



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

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

<u>Item No.</u>	<u>Resolution Title</u>
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
4. Resolution No. 3004	Increased Access for Providers to Prescribe to Anti-Hepatitis Medications
5. Resolution No. 3005	Following HIV Testing Guidelines from the CDC
6. Resolution No. 3006	Sweet and Accurate Food Labeling
7. Resolution No. 3007	Oppose Transphobic Legislation Regarding the Use of Public Facilities
8. Resolution No. 3008	Increasing Education, Research and Access for Opioid Addiction Treatment
9. Resolution No. 3009	Care and Support of Transgender and Gender-Nonconforming (T/GNC) Youth
10. Resolution No. 3010	Promotion of Parity in Insurance Coverage for Transition-Related Transgender Care
11. Resolution No. 3011	Screening for Social Determinants of Health in Primary Care Practices
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

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

2

3 Submitted by: MiLinda Zabramba, MD, New Physicians

4 Rupal Bhingradia, MD, New Physicians

5 Alberto Marcelin, MD, New Physicians

6

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

9

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

12

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

17

18 RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter to the Centers
19 for Medicare and Medicaid Services to remove the requirement of an inpatient stay and three
20 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

1 Decreasing Drug Prices for Medicare Recipients and Strengthening Medicare

2
3 Submitted by: Alma Littles, MD, FAAFP, Minority
4 Karen L. Smith, MD, FAAFP, Minority
5

6 WHEREAS, By law, traditional Medicare (Part B) is prohibited from negotiating prescription drug
7 prices with manufacturers. All negotiations are done by Medicare Advantage plans (Part C) or
8 individual Medicare Prescription Drug plans (Part D). The inability of traditional Medicare to
9 negotiate results in drug prices that are 73% higher than Medicaid prices, increases cost-shifting
10 to beneficiaries, decreases adherence, and prohibits Medicare from saving almost \$16 billion
11 dollars annually, and
12

13 WHEREAS, in 2003, the *Medicare Modernization Act (MMA)* was passed, resulting in the creation
14 of publicly funded, privately run Medicare Prescription Drug plans (Part D). These plans, along with
15 the Medicare Advantage plans (Part C), provided access to prescription drugs for enrolled
16 Medicare beneficiaries for the first time. Included in the *MMA* is a clause that prohibits the federal
17 government from negotiating prices with drug manufacturers and instead leaves negotiation to the
18 commercial Medicare Part D plans. Additionally, the law ended prescription drug rebates for
19 Medicare and Medicaid (“dually eligible”) patients, and
20

21 WHEREAS, these two elements of the *MMA* have resulted in brand-name drug prices for Medicare
22 Part D beneficiaries that are 73% higher than for Medicaid beneficiaries and 80% higher than for
23 Veterans Health Administration (VHA) beneficiaries. For cost savings, Medicaid programs rely
24 primarily on rebates from drug manufacturers, and the VHA relies on a combination of rebates,
25 negotiations, and active formulary management. If Part D plans were to obtain brand-name drugs
26 at the same price as Medicaid or the VHA or through similar means, Medicare (and therefore
27 taxpayers) would save nearly \$16 billion annually. Additionally, allowing medication importation
28 and re-importation of Canadian or American manufactured drugs from Canada can lower costs
29 even further, and
30

31 WHEREAS, recent events, including the \$84,000 pricing of Sovaldi and the 5,000% price increase
32 of Daraprim, have shined a spotlight on the fact that there is little that stops brand name drug
33 manufacturers from charging as much as possible for potentially life-saving drugs. As out of pocket
34 medical costs (premiums, deductibles, and co-pays) rise, with the coverage gap (“donut hole”) still
35 present, and with seniors spending an average of 37% of their Social Security checks on medical
36 costs, it is important to decrease drug costs in order to provide needed relief to both Medicare
37 beneficiaries and taxpayers. While the *Affordable Care Act* has some provisions that address the
38 “donut hole”, the law merely addresses out of pocket costs and is an incomplete solution, and
39

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

44 similarly recognized that increased out of pocket costs decreases adherence to medication. With
45 the Merit-Based Incentive Payment System (MIPS) on the horizon, the AAFP has advocated
46 including drug prices in the calculation of value-based payment. Decreasing out-of-pocket
47 medication costs and simplifying formularies helps Medicare beneficiaries stay adherent to their
48 medications and stay healthy. It also decreases the time physicians waste in determining the
49 medications on the formulary, and
50

51 WHEREAS, overall, this is an issue that directly impacts all Medicare beneficiaries who need
52 prescription drugs, and the family physicians and health care systems who take care of them.
53 Currently, there are multiple bills in both houses of Congress that address these three issues,
54 including H.R. 1042 (Medicare Fair Drug Pricing Act), S. 1083 (Medicare Drug Savings Act), and S.
55 22 (Safe and Affordable Drugs from Canada Act), and
56

57 WHEREAS, the AAFP's Single-Payer Health Care Member Interest Group recommends supporting
58 such legislation as a way to strengthen Medicare and expand it to all Americans, which helps
59 achieve the AAFP goal of health care for all, now, therefore, be it
60

61 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for strengthening
62 Medicare by allowing Medicare to negotiate drug prices and to actively manage formularies, and
63 be it further
64

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



Resolution No. 3003

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

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

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3 Submitted by: Scott Hartman, MD, FAAFP, GLBT
4 Karen Krigger, MD, Minority
5 Ada Stewart, MD, FAAFP, Minority
6 Randy Gelow, II, MD, GLBT
7 Adnan Ahmed, MD, IMG
8 Lisa Winkler, MD, Women
9 Valerie Mutchler-Fornili, MD, Women
10 Joann Buonomano, MD, FAAFP, Women

11
12 WHEREAS, There are 1.2 million United States (U.S.) citizens infected with Human
13 Immunodeficiency Virus (HIV), and

14
15 WHEREAS, there are 40,000 new HIV infections yearly in the U.S., and

16
17 WHEREAS, 1 in 2 black men who have sex with men (MSM), 1 in 4 Latino MSM and 1 in 11 white
18 MSM will contract HIV in their life-times MSMs continue to face the greatest burden of HIV with 1 in
19 6 MSM facing risk of HIV, and

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

23
24 WHEREAS, those who inject drugs are at much higher risk than the general population, with 1 in
25 23 for women, and 1 in 36 for men, and

26
27 WHEREAS, by region, people living in the southern U.S. face the highest risks for HIV, including
28 Washington, D.C. (1 in 13) and the states of Maryland (1 in 49), Georgia (1 in 51), Florida (1 in 54),
29 and Louisiana (1 in 56), and

30
31 WHEREAS, meeting the National HIV/AIDS Strategy (NHAS) 2020 target of increasing the
32 percentage of people living with HIV who are diagnosed to 90%, and the percentage of persons
33 with an HIV diagnosis who are virally suppressed to 80%, could prevent 168,000 new HIV
34 infections, and

35
36 WHEREAS, rapid uptake of Pre-exposure Prophylaxis (PrEP) can help prevent another 17,000
37 infections if treatment of 40% of high-risk MSM, 10% of injection drug users, 10% of high-risk
38 heterosexuals, and

39
40 WHEREAS, if current rates of diagnosis, care, and treatment are maintained from 2015-2020;
41 more than 265,000 new infections could occur over that period without PrEP, and

43 WHEREAS, one-third of U.S. primary care physicians are unaware that there is a daily prophylactic
44 medication that can reduce the risk of sexually transmitted HIV by 90%, and
45
46 WHEREAS, approximately 24.7% of sexually active adult MSM (492,000), 18.5% of persons who
47 inject drugs (115,000), and 0.4% of heterosexually active adults (624,000) had substantial risks for
48 acquiring HIV consistent with PrEP indications, and
49
50 WHEREAS, provision of PrEP is within the scope of care by family physicians, and
51
52 WHEREAS, patients are having a hard time finding a PrEP provider, and
53
54 WHEREAS, Ryan White HIV providers cannot provide services to HIV uninfected patients, now,
55 therefore, be it
56
57 RESOLVED, That the American Academy of Family Physicians (AAFP) should include Pre-
58 exposure Prophylaxis (PrEP) education in Continuing Medical Education (CME) offerings, and be it
59 further
60
61 RESOLVED, That the American Academy of Family Physicians (AAFP) writes a letter to strongly
62 recommend to the Accreditation Council for Graduate Medical Education (ACGME) require Pre-
63 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

1 Increased Access for Providers to Prescribe to Anti-Hepatitis Medications

2

3 Submitted by: Tobe Momati, MD, New Physicians

4 Alex Faustin, MD, Minority

5 Alberto Marcelin, MD, New Physicians

6

7 WHEREAS, More than 3.5 million Americans currently suffer from hepatitis C and more than

8 17,000 were infected in 2014 and there is a shortage of infectious disease physicians and

9 hepatologists to provide care for this number of patients, now, therefore, be it

10

11 RESOLVED, That the American Academy of Family Physicians (AAFP) write a statement to Gilead

12 pharmaceuticals, who are the sole manufacturers of the anti-hepatitis products (including Harvoni

13 and Sovaldi), advocating a lift of restrictions on non-infectious disease and hepatology physicians

14 from prescribing the above anti-hepatitis medications in order to facilitate the care of hepatitis C

15 patients.



Resolution No. 3005

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

1 Following HIV Testing Guidelines from the CDC

2

3 Submitted by: Brent Sugimoto, MD, GLBT

4 Benjamin Simmons, MD, GLBT

5 Susan Osborne, MD, GLBT

6 Santina Wheat, MD, New Physician

7

8 WHEREAS, The 2013 NCCL Resolution 3007 “Update on HIV Screening” was adopted by the
9 National Conference of Constituency Leaders (NCCL) to change current American Academy of
10 Family Physicians (AAFP) practice recommendations to screen adolescents and adults ages 18 to
11 65 years for HIV infection, and

12

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

16

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

20

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

23

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

26

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

29

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



Resolution No. 3006

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

1 Sweet and Accurate Food Labeling

2

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

4 Maria deArman, MD, Women

5 Heather Aguirre, DO, General Registrant

6 Kevin Bernstein, MD, New Physicians

7

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

10

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

12

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

15

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

19

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

23

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



Resolution No. 3007

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

1 Oppose Transphobic Legislation Regarding the Use of Public Facilities

2

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

8

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

12

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

16

17 WHEREAS, nine bills have been introduced in various states across the United States in January
18 2016 dictating the use of public facilities, such as restrooms and locker rooms; and these bills
19 require people to use public facilities that correspond with their biological sex identified at birth
20 and/or chromosomes, instead of their gender identity, and

21

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

24

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

28

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

32

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

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

40

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

44

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

50

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

55

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



Resolution No. 3008

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

1 Increasing Education, Research and Access for Opioid Addiction Treatment

2

3 Submitted by: Lisa Winkler, MD, Women

4 Tabatha Wells, MD, General Registrant

5 Emma Daisy, MD, General Registrant

6

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

9

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

14

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

17

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

20

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

23

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

25

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

28

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

31

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

35

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

39

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

43 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for continued
44 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

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

2
3 Submitted by: Randy Gelow, II, MD, GLBT
4 Miranda Balkin, MD, GLBT
5 LeeAnna Muzquiz, MD, Minority
6 Shannon Connolly, MD, Women
7 KrisEmily McCrory, MD, FAAFP, Women
8 Bhavik Kumar, MD, MPH, New Physicians
9 Santina Wheat, MD, New Physicians

10
11 WHEREAS, Transgender medical care (including hormone-based care) has been demonstrated to
12 be safe, and

13
14 WHEREAS, transgender and gender-nonconforming (T/GNC) youth are deeply misunderstood.
15 This lack of misunderstanding feeds family and societal rejection and stigmatization. This shame
16 and rejection leads to self-harming behaviors, increased drug use, homelessness, Human
17 Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) infection, depression,
18 and suicide (1/3 [33.2%] of T/GNC have attempted suicide), and

19
20 WHEREAS, care providers are often the first people parents of gender non-conforming and
21 transgender children turn to for guidance, reassurance and appropriate medical care for their child.
22 As first responders, it is vitally important that up-to-date, accurate and gender identity-affirming
23 services be offered, and

24
25 WHEREAS, transition-related care for transgender persons, including medical suspension of
26 puberty, is medically necessary, and reduces the rate of unfavorable health outcomes, and

27
28 WHEREAS, lack of access to medical treatment for transition-related care has led to many
29 transgender persons to consider extraordinary measures to procure medical care, now, therefore,
30 be it

31
32 RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational
33 programs for clinicians related to the care of transgender and gender-nonconforming youth, as well
34 as incorporating youth-specific information into the general transgender care toolkit it was
35 previously directed to develop, and be it further

36
37 RESOLVED, That the American Academy of Family Physicians (AAFP) strongly recommend that
38 its state chapters work with school systems to lobby for supportive environments for transgender
39 and gender nonconforming youth in schools, specifically restrooms, locker rooms, and
40 extracurricular programs.



Resolution No. 3010

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

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

2

3 Submitted by: Kathy Homrok, MD, GLBT

4 Randy Gelow, II, MD, GLBT

5 Valerie Mutchler-Fornili, MD, Women

6 MiLinda Nimmo Zabramba, MD, New Physicians

7 Karen Krigger, MD, FAAFP, Minority

8 Alfred Gitu, MD, FAAFP, IMG

9

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

12

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

15

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

20

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

23

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

26

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

29

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

35

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



Resolution No. 3011

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

1 Screening for Social Determinants of Health in Primary Care Practices

2
3 Submitted by: Wayne Forde, MD, FAAFP, Minority
4 Kimberly Becher, MD, New Physicians
5 James Huang, MD, Minority
6 Jaividhya Dasarathy, MD, FAAFP, General Registrant
7 Venis Wilder, MD, General Registrant
8 Sarah McNeil, MD, Women
9

10 WHEREAS, According to 2014 Census data, an estimated 21.1% of all United States (U.S.)
11 children younger than 18 years and an estimated 14.8% of all U.S. adults live in poverty, and
12

13 WHEREAS, poverty is a marker for the social determinants of health, and
14

15 WHEREAS, there are validated screening tools for use to uncover patients at risk for morbidity
16 and mortality due to the social determinants of health, and
17

18 WHEREAS, other professional organizations, such as the American Academy of Pediatrics, have
19 developed policies addressing social determinants of health screenings, and
20

21 WHEREAS, 93% of the U.S. is serviced by the 2-1-1 meant to provide rapid information and
22 referrals to health, human and social service organizations, now, therefore, be it
23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage its members to
25 screen for social determinants of health, and be it further
26

27 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage its members to
28 make appropriate referrals to social services organizations such as 2-1-1 phone service, and be it
29 further
30

31 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage Centers for
32 Medicaid and Medicare and other payers to include social determinants of health screening as a
33 quality metric, and be it further
34

35 RESOLVED, That American Academy of Family Physicians (AAFP) create Continuing Medical
36 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

1 Updating of AAFP Reproductive Decisions Policy

2

3 Submitted by: KrisEmily McCrory, MD, FAAFP, Women

4 Shannon Connolly, MD, Women

5 Julie Johnston, MD, Women

6 Tabatha Wells, MD, General Registrant

7 Santina Wheat, MD, New Physician

8

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

15

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

21

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

26

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

29

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

32

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

36

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