



2014 Consent Calendar for the Reference Committee on Advocacy

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Advocacy recommends the following consent calendar for**
2 **adoption (page numbers indicate page in reference committee report):**

3
4 **RECOMMENDATION: The Reference Committee on Advocacy recommends the following**
5 **consent calendar for adoption:**

6
7 **Item 1:** Adopt Substitute Resolution No. 1001 “Oppose Targeted Regulation Against Abortion
8 Providers (TRAAP laws)” in lieu of Resolution No. 1001 (pp. 1-2).

9
10 **Item 2:** Adopt Resolution No. 1003 “Slowing Down the 2015 Meaningful Use Criteria” (pp. 2-3).

11
12 **Item 3:** Adopt Substitute Resolution No. 1004 “Access to Your Physician Under the Affordable
13 Care Act (ACA)” in lieu of Resolution No. 1004 (p. 3).

14
15 **Item 4:** Adopt Resolution No. 1007 “Prohibit Rapist’s Rights to Offspring Conceived Through
16 Rape” (pp. 3-4).

17
18 **Item 5:** Adopt Substitute Resolution No. 1010 “Include Male Contraception in the Affordable
19 Care Act” in lieu of Resolution No. 1010 (pp. 4-5).

20
21 **Item 6:** Adopt Resolution No. 1005 “Medicaid Coverage For Specialty Care By Dentists And
22 Podiatrists” (p. 5).

23
24 **Item 7:** Adopt Resolution No. 1006 “Care and Safety of Transgender Inmates” (pp. 5-6).

25
26 **Item 8:** Adopt Substitute Resolution No. 1009 “Employment Non-Discrimination” in lieu of
27 Resolution No. 1009 (pp. 6-7).

28
29 **Item 9:** Adopt Substitute Resolution No. 1002 “Expanded Use of Naloxone” in lieu of
30 Resolution No. 1002 (p. 7).

31
32 **Item 10:** Adopt Substitute Resolution No. 1008 “Guaranteed Paid Maternity Leave” in lieu of
33 Resolution No. 1008 (p. 8).



2014 Report of the Reference Committee on Advocacy

National Conference of Special Constituencies—Sheraton Kansas City Hotel at Crown Center

1 **The Reference Committee on Advocacy has considered each of the items referred to it**
2 **and submits the following report. The committee's recommendations will be submitted**
3 **as a consent calendar and voted on in one vote. Any item or items may be extracted for**
4 **debate.**

5
6 **ITEM NO. 1: RESOLUTION NO. 1001: OPPOSE TARGETED REGULATION AGAINST**
7 **ABORTION PROVIDERS (TRAAP LAWS)**

8
9 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose state
10 level legislation that imposes unnecessary requirements on abortion providers which
11 infringe on the practice of evidence based medicine, and be it further,

12
13 RESOLVED, That the American Academy of Family Physicians (AAFP) oppose national
14 legislation that imposes unnecessary requirements on abortion providers, reducing
15 doctors' ability to provide evidence-based and patient-centered care, and be it further

16
17 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
18 Women's Health Protection Act of 2013 (S. 1696 H.R. 3471).

19
20 The committee heard testimony from one of the authors who pointed out that there are 27 states
21 that have passed over 200 medically unnecessary procedures involving abortion services. The
22 speaker noted that, while the AAFP has policy opposing legislators interfering with medical
23 practice, the AAFP needs to be more responsive to the changing state restrictions, which are
24 laws that are not based on evidence. One speaker expressed opposition to the resolution
25 because it takes sides on a topic that is quite controversial in general and even within the AAFP.
26 The speaker thought that in a large organization with members of opposing views on this issue,
27 it is critically important to keep both sides in dialogue. This resolution would undermine that
28 dialogue.

29
30 Another speaker noted that decreasing the number of providers or increasing the restrictions
31 does not affect the number of abortions, but rather compromises the safety of the patients since
32 most of the restrictions will simply delay the time at which an abortion can be provided. A
33 speaker made the point that some family physicians provide these services as a matter of
34 conscience. One of the authors noted that the youngest generation of physicians is the first one
35 to practice entirely after the "Roe v. Wade" decision. As a result, these physicians have little
36 awareness of the conditions that existed before abortions were made legal. Several speakers
37 encouraged family physicians who oppose the resolution to engage in discussion with
38 supporters rather than cancel their AAFP membership. A representative of the women's caucus,
39 which expressed its support for this resolution, stated that just because this a hot-button issue
40 does not mean it should be ignored. It affects AAFP members who provide abortion services.

1 Finally, the author of the resolution reminded the committee that abortion is a legal medical
2 procedure and the AAFP has a strong interest in this matter of health safety.

3
4 The reference committee noted that the ask of this resolution is to take the AAFP to the next
5 step in the protection of its members who provide abortion services. The committee noted that
6 the morbidity and mortality of patients having an abortion after eight weeks is much higher than
7 it is for those patients who have an abortion earlier than eight weeks. Therefore, the committee
8 felt that it was important to support family physicians filling the gap in services that many
9 providers do not offer. The committee was concerned, however, that the AAFP does not require
10 state chapters to take a specific position on a policy issue. The committee recommended
11 instead that the AAFP provide assistance to chapters that decide to engage their legislatures on
12 these issues. In addition, the committee thought it prudent to support the principles that could be
13 found in legislation without naming specific bills that should be changed during the legislative
14 process.

15
16 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
17 **No. 1001, which reads as follows, be adopted in lieu of Resolution No. 1001:**

18
19 **RESOLVED, That the American Academy of Family Physicians support chapter**
20 **efforts that oppose legislation that imposes on abortion providers unnecessary**
21 **requirements that infringe on the practice of evidence-based medicine, and be it**
22 **further,**

23
24 **RESOLVED, That the American Academy of Family Physicians oppose national**
25 **legislation that imposes unnecessary requirements on abortion providers,**
26 **reducing doctors' ability to provide evidence-based and patient-centered care,**
27 **and be it further**

28
29 **RESOLVED, That the American Academy of Family Physicians support federal**
30 **legislation that allows physicians to provide safe, evidence-based, and effective**
31 **abortion services.**

32
33 **ITEM NO. 2: RESOLUTION NO. 1003: SLOWING DOWN THE 2015 MEANINGFUL USE**
34 **CRITERIA**

35
36 **RESOLVED, That the American Academy of Family Physicians strongly encourages the**
37 **Office of the National Coordinator of Health Information Technology to consider a more**
38 **incremental approach to implementation of future Meaningful Use criteria.**

39
40 The reference committee heard testimony that voiced concern over the increasing burdens and
41 reporting requirements of the Meaningful Use (MU) criteria imposed by the Office of the National
42 Coordinator (ONC) of Health Information Technology. Testimony referenced the multiple tasks
43 physicians must complete in order to attest to MU and that practices constantly face threat of
44 payment penalties for noncompliance. Witnesses spoke in support of previous AAFP efforts in
45 this regard and urged the AAFP to continue to strongly encourage ONC to ease this transition
46 which is particularly difficult for small, rural, and new practices. Other testimony included
47 concern that practicing physicians do not have a choice in which electronic health record vendor
48 is chosen by particular employers, that the new voluntary 2015 MU standards are not feasible,
49 and that physicians do not have enough time to comply with all required or voluntary processes.
50 The committee spoke in support of the resolution and previous AAFP efforts to advocate with
51 ONC and Centers for Medicare & Medicaid Services (CMS) about increasing concerns with MU

1 expectations. The reference committee recommended adoption of the resolution to reinforce the
2 AAFP's current position on MU.

3
4 **RECOMMENDATION: The reference committee recommends that Resolution No. 1003 be**
5 **adopted.**

6
7 **ITEM NO. 3: RESOLUTION NO. 1004: ACCESS TO YOUR PHYSICIAN UNDER THE**
8 **AFFORDABLE CARE ACT (ACA)**

9
10 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the
11 inclusion of local family physicians in small and rural practices in the state and federal
12 health care exchange networks, and be it further

13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that
15 patients insured under a federal health exchange be allowed to assign themselves to
16 their primary care provider of choice at the point of care.

17
18 The reference committee heard testimony from witnesses that discussed one of the unintended
19 consequences of the *Affordable Care Act* is insurance network changes that limit patient access
20 to primary care physicians, especially those in rural areas. Concerns were expressed that
21 primary care physicians who are practicing in rural areas are not in insurance networks that are
22 close or convenient for patients. This forces patients to travel inconvenient distances to receive
23 care in more urban areas. Witnesses expressed frustration that narrow insurance networks lack
24 primary care physicians, thereby increasing patient barriers to care.

25
26 The committee expressed desire to ensure local providers can continue to treat their patients.
27 The committee discussed whether to modify the resolution to quantify travel time or distance to
28 create a definition of "local", but ultimately decided against it since, for example, inner city
29 patients may be forced to travel great distances to be treated by in-network physicians. The
30 committee, therefore, felt the resolution is applicable to family physicians in both rural and urban
31 settings.

32
33 The committee decided to adopt the first resolved clause with a modification to strike "in small
34 and rural." Citing the second resolved clause as unclear in terms of what is meant by "assign"
35 and "point of care," the committee agreed to drop the second resolved clause.

36
37 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
38 **No. 1004, which reads as follows, be adopted in lieu of Resolution No. 1004:**

39
40 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate**
41 **for the inclusion of local family physician practices in the state and federal health**
42 **care exchange networks.**

43
44 **ITEM NO. 4: RESOLUTION NO. 1007: PROHIBIT RAPIST'S RIGHTS TO OFFSPRING**
45 **CONCEIVED THROUGH RAPE**

46
47 RESOLVED, That the American Academy of Family Physicians formulate a policy which
48 condemns a rapist's rights to custody and/or visitation right of offspring conceived
49 through rape, and be it further

1 RESOLVED, That the American Academy of Family Physicians support all efforts to
2 create legislation prohibiting a rapist's ability to sue for custody and/or visitation rights of
3 their offspring conceived through rape.
4

5 The author told the committee that in most states men who have children from rape can sue for
6 parental rights. This, then, becomes an obvious method that rapists and lawyers can use to
7 intimidate the victims of rape. One speaker noted that Wisconsin is one of only three states that
8 eliminate parental rights for someone charged with rape before conviction. Another speaker
9 noted that victims of rape may feel that abortion is their only alternative if the rapist has parental
10 rights.

11
12 The committee noted that rape causes enough trauma to the victim who should then not be
13 required to have contact with the rapist. There is no useful purpose in having the rapist involved
14 in the life of the child. Furthermore, the committee agreed that this resolution speaks not just to
15 protecting the victim from emotional coercion and physical violence, but also to saving the child
16 from potential violence. The committee did discuss whether this resolution should be restricted
17 to convicted rapists and not include those who had been charged but not yet convicted.
18 However, the committee pointed out that most rapists are not convicted because of the nature
19 of the crime and the criminal proceedings. The committee agreed that it was most important to
20 support policy that would prevent any rapists from using the law to get custody of a child.

21
22 **RECOMMENDATION: The reference committee recommends that Resolution No. 1007 be**
23 **adopted.**
24

25 **ITEM NO. 5: RESOLUTION NO. 1010: INCLUDE MALE CONTRACEPTION IN THE**
26 **AFFORDABLE CARE ACT**
27

28 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that
29 the United States Department of Health and Human Services (DHHS) amend the list of
30 preventive services to include all contraceptive services, regardless of gender, including
31 vasectomy and condoms, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage state
34 chapters, especially those that rejected the Affordable Care Act, to accept that
35 sterilization procedures are preventive care and should be included within state-
36 mandated Essential Health Benefits, as some states have done.
37

38 The committee heard unanimous testimony in support of gender equality in male contraception
39 services as covered by the Affordable Care Act (ACA). A witness spoke of an inequality within
40 the ACA since the law recognizes and covers female contraception as a preventive service but
41 that male contraceptive options are not covered. As a result, testimony urged the AAFP to
42 support inclusion of vasectomy as an ACA covered preventive benefit. Additional testimony was
43 heard in support of the cost effectiveness and clinical efficacy with fewer complications and side
44 effects of vasectomy in comparison to tubal ligation.
45

46 The commission first discussed ACA covered contraceptive options for women and that some
47 state Medicaid agencies cover condoms when prescribed by a physician. The committee also
48 discussed prescription versus over-the-counter (OTC) considerations, including how health
49 savings accounts sometimes encourage patients to seek prescriptions for OTC items.
50

1 The ACA provides authority to the United States Preventive Services Task Force (USPSTF), an
2 independent panel that systematically reviews the evidence and effectiveness for clinical
3 preventive services, to recommend and provide grade ratings for preventive services. The
4 committee recommends that the AAFP not pursue health insurer coverage of male
5 contraceptives with the United States Department of Health and Human Services, but rather
6 direct this advocacy toward the USPSTF given that USPSTF recommendations regarding
7 preventive health will be covered explicitly under ACA provisions. The committee chose not to
8 adopt the second resolved clause since it conflicts with AAFP's policy of not influencing AAFP
9 chapter advocacy unless requested to do so by the chapter.

10
11 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
12 **No. 1010, which reads as follows, be adopted in lieu of Resolution No. 1010:**

13
14 **RESOLVED, That the American Academy of Family Physicians advocate that the**
15 **United States Preventive Services Task Force review the evidence and provide**
16 **recommendations of preventive services to include all contraceptive services for**
17 **patients, regardless of gender, including vasectomies.**

18
19 **ITEM NO. 6: RESOLUTION NO. 1005: MEDICAID COVERAGE FOR SPECIALTY CARE BY**
20 **DENTISTS AND PODIATRISTS**

21
22 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
23 dental coverage for Medicaid recipients regardless of age, and be it further

24
25 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for
26 podiatry coverage for all Medicaid recipients regardless of age.

27
28 Testimony was provided that state coverage for dental and podiatry care is insufficient and that
29 chronic conditions such as diabetes, HIV, sickle cell, and many others require access to these
30 services in order to avoid costly and avoidable complications.

31
32 **RECOMMENDATION: The reference committee recommends that Resolution No. 1005 be**
33 **adopted.**

34
35 **ITEM NO. 7: RESOLUTION NO. 1006: CARE AND SAFETY OF TRANSGENDER INMATES**

36
37 RESOLVED, That the American Academy of Family Physicians advocate for access to,
38 and coverage of, transgender treatments consistent with best practice guidelines while
39 patients are within the correctional system, and be it further

40
41 RESOLVED, That the American Academy of Family Physicians advocate for the safety
42 of transgender patients within the correctional system, and be it further

43
44 RESOLVED, That the American Academy of Family Physicians send a letter to the
45 Federal Bureau of Prisons (BOP) asking that transgender patients receive care
46 according to best practice guidelines and that the BOP work to guarantee the safety of
47 transgender individuals.

48
49 One of the authors stated that the AAFP's policy is generally to support best practices of care
50 and noted that this resolution simply extends that policy to include those who are transgender.

1 A speaker pointed out the value in the AAFP directing a statement to the Federal Bureau of
2 Prisons that urges them to adopt best practices of care for their transgender prisoners, given
3 their vulnerability for abuse and rape. A speaker noted that prisons do not often provide
4 hormones for prisoners who are transitioning to the other gender. In addition, prisoners are
5 housed according to their physical gender, which is a clear problem for those who identify as the
6 opposite sex.

7
8 The reference committee agreed that for transgender prisoners, housing and the transition
9 therapy are the principal concerns. The committee discussed whether the resolution should limit
10 the availability of hormone treatments to the transgender prisoners who have already started
11 hormone treatment. The committee decided to recommend adopting proposed language since it
12 supports treatments that are best practices.

13
14 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be**
15 **adopted.**

16
17 **ITEM NO. 8: RESOLUTION NO. 1009: EMPLOYMENT NON-DISCRIMINATION**

18
19 RESOLVED, That the American Academy of Family Physicians creates a policy
20 statement on employment non-discrimination on behalf of our physician members,
21 patients, and communities to address job opportunity and security as a social
22 determinant of health, making it consistent with current AAFP policy on "Discrimination,
23 Patient" and oppose discrimination based on, but not limited to, that on the basis of
24 actual or perceived race, color, religion, gender, sexual orientation, gender identity,
25 ethnic affiliation, health, age, disability, economic status, body habitus or national origin,
26 and be it further

27
28 RESOLVED, That the American Academy of Family Physicians advocate in favor of
29 federal legislation for employment non-discrimination on behalf of our physician
30 members, patients, and communities to address job opportunity and security as a social
31 determinant of health.

32
33 One of the authors noted that this resolution grew out of the Annual Leadership Forum (ALF)
34 discussion of the social determinants of health. The speaker said that AAFP already addresses
35 the importance of health benefits and the value of non-discrimination in the physician's practice,
36 but that the AAFP is silent about the effect of discrimination in the community. Several speakers
37 noted that employment can be terminated simply based on the sexual orientation of the person.
38 They also stated that employment discrimination results in health care disparities, which makes
39 it a matter of interest to the AAFP.

40
41 The committee agreed with the resolution, but felt that it was repetitive and not entirely clear.
42 The committee proposed a substitute to simplify the statement.

43
44 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
45 **No. 1009 which reads as follows, be adopted, in lieu of Resolution No. 1009:**

46
47 **RESOLVED, That the American Academy of Family Physicians create a**
48 **comprehensive policy statement on employment non-discrimination to address**
49 **job opportunity and security as a social determinant of health, making it**
50 **consistent with current AAFP policy, and be it further**

1 **RESOLVED, That the American Academy of Family Physicians advocate in favor**
2 **of federal legislation for employment non-discrimination to address job**
3 **opportunity and security as a social determinant of health.**
4

5 **ITEM NO. 9: RESOLUTION NO. 1002: EXPANDED USE OF NALOXONE**
6

7 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
8 implementation of programs which allow first responders and non-medical personnel to
9 possess and administer naloxone in emergency situations, and be it further
10

11 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
12 implementation of policies which allow licensed providers to prescribe naloxone auto-
13 injectors to patients using opioids or other individuals in close contact with the patient,
14 and be it further
15

16 RESOLVED, That the American Academy of Family Physicians (AAFP) support the
17 implementation of legislation which protects any individuals who administer naloxone
18 from prosecution for practicing medicine without a license.
19

20 An author cited a Centers for Disease Control and Prevention (CDC) report that 75% of
21 overdose deaths are related to opioids, which can be treated by naloxone. A speaker claimed
22 that the abuse of opioids and other pharmaceutical drugs is a national public health issue to
23 which physicians have contributed, so they have a strong interest in alleviating the problem.
24 Several speakers relayed their experiences with patients who have overdosed when having
25 naloxone available by the emergency medical technicians (EMT) would have given the treating
26 physician more time to help the patient. One speaker noted that the state of Washington allows
27 EMTs to use naloxone, and it has proven to reduce the risk of death. In Ohio, another speaker
28 said first responders can provide it nasally. A speaker also stressed a therapeutic value of the
29 drug by citing the statistic that one out of four treated with naloxone will seek addiction
30 treatment.
31

32 The reference committee agreed with the intent of the resolution but decided to recommend a
33 change that would not limit the use of naloxone to auto-injected treatments. The committee
34 thought that the third resolved clause was unnecessary since EMTs who administer the drug
35 are protected from liability by their authorizing laws and regulations. In addition, a non-EMT who
36 administers it can be protected by Good Samaritan laws.
37

38 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
39 **No. 1002, which reads as follows, be adopted in lieu of Resolution No. 1002:**
40

41 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**
42 **the implementation of programs that allow first responders and non-medical**
43 **personnel to possess and administer naloxone in emergency situations, and be it**
44 **further**
45

46 **RESOLVED, That the American Academy of Family Physicians (AAFP) support**
47 **the implementation of policies that allow licensed providers to prescribe naloxone**
48 **in all forms to patients using opioids or other individuals in close contact with the**
49 **patient.**

1 **ITEM NO. 10: RESOLUTION NO. 1008: GUARANTEED PAID MATERNITY LEAVE**

2
3 RESOLVED, That the American Academy of Family Physicians lobby for public policy
4 mandating guaranteed, paid maternity leave for a minimum of 8 weeks, immediately
5 following the live birth or adoption of a child.
6

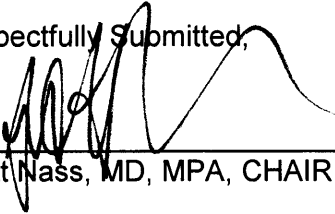
7 The reference committee heard testimony from several people who spoke about the
8 discrepancy in maternity leave in the United States compared to other countries, and that the
9 U.S. is one of four countries that do not guarantee paid leave for new mothers. They discussed
10 that though the *Family and Medical Leave Act* (FMLA) attempts to address these issues, FMLA
11 nevertheless requires a certain number of hours be worked by the employee before eligibility is
12 reached for the FMLA benefits. Witnesses discussed the clinical value in allowing mothers to
13 spend more time with newborns as a way to improve bonding and breastfeeding. Testimony
14 also included fiscal successes that several states and the District of Columbia have had with
15 improving maternity leave, such as keeping parents in the workforce and decreasing costs to
16 recruit and train new employees. The authors of the resolution expressed support for
17 modifications to address paternity leave and same sex parents.
18

19 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
20 **No. 1008, which reads as follows, be adopted in lieu of Resolution No. 1008:**

21
22 **RESOLVED, That the American Academy of Family Physicians lobby for public**
23 **policy mandating guaranteed, paid parental leave for a minimum of 8 weeks,**
24 **following the live birth or adoption of a child.**

1
2 **I wish to thank those who appeared before the reference committee to give testimony**
3 **and the reference committee members for their invaluable assistance. I also wish to**
4 **commend the AAFP staff for their help in the preparation of this report.**

5
6
7 Respectfully Submitted,

8
9
10 

11 Scott Nass, MD, MPA, CHAIR

- 12
13 Tanya Anim, MD – Minority
14 Joanna Bisgrove, MD, FAAFP – GLBT
15 Jennifer Klein, DO – Women
16 Sonya Sidhu-Izzo, MD – IMG
17 Polina Sayess, MD – New Physicians
18 Mary Moon, MD (Observer) – IMG