing the amount of sugars in the diet is associated with a weight increase, and

WHEREAS, the recommendation is further supported by evidence showing higher rates of dental caries (commonly referred to as tooth decay) when the intake of free sugar is above 10% of total energy intake compared with an intake of free sugars below 10% of total energy intake, and

WHEREAS, in July 2015 the Food and Drug Administration (FDA) issued a supplemental proposed rule that would require declaration of the % Daily Value for added sugar and mandated accurate labeling of food stuffs, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) publicly support the 2015 Food and Drug Administration (FDA) proposed rule to properly and accurately label all food with the % Daily Value (%DV) for added sugar excluding naturally occurring sugars in milk and fruit in its naturally occurring state.

Resolution No. 3007

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

Oppose Transphobic Legislation Regarding the Use of Public Facilities

Submitted by: Marian C. Allen, MD, GLBT
Joseph Freund, MD, GLBT
Joann Buonomano, MD, FAAFP, Women
Jessica Guh, MD, Minority
Kevin Wang, MD, FAAFP, GLBT

WHEREAS, Transgender people experience worse health, compared with cisgender people due to avoidance of care, stress from discrimination and alienation, and higher rates of sexual and physical violence, and

WHEREAS, “gender dysphoria intensifies over time and, when inadequately treated, can lead to clinically significant psychological distress, dysfunction, debilitating depression, self-surgery, and suicidality,” and

WHEREAS, nine bills have been introduced in various states across the United States in January 2016 dictating the use of public facilities, such as restrooms and locker rooms; and these bills require people to use public facilities that correspond with their biological sex identified at birth and/or chromosomes, instead of their gender identity, and

WHEREAS, “all people share the real human need for safe restroom facilities when we go to work, go to school, and participate in public life,” and

WHEREAS, being required to use a public facility that does not correspond with gender identity is a health issue that negatively affects transgender people, increasing the risk of sexual, verbal, and physical harassment and violence, and

WHEREAS, inability to access restroom facilities and avoidance of restroom use is a health issue and has been shown to lead to problems including dehydration, kidney infections and urinary tract infections, and

WHEREAS, proposed legislation effectively makes it illegal for transgender people to live as the gender with which they identify, which as described above, has significant health implications and furthermore sends the message to transgender people that they are unwanted, unprotected, and unworthy of policing, and

WHEREAS, current federal nondiscrimination laws covering public accommodations cover only race, color, religion, national origin and disability and does not prohibit discrimination based on sex, gender identity or sexual orientation in public accommodations, and

WHEREAS, the majority of states prohibit discrimination based on sex in public accommodations leading many state courts and enforcement agencies to interpret these laws to protect transgender people, and

WHEREAS, the American Academy of Family Physician (AAFP) already has policy opposing “all discrimination in any form, including but not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus, or national origin,” more specific policy can be implemented to protect the rights and health of transgender people, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) endorse existing anti-discrimination state and federal laws protecting people from discrimination based on gender expression and identity and oppose laws that compromise the safety and health of transgender people, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) supports work to include sex, gender identity and sexual orientation to federal anti-discrimination legislation in, “public accommodations, housing, employment in public and private workplaces.”

Resolution No. 3008

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

Increasing Education, Research and Access for Opioid Addiction Treatment

Submitted by: Lisa Winkler, MD, Women
Tabatha Wells, MD, General Registrant
Emma Daisy, MD, General Registrant

WHEREAS, There is a significant worsening public health problem surrounding opioid abuse and opioid related deaths, and

WHEREAS, more people died from drug overdoses in 2014 than in any other year and 6/10 of these deaths were related to opioid abuse. Since 1999, the rate of overdose deaths have nearly quadrupled. From 2000-2014, nearly half a million people have died from opioid abuse. Nearly 78 people die each day from opioid overdose, and

WHEREAS, the family physician is among the first line of contact for treatment and prevention of opioid related disease, including addiction and abuse, and

WHEREAS, the current health communities are ill equipped to treat these patients and offer addiction treatment services, and

WHEREAS, many addiction treatment facilities are not covered by Medicaid, Medicare or private insurance, and

WHEREAS, the family physician may not receive education or training in addiction, and

WHEREAS, the American Academy of Family Physician (AAFP) policy statement supports the education and training of family physicians in identification and treatment of opioid addiction, and

WHEREAS, the Center for Disease Control and Prevention recommends increasing access to evidence based substance abuse treatment, including medication based treatment, and

WHEREAS, there is limited coverage by current health care plans to cover current treatment practices and lack of financial resources used to develop evidence based treatment and treatment facilities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) increase available Continuing Medical Education (CME) opportunities specific to identifying and treating addiction to opioids, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for improved reimbursement for addiction services, including inpatient and outpatient treatment options, by Medicare, Medicaid and private insurance companies, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for continued research and development of evidence-based addiction treatment options related to opioid abuse.

Resolution No. 3009

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

Care and Support of Transgender and Gender-Nonconforming (T/GNC) Youth

Submitted by: Randy Gelow, II, MD, GLBT
Miranda Balkin, MD, GLBT
LeeAnna Muzquiz, MD, Minority
Shannon Connolly, MD, Women
KrisEmily McCrory, MD, FAAFP, Women
Bhavik Kumar, MD, MPH, New Physicians
Santina Wheat, MD, New Physicians

WHEREAS, Transgender medical care (including hormone-based care) has been demonstrated to be safe, and

WHEREAS, transgender and gender-nonconforming (T/GNC) youth are deeply misunderstood. This lack of misunderstanding feeds family and societal rejection and stigmatization. This shame and rejection leads to self-harming behaviors, increased drug use, homelessness, Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) infection, depression, and suicide (1/3 [33.2%] of T/GNC have attempted suicide), and

WHEREAS, care providers are often the first people parents of gender non-conforming and transgender children turn to for guidance, reassurance and appropriate medical care for their child. As first responders, it is vitally important that up-to-date, accurate and gender identity-affirming services be offered, and

WHEREAS, transition-related care for transgender persons, including medical suspension of puberty, is medically necessary, and reduces the rate of unfavorable health outcomes, and

WHEREAS, lack of access to medical treatment for transition-related care has led to many transgender persons to consider extraordinary measures to procure medical care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational programs for clinicians related to the care of transgender and gender-nonconforming youth, as well as incorporating youth-specific information into the general transgender care toolkit it was previously directed to develop, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) strongly recommend that its state chapters work with school systems to lobby for supportive environments for transgender and gender nonconforming youth in schools, specifically restrooms, locker rooms, and extracurricular programs.

Resolution No. 3010

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

Promotion of Parity in Insurance Coverage for Transition-Related Transgender Care

Submitted by: Kathy Homrok, MD, GLBT
Randy Gelow, II, MD, GLBT
Valerie Mutchler-Fornili, MD, Women
MiLinda Nimmo Zabramba, MD, New Physicians
Karen Krigger, MD, FAAFP, Minority
Alfred Gitu, MD, FAAFP, IMG

WHEREAS, Transition-related care for transgender persons, including medical transition and surgical care, is medically necessary, and reduces the rate of unfavorable health outcomes, and

WHEREAS, lack of access to medical treatment for transition-related care has led to many transgender persons to consider extraordinary measures to procure medical care, and

WHEREAS, the American Academy of Family Physicians policy on gender equality states that employers and health plans should not discriminate by birth or the patient's identified gender in the provision of health care benefits including a) prescription drugs and devices, b) elective sterilization procedures, c) diagnostic testing, and d) medically indicated surgical procedures, and

WHEREAS, transition-related care for transgender persons, including medical transition and surgical care, is medically necessary, and reduces the rate of unfavorable health outcomes, and

WHEREAS, some insurance companies have exclusions for transition-related care despite similar services being covered for cisgender persons, and

WHEREAS, several states (such as California and New York) prohibit such exclusions of coverage for transgender care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) will send letters to insurance trusts and commissioners strongly recommending policies that medical services covered for the general population (including but not limited to anatomically-appropriate preventive services not consistent with gender, cross-sex hormonal therapy, and surgery) should be covered for transgendered patients, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) will create a toolkit for state chapters to utilize when lobbying within their state legislatures to advocate for policies related to transgender health equity at the state level.

Resolution No. 3011

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

Screening for Social Determinants of Health in Primary Care Practices

Submitted by: Wayne Forde, MD, FAAFP, Minority
Kimberly Becher, MD, New Physicians
James Huang, MD, Minority
Jaividhya Dasarathy, MD, FAAFP, General Registrant
Venis Wilder, MD, General Registrant
Sarah McNeil, MD, Women

WHEREAS, According to 2014 Census data, an estimated 21.1% of all United States (U.S.) children younger than 18 years and an estimated 14.8% of all U.S. adults live in poverty, and

WHEREAS, poverty is a marker for the social determinants of health, and

WHEREAS, there are validated screening tools for use to uncover patients at risk for morbidity and mortality due to the social determinants of health, and

WHEREAS, other professional organizations, such as the American Academy of Pediatrics, have developed policies addressing social determinants of health screenings, and

WHEREAS, 93% of the U.S. is serviced by the 2-1-1 meant to provide rapid information and referrals to health, human and social service organizations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage its members to screen for social determinants of health, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage its members to make appropriate referrals to social services organizations such as 2-1-1 phone service, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage Centers for Medicaid and Medicare and other payers to include social determinants of health screening as a quality metric, and be it further

RESOLVED, That American Academy of Family Physicians (AAFP) create Continuing Medical Education (CME) on how to address social determinants of health in clinical practice.

Resolution No. 3012

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

Updating of AAFP Reproductive Decisions Policy

Submitted by: KrisEmily McCrory, MD, FAAFP, Women
Shannon Connolly, MD, Women
Julie Johnston, MD, Women
Tabatha Wells, MD, General Registrant
Santina Wheat, MD, New Physician

WHEREAS, The current American Academy of Family Physicians (AAFP) policies regarding pregnancy termination as outlined on AAFP.org are inconsistent, in that the current Reproductive Decisions policy, which states that the "AAFP endorses the concept that abortion should be performed in conformance with the standards of good medical practice as determined by the laws and regulations governing the practice of medicine in that locale" can be interpreted to support any legislation deemed by a local governing body, and

WHEREAS, the current Reproductive Health Services Policy states "AAFP supports a woman's access to reproductive health services and opposes non-evidence-based restrictions on medical care and the provision of such services," which implies that governing bodies imposing non-evidence-based medical practices should not supersede the ability of a qualified physician from practicing a medically appropriate procedure, and

WHEREAS, recent state legislation has been proposed that would criminalize physicians who provide terminations services to women and there are currently 27 states that have policies or laws which are not evidence-based and thus regulate abortion providers beyond what is necessary to ensure patient safety, and

WHEREAS, the American Congress of Obstetrician and Gynecologists "opposes legislation or other requirements that single out abortion services from other outpatient procedures," and

WHEREAS, abortion is no more dangerous than other outpatient procedures for which there are no similar requirements, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) actively oppose non-evidenced-based restrictions on medical services through advocacy efforts including but not limited to letter writing and providing public testimony when appropriate, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) modify the current reproductive decisions policy to state "the AAFP endorses the concept that abortion should be performed in conformance with the standards of good medical practice as determined by evidence-based outcomes."