



Resident 1 Consent Calendar

National Conference of Family Medicine Residents and Medical Students
July 30 - August 1, 2015 – Kansas City, MO

1 **RECOMMENDATION: The Resident 1 Reference Committee recommends the following**
2 **consent calendar for adoption:**

3
4 **Item 1:** Adopt Substitute Resolution No. R1-402 “Support Placement and Coverage of Long-
5 Acting Reversible Contraceptives (LARC) in the Early Postpartum Period” in lieu of Resolution
6 Nos. R1-401 and R1-402 (pp.1-2).

7
8 **Item 2:** Adopt Substitute Resolution No. R1-403 “Expand Patient Protection and Affordable
9 Care Act Coverage to Include Undocumented Immigrants” in lieu of Resolution No. R1-403 (p.
10 2).

11
12 **Item 3:** Not Adopt Resolution No. R1-404 “Physician Dispensing Medications” (p. 3).

13
14 **Item 4:** Adopt Substitute Resolution No. R1-405 “Oppose the Mandatory Drug Testing of
15 Pregnant Women” in lieu of Resolution No. R1-405 (p. 3).

16
17 **Item 5:** Adopt Resolution No. R1-406 “Direct Primary Care Rotation Site List” (p. 4).

18
19 **Item 6:** Not Adopt Resolution No. R1-407 “Support Single Payer Healthcare” (p. 4).

20
21 **Item 7:** Not Adopt Resolution No. R1-408 “Increase Endogenous Residency Program Funding”
22 (pp. 4-5).

23
24 **Item 8:** Not Adopt Resolution No. R1-409 “Policy in Support of Safe Anti-Infective Drug
25 Development” and Resolution No. R1-411 “Advocacy in Support of Safe Anti-Infective Drug
26 Development” (p. 5).

27
28 **Item 9:** Adopt Resolution No. R1-410 “Support of Drug Pricing Transparency” (p. 6).

29
30 **Item 10:** Adopt Substitute Resolution No. R1-412 “Support of Access to All FDA-Approved
31 Contraception Methods for Medicare Patients” (pp. 6-7).



Resident 1 Reference Committee Report

National Conference of Family Medicine Residents and Medical Students
July 30 - August 1, 2015 – Kansas City, MO

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

5
6 **ITEM NO. 1: RESOLUTION NOS. R1-401 and R1-402**

7
8 **RESOLUTION NO. R1-401: INSURANCE COVERAGE FOR IMMEDIATE**
9 **POSTPARTUM INTRAUTERINE DEVICE PLACEMENT**

10
11 RESOLVED, That the American Academy of Family Physicians develop a policy
12 statement that insurance coverage should include a mechanism to allow for
13 billing of an immediate postpartum intrauterine device placement and
14 reimbursement for the cost of the device that is separate from the global fee for
15 labor and delivery.

16
17 **RESOLUTION NO. R1-402: SUPPORT PLACEMENT AND COVERAGE OF LONG-**
18 **ACTING REVERSIBLE CONTRACEPTIVES (LARC) IN THE EARLY POSTPARTUM**
19 **PERIOD**

20
21 RESOLVED, That the American Academy of Family Physicians support a policy
22 that long-acting reversible contraceptive methods be the recommended option for
23 postpartum women prior to hospital discharge, and be it further

24
25 RESOLVED, That the American Academy of Family Physicians support a policy
26 assuring coverage of long-acting reversible contraceptive device and placement
27 prior to hospital discharge, separate from the global fee, for all women who select
28 these methods, and be it further

29
30 RESOLVED, This resolution, “Support Placement and Coverage of long-acting
31 reversible contraceptive in the Early Postpartum Period” be referred to the
32 Congress of Delegates.

33
34 The reference committee heard positive testimony in favor of both resolutions. The authors
35 were open to combining the resolutions due to shared intent. Speakers discussed that many
36 women at high risk of unplanned pregnancy have access to care and health care coverage only
37 during pregnancy and are often lost to care after delivery. Providing effective contraception in
38 the immediate postpartum period would improve access to desired family planning services and

39 would likely improve healthcare outcomes for mothers and infants. The residents felt strongly
40 that lack of payment is the most significant barrier for providing this service. As a resolution with
41 similar language is already being brought to the Congress of Delegates by New York, the
42 reference committee deleted the resolved clause making this request.

43

44 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
45 **No. R1-402 be adopted in lieu of Resolution No. R1-401 and R1-402, which reads as**
46 **follows:**

47

48 **RESOLVED, That the American Academy of Family Physicians support a policy**
49 **that long-acting reversible contraceptive methods be a recommended option for**
50 **postpartum women prior to hospital discharge, and be it further**

51

52 **RESOLVED, That the American Academy of Family Physicians support a policy**
53 **assuring coverage of long-acting reversible contraceptive device and placement**
54 **prior to hospital discharge, separate from the global fee, for all women who select**
55 **these methods.**

56

57 **ITEM NO. 2: RESOLUTION NO. R1-403: EXPAND PATIENT PROTECTION AND**
58 **AFFORDABLE CARE ACT COVERAGE TO INCLUDE UNDOCUMENTED IMMIGRANTS**

59

60 RESOLVED, That the American Academy of Family Physicians advocate to expand the
61 Patient Protection and Affordable Care Act to include coverage for undocumented
62 immigrants, and be it further

63

64 RESOLVED, That the American Academy of Family Physicians create a task force to
65 partner with organizations such as National Council of La Raza and League of United
66 Latin American Citizens to advocate for health care coverage for undocumented
67 immigrants.

68

69 The reference committee heard testimony that was entirely in support of the resolution. The
70 committee noted that the existing AAFP policy on “Healthcare Coverage for All” is not limited to
71 United States citizens, such that the principle espoused in the resolution is already part of AAFP
72 policy. The reference committee discussed that many models can be used to provide access to
73 healthcare for this disenfranchised population and that such models already exist in some states
74 at a more local level. The reference committee recommends a substitute resolution that offers a
75 more flexible policy approach in support of serving this patient population. Such an approach
76 still offers the opportunity to collaborate with other organizations without limiting how these
77 relationships are built and maintained. The reference committee recognized the importance of
78 the expertise of outside organizations on this issue.

79

80 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
81 **No. R1-403 be adopted in lieu of Resolution No. R1-403, which reads as follows:**

82

83 **RESOLVED, That the American Academy of Family Physicians support policies**
84 **and programs that will expand healthcare coverage for undocumented**
85 **immigrants.**

86

87 **ITEM NO. 3: RESOLUTION NO. R1-404: PHYSICIAN DISPENSING MEDICATIONS**

88
89 RESOLVED, That the American Academy of Family Physicians lobby for the ability of
90 family physicians to dispense medications in all settings in all states.

91
92 The reference committee heard testimony in support of the resolution. However, testimony also
93 included concerns over the scope in requesting that the AAFP lobby at the state level. The
94 author testified that the inability to dispense medications in some states was a barrier to the
95 adoption of direct primary care practices in those states and the ability to provide affordable
96 medications to patients in such practices. The AAFP has existing policy on “Drugs, Physician
97 Dispensing” that otherwise supports physicians dispensing medications when appropriate. The
98 reference committee recognizes that the AAFP does not lobby on state legislation and that
99 AAFP policy already supports chapters in their advocacy in those states where this is an issue.

100
101 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-404**
102 **not be adopted.**

103
104 **ITEM NO. 4: RESOLUTION NO. R1-405: OPPOSE THE MANDATORY DRUG TESTING OF**
105 **PREGNANT WOMEN**

106
107 RESOLVED, That the American Academy of Family Physicians oppose the creation of
108 legislation that require physicians to perform mandatory drug testing on pregnant
109 women, and be it further

110
111 RESOLVED, That the American Academy of Family Physicians adopt a policy opposing
112 mandatory drug testing of pregnant women, and be it further

113
114 RESOLVED, That this resolution be sent to the Congress of Delegates.

115
116 The reference committee heard passionate testimony from the author and two other members in
117 support of this resolution. The testimony revealed that states mandating testing often tie this to
118 legal consequences that negatively impact the physician-patient relationship and access to
119 care. The speakers also endorsed that drug testing during pregnancy can be an important part
120 of patient care when performed at the discretion of the physician and with consent of the patient.
121 Finally, testimony disclosed that a similarly worded resolution has already been submitted to the
122 2015 Congress of Delegates by the New York chapter. Accordingly, the reference committee
123 does not believe it is necessary to send this resolution to the Congress of Delegates as well.
124 The reference committee fully supports the other requests embodied by the resolution.

125
126 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
127 **No. R1-405 be adopted in lieu of Resolution No. R1-405, which reads as follows:**

128
129 **RESOLVED, That the American Academy of Family Physicians oppose the**
130 **creation of legislation that require physicians to perform mandatory drug testing**
131 **on pregnant women, and be it further**

132
133 **RESOLVED, That the American Academy of Family Physicians adopt a policy**
134 **opposing mandatory drug testing of pregnant women.**

136 **ITEM NO. 5: RESOLUTION NO. R1-406: DIRECT PRIMARY CARE ROTATION SITE LIST**

137
138 RESOLVED, That the American Academy of Family Physicians create an online list of
139 direct primary care clinics and physicians who are willing to allow residents and students
140 to rotate on site.

141
142 The reference committee heard testimony from the author expressing the strong interest among
143 residents in the emerging Direct Primary Care model including interest in training experience in
144 these practices. Since the AAFP has taken an active role in educating physicians with recent
145 workshops and conferences, this information is readily available to be incorporated into a
146 resource. In addition, the Direct Primary Care Member Interest Group is an existing network
147 that residents could access to seek out rotation sites.

148
149 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-406**
150 **be adopted.**

151
152 **ITEM NO. 6: RESOLUTION NO. R1-407: SUPPORT SINGLE PAYER HEALTHCARE**

153
154 RESOLVED, That the American Academy of Family Physicians change policy to
155 specifically support single payer healthcare as a viable and effective option to
156 successfully achieve healthcare for all.

157
158 The reference committee heard testimony mostly in favor of this resolution. One opposing view
159 highlighted that adoption could limit patient and physician choice to participate in alternative
160 practice models, such as Direct Primary Care. The reference committee recognized single
161 payer healthcare has strong support among residents and students as an option for achieving
162 healthcare coverage for all. The AAFP has existing policy supporting healthcare coverage for all
163 without specifically limiting the mechanism to accomplish universal coverage. The 2014 NCFMR
164 adopted a similar resolution, R3-309 "Support of Single Payer", which was sent to the Board of
165 Directors. The board, in turn, accepted the resolution for information and made specific
166 comments that a single payer system has been debated many times and is still considered as a
167 viable option but that advocating specifically on this issue would not be in line with national
168 AAFP policy.

169
170 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-407**
171 **not be adopted.**

172
173 **ITEM NO. 7: RESOLUTION NO. R1-408: INCREASE ENDOGENOUS RESIDENCY**
174 **PROGRAM FUNDING**

175
176 RESOLVED, That the American Academy of Family Physicians invest resources to
177 develop a toolkit for billing and coding for residency programs so they may adapt to the
178 changing financial environment of medicine by increasing revenue and sustainability of
179 clinics.

180
181 The reference committee heard testimony from the author. The reference committee was
182 unclear whether the intent of the resolution was to support residents in their knowledge of billing
183 and coding or to increase revenue for residency programs. The reference committee
184 acknowledged that multiple billing and coding resources are available on the AAFP website. As
185 there was no additional testimony, the reference committee did not see a need for a toolkit
186 beyond resources currently available.

187
188 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-408**
189 **not be adopted.**

190
191 **ITEM NO. 8: RESOLUTION NOS. R1-409 and R1-411**

192
193 **RESOLUTION NO. R1-409: POLICY IN SUPPORT OF SAFE ANTI-INFECTIVE DRUG**
194 **DEVELOPMENT**

195
196 RESOLVED, That the American Academy of Family Physicians support ensuring
197 strong Food and Drug Administration standards for approval of new antibiotic and
198 antifungal agents including superiority trials, and be it further

199
200 RESOLVED, That the American Academy of Family Physicians develop a policy
201 that the Food and Drug Administration's antibiotic approval process rely upon the
202 clinical outcomes of randomized controlled trails in humans demonstrating
203 superiority of novel drugs versus comparator drugs rather than data obtained
204 from non-inferiority trials or surrogate non-clinical endpoints.

205
206 **RESOLUTION NO. R1-411: ADVOCACY IN SUPPORT OF SAFE ANTI-INFECTIVE**
207 **DRUG DEVELOPMENT**

208
209 RESOLVED, That the American Academy of Family Physicians support ensuring
210 strong Food and Drug Administration standards for approval of new antibiotic and
211 antifungal agents including superiority trials, and be it further

212
213 RESOLVED, That the American Academy of Family Physicians lobby federal
214 legislators to oppose the passage of any bill or elements of a bill that would
215 induce the Food and Drug Administration to alter its anti-infective drug approval
216 process so that it relies upon data obtained from non-inferiority trials or surrogate
217 non-clinical endpoints rather than clinical outcomes of randomized controlled
218 trials in humans demonstrating superiority of novel drugs versus comparator
219 drugs.

220
221 Recognizing the common subject matter, the reference committee considered these resolutions
222 as a single item. Only the author spoke in favor of these resolutions, voicing concerns about
223 current proposed legislation that would weaken current Federal Drug Administration drug
224 approval process to allow the expedited approval of antibiotic and anti-fungal medications. The
225 author specifically mentioned the risk to patient safety and potential for undue pharmaceutical
226 company influence if this legislation was passed. The reference committee had robust
227 discussion about the potential implications of adopting a new policy on this complex issue,
228 ultimately recognizing the need for additional information. The reference committee
229 acknowledged that antibiotic resistance is an important and timely issue but also the need to
230 balance availability of new drug therapies with issues of patient safety and cost. The AAFP has
231 existing policy that addresses antibiotic stewardship at the prescriber level but not during the
232 FDA approval process. The AAFP may want to consider further study of this issue to better
233 inform future policy.

234
235 **RECOMMENDATION: The reference committee recommends that Resolution Nos. R1-409**
236 **and RI-411 not be adopted.**

237

238 **ITEM NO. 9: RESOLUTION NO. R1-410: SUPPORT OF DRUG PRICING TRANSPARENCY**

239
240 RESOLVED, That the American Academy of Family Physicians support federal and
241 state legislation to require pharmaceutical manufacturers to disclose development and
242 production costs as well as profits in order to negotiate more affordable drug prices for
243 patients, and be it further

244
245 RESOLVED, That the American Academy of Family Physicians develop an advocacy
246 toolkit for chapters to encourage grassroots support for state legislation to require drug
247 pricing transparency.

248
249 Multiple members testified in support of this resolution to improve access and reduce cost to
250 patients. One speaker commented that the prescription medication market is not competitive,
251 which keeps prices artificially high. Comments indicated that, because of lack of transparency,
252 the pharmaceutical industry is not accountable to its consumers, both individual patients and
253 state and federal healthcare payers. There is no mechanism to preclude exorbitant profits by
254 pharmaceutical companies. The reference committee agreed with the testimony and the
255 resolution as written.

256
257 **RECOMMENDATION: The reference committee recommends that Resolution No. R1-410**
258 **be adopted.**

259
260 **ITEM NO. 10: RESOLUTION NO. R1-412: SUPPORT OF ACCESS TO ALL FDA-APPROVED**
261 **CONTRACEPTION METHODS FOR MEDICARE PATIENTS**

262
263 RESOLVED, That the American Academy of Family Physicians support Medicare
264 coverage for all FDA-approved methods of contraception, and be it further

265
266 RESOLVED, That the American Academy of Family Physicians write a letter to the
267 Centers for Medicare and Medicaid Services advocating for full coverage of all
268 contraceptive options for men and women of reproductive age.

269
270 The testimony before the reference committee was entirely in support of the resolution. The
271 reference committee noted that the AAFP already has policy, "Coverage for Family Planning
272 Drugs and Supplies", which supports policies and legislation that would require public and
273 private insurance plans to provide coverage for family planning drugs and supplies that are FDA
274 approved. Additionally, the committee noted that Medicare coverage of preventive services,
275 such as contraceptive methods, is limited to those items specified in the Medicare statute or
276 which otherwise have a grade "A" or "B" from the United States Preventive Services Task Force
277 (USPSTF). However, the Medicare statute does not specifically include contraceptive options as
278 a preventive service, and the USPSTF does not have any policy on contraceptive options. The
279 AAFP has recently asked the USPSTF to review contraceptive counseling as a topic for
280 consideration. Since the Centers for Medicare & Medicaid Services (CMS) has no statutory
281 basis for extending Medicare coverage to contraceptive options, the reference committee
282 agreed that a letter to CMS advocating such coverage would be misdirected. Consistent with
283 the intent of the resolution, the reference committee believes that the AAFP should advocate for
284 full coverage of all contraceptive options for men and women of reproductive age who are
285 receiving Medicare benefits and defers to the AAFP to determine where such advocacy is best
286 directed.

288 **RECOMMENDATION: The reference committee recommends that Substitute Resolution**
289 **No. R1-412 be adopted in lieu of Resolution No. R1-412, which reads as follows:**

290
291 **RESOLVED, That the American Academy of Family Physicians advocate for full**
292 **coverage of all contraceptive options for men and women of reproductive age**
293 **receiving Medicare benefits.**
294

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

298
299 Respectfully submitted,

300
301
302

303 Jessica Johnson, MD, MPH, Chair

304 Jerry Abraham, MD, MPH

305 Michelle Heck, MD

306 Ji Kim, MD

307 Lindsay Martin-Engel, MD

308 Julie Peterson, DO

309 Margarete Shegog, MD, MPH