

Reference Committee on Advocacy

Resolution No. 502 from the New York chapter entitled “Safe Use of Methadone for Pain Management,” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that the Food and Drug Administration (FDA) develop a risk evaluation and mitigation strategy (REMS) to establish minimal competency for those who elect to prescribe methadone for pain.

Speakers described auto accidents and other accidental deaths resulting from methadone abuse and the challenges of safely managing patients on methadone. Several members describe formulary issues driving the prescribing of methadone and indicated the need for more prescriber education. A number of members testified to methadone as being less costly than other medications for the treatment of pain.

It was noted that the FDA has already adopted REMS on methadone. One member noted that the AAFP is represented on a Centers for Disease Control and Prevention advisory body which is addressing guidelines for primary care prescribers of methadone.

The reference committee recognized legitimate and unique concerns about the safety of prescribing methadone for pain. They discussed that minimum competency standards are appropriately set by the state licensing boards. They recognized that the AAFP already has adopted policy on Pain Management and Opioid Abuse.

RECOMMENDATION: The reference committee recommends that Resolution No. 502 not be adopted.

This recommendation was not extracted and, therefore, the resolution was not adopted as recommended on the consent calendar.

Resolution No. 503 from the New York chapter entitled, “Legalization of Marijuana for Personal Use,” the resolved portion is printed below:

RESOLVED, That the American Academy of Family Physicians support laws 95 to legalize possession and cultivation of marijuana for personal use for 96 people over age 21, and be it further

RESOLVED, That the American Academy of Family Physicians support removal of marijuana from the federal Drug Enforcement Agency’s List of Schedule 1 Controlled Substances, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for a percentage of those funds to be used for substance abuse treatment if laws are passed regarding the taxation of marijuana.

The reference committee heard extensive testimony regarding the issue of legalization of marijuana possession compared to decriminalization of it. If marijuana use was decriminalized, users would not be incarcerated but rather referred to treatment. One speaker said that the treatment of marijuana possession should not be a legal issue, but rather a health issue. However, multiple speakers noted that limited studies were available on the effects of marijuana and that the AAFP should be advocating for sufficient research to determine what would be the appropriate medical use of the drug. Several speakers noted that a change in marijuana's legal status should require more evidence.

Several speakers also noted that the intent of the first resolved clause is based on the observation that society is driving people to uncontrolled and even criminal sources of marijuana but penalizing users in the criminal justice system unnecessarily. One speaker expressed great concern about the paucity of research on the effects (especially long-term) on the brain. Speakers from states that had made recreational use legal noted that implementation has not been simple. The criminal element still dominates the distribution of the drug. Some of these speakers advised that AAFP should not be supporting legalization without consideration of the other implications. There is a social injustice of criminalization of marijuana that disproportionately affects African Americans and other minorities.

A speaker characterized the intent of the second resolved clause that calls for rescheduling marijuana as a means of achieving more research that will provide the evidence needed for a more informed decision about this issue.

A speaker objected to the third resolved clause that would specify that AAFP advocate for a percentage of any funds derived from changing the status of marijuana possession be dedicated to substance abuse treatment programs. In the view of this speaker, it is out of the purview of the AAFP to determine how such funds would be used.

The representative of the Board said that the Board opposes the first and third resolved clauses of Resolution No. 503 and supports the second resolved.

During its executive session, the reference committee noted that it would be useful from the perspective of family physicians to have more research to support evidence-based standards on marijuana use. The committee members expressed questions about the precedent in moving a drug from Schedule I (which means it has no medical use) to Schedule II (which means that it is a medically effective drug that has a high potential for abuse). While the Schedule standards do not say anything about allowing for research, it is clear that federally funded research would be difficult if marijuana remains a Schedule I drug. However, there was no testimony or evidence that transition to Schedule II will significantly affect the ability to conduct research. Additionally, the National Institutes of Health is conducting research on the health effects of marijuana use, but that research has been proceeding slowly and fitfully.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 503 which reads as follows be adopted in lieu of Resolution No. 503.

RESOLVED, That the American Academy of Family Physicians support decriminalizing the possession of marijuana for personal use, and be it further

RESOLVED, That the American Academy of Family Physicians encourage the National Institutes of Health to conduct appropriate research on the health effects of marijuana use.

This recommendation was not extracted and, therefore, the substitute resolution was adopted as recommended on the consent calendar.

Resolution No. 512 from the California and New York chapters entitled, “Oppose Legislative Restrictions on Health Centers Receiving Title X and Medicaid Funding,” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians lobby Congress to oppose legislation that diminishes funding and/or access to preventive and reproductive health services for women and men, and be it further

RESOLVED, That as a matter of policy, the American Academy of Family Physicians support maintaining Medicaid and Title X funding of all providers or clinics that otherwise meet usual standards for eligibility.

The reference committee heard testimony both in support of and opposition to the resolution. Several speakers pointed out that federal law prohibits federal dollars from being used to cover abortion services. Many members outlined the many essential primary care services for women provided by Planned Parenthood funded by federal Title X grant monies. Members also said that it would be impossible for Community Health Centers to provide the contraceptive and other health services if Planned Parenthood is shut down. One speaker noted that some women who rely on Title X support often fall in the gap between Medicaid eligibility and coverage in an exchange. Several members urged the AAFP to avoid this divisive issue.

The reference committee discussed the importance of maintaining Title X and Medicaid funding as a means to provide access to women’s health services and agreed to adopt the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 512 be adopted.

This recommendation was not extracted and, therefore, the resolution was adopted as recommended on the consent calendar.

Reference Committee on Education

Resolution No. 601 from the New York and Texas chapters entitled, “Human Trafficking Education and Training for Family Medicine Physicians,” the resolved 19 portions are printed below:

RESOLVED, That the American Academy of Family Physicians provide human trafficking-related healthcare education, including identification and management information, in at least one educational conference workshop, and be it further

RESOLVED, That the American Academy of Family Physicians write a letter to the Society of Teachers of Family Medicine encouraging the integration of the subject of human trafficking into the education of medical students, residents and fellows, and be it further

RESOLVED, That the American Academy of Family Physicians investigate the feasibility of human trafficking related CME, including but not limited to live presentations at the Family Medicine Experience and the National Conference of Family Medicine Residents and Medical Students, and be it further

RESOLVED, That the American Academy of Family Physicians develop a position statement on human trafficking.

The reference committee heard testimony that human trafficking is an important but often an underappreciated issue in the United States. Recognizing the signs and health implications of human trafficking is critical to public health though knowledge and competency of these signs is low among health care professionals, teachers and learners. Testimony noted that though the AAFP has a policy specific to violence that references the topic of human trafficking, it is limited in drawing out the implications and interventions that may support management of people who have had this unfortunate experience and resulting health dilemmas.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 601, which reads as follows be adopted in lieu of Resolution No. 601:

RESOLVED, That the American Academy of Family Physicians provide human trafficking-related healthcare education, including identification and management information, in at least one educational conference workshop, and be it further

RESOLVED, That the American Academy of Family Physicians communicate with the Council of Academic Family Medicine to encourage their organizations to identify opportunities to advocate for the integration of the subject of human trafficking into the education of medical students, residents and fellows, and be it further

RESOLVED, That the American Academy of Family Physicians investigate the feasibility of human trafficking related CME, including but not limited to live presentations at the Family Medicine Experience and the National Conference of Family Medicine Residents and Medical Students, and be it further

RESOLVED, That the American Academy of Family Physicians develop a position statement on human trafficking.

This recommendation was not extracted and, therefore, the resolution was adopted as recommended on the consent calendar.

Resolution No. 603 from the New York chapter entitled, “Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Healthcare Organizations,” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians strongly encourage medical schools and graduate medical education training programs to communicate with current and prospective medical students, residents, and fellows how affiliations and mergers among health care organizations may impact health care delivery, medical education, and training opportunities at their respective institutions, and be it further

RESOLVED, That the American Academy of Family Physicians recommend that information on religious affiliation be listed in the Freida database, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that information on the religious affiliation of residency programs be included on the AAFP Family Medicine Residency Directory (<https://nf.aafp.org/Directories/Residency/Search>), and be it further

RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council on Graduate Medical Education and other appropriate stakeholders to support transparency within medical education, recommending that medical schools and graduate medical education training programs communicate with current and prospective medical students, residents, fellows and faculty about how affiliations and mergers among health care organizations may impact health care delivery, medical education and training opportunities.

The reference committee heard considerable testimony from family physicians, family physician residency faculty, family medicine residents and medical students and its potential impact on training in women’s health. While some testimony framed the key dilemma as a lack of transparency among religiously affiliated residency programs, others testified (including one student) that access to the residency program and its curriculum was only one part of the process, and that engaging in a conversation with the residency program’s faculty remains a critical element of the process of finding the right training and fit. There was testimony cautioning against using a surrogate marker of religious affiliation to inform whether or not a training program offered a specific type of procedural training. Because of the complexity of the issue, it was advised that the resolution be referred to the AAFP Board of Directors.

RECOMMENDATION: The reference committee recommends that Resolution No. 603 be referred to the Board of Directors.

This recommendation was not extracted and, therefore, the resolution was referred to the board as provided for on the consent calendar.

Resolution No. 405 from the New York Chapter entitled “Health Impact of Gentrification,” the resolved portion is printed below:

RESOLVED, The American Academy of Family Physicians request the Robert Graham Center for Policy Studies in Family Medicine and Primary Care investigate how the process of gentrification impacts health outcomes and create potential policy recommendations that could improve the health of the most vulnerable.

The testimony was in favor of the spirit of the resolution, however, there were concerns about the fiscal note required and the ability of the Graham Center to conduct the study. There are other organizations doing this work so it was suggested that the AAFP partner with these organizations to investigate the impact of gentrification.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 405 which reads as follows be adopted in lieu of Resolution No. 405.

RESOLVED, That the American Academy of Family Physicians (AAFP) partner with public health, policy centers, and/or research organizations to investigate how the process of gentrification impacts health outcomes and with this information create potential policy recommendations that could improve the health of the most vulnerable.

This recommendation was not extracted and, therefore, the substitute resolution was adopted on the consent calendar.

Resolution No. 406 from the New York Chapter entitled “Discriminatory Policing is a Public Health Concern,” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians form a policy statement recognizing that any use of force beyond that reasonably necessary to accomplish a lawful police purpose poses a serious ongoing public health issue that disproportionately affects minority communities, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the abolition of discriminatory law enforcement strategies, and be it further

RESOLVED, That the American Academy of Family Physicians endorse community policing, which is defined by the U.S. Department of Justice as a philosophy that promotes organizational strategies that support the systemic use of partnerships and problem-solving techniques to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder and fear of crime, and be it further

RESOLVED, That the American Academy of Family Physicians support promoting communication, transparency, and accountability in everyday interactions between the police and public.

There was significant testimony in support of the resolution which focused on the effect of discriminatory policing and excessive force on minority populations. It was generally recognized

that this is a social determinant of health and impacts the health of patients. Upon considerable discussion, the reference committee decided to adopt the first and fourth resolve clauses as they are more focused on national policy. The reference committee referred the second and third resolve clauses to the Board for consideration to ensure they were evidenced-based and consistent with the President's 21st Century Policing.

RECOMMENDATION A: The reference committee recommends that Resolved Clauses 1 and 4 of Resolution No. 406 be adopted.

This recommendation was not extracted and, therefore, Resolved Clauses 1 and 4 were adopted as recommended on the consent calendar.

RECOMMENDATION B: The reference committee recommends that Resolved Clauses 2 and 3 of Resolution No. 406 be referred to the Board of Directors.

This recommendation was not extracted and, therefore, Resolved Clauses 2 and 3 were referred to the Board as recommended on the consent calendar.

Resolution No. 407 from the New York Chapter entitled "Clogging the School-to-Prison Pipeline," the resolved portions which are printed below:

RESOLVED, That the American Academy of Family Physicians lobby for elimination of zero-tolerance policies in schools, for decreasing police presence in schools, and for implementation of evidence-based alternatives to discipline such as school-wide positive behavior support, and be it further

RESOLVED, That the American Academy of Family Physicians endorse the American Academy of Pediatrics 2013 Policy Statement on Out-of-School Suspension and Expulsion.

The testimony was in support of the spirit of the resolution regarding zero tolerance laws, as these laws disrupt education with potential long-term negative effects. The reference committee developed a substitute resolution as the resolution called for the AAFP to lobby against zero-tolerance laws which are determined on a local level instead of national level. In addition, the AAFP does not endorse policies from other organizations.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 407 which reads as follows be adopted in lieu of Resolution No. 407. **ADOPTED AS AMENDED**

RESOLVED, That the American Academy of Family Physicians develop explore writing a position paper on evidence-based and effective methods for discipline in schools and their effect on students, families, school districts and communities as a whole.

This recommendation was not extracted and, therefore, Substitute Resolution 407 was adopted as recommended on the consent calendar.

Reference Committee on Organization & Finance

Items for Reaffirmation – Reaffirmation of Item 23 in which testimony in the reference committee hearing and discussion by the reference committee in Executive Session concurred that the items are current policy or are already addressed in current projects.

ITEM 23 – Climate Change

Resolution No. 203 from the New York State chapter entitled, “Climate Change” the resolved portions of which are printed below:

RESOLVED, That the American Academy of Family Physicians concur with the overwhelming majority of current published climate scientists that human behavior contributes significantly to climate change, and be it further

RESOLVED, That the American Academy of Family Physicians support public policies that limit and monitor the use of fossil fuels and the production of environmental pollutants.

This recommendation was not extracted and, therefore, Resolution 203 was accepted as current policy as recommended on the consent calendar.

Resolution No. 205 from the New York State chapter entitled “Implementation of Non-discrimination in Health Care,” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians support the initiative to proactively promote the awareness of Section 2706 through State-wide information exchange of digital and printed media for providers and patients alike, and be it further

RESOLVED, That the American Academy of Family Physicians lobby for broader health care coverage by insurance providers in compliance with Section 2706, and be it further

RESOLVED, That the American Academy of Family Physicians lobby for broader healthcare coverage of complementary therapies at the national level.

The reference committee heard limited testimony in favor of the resolution. Those speaking against the resolution noted that complementary and alternative medicine (CAM) is a broad category and that many services are not evidence-based. In addition, CAM providers have their own lobbying arm. A representative from the AAFP Board of Directors noted that the AAFP is the lobbying force for family physicians and not CAM providers.

The reference committee agreed that due to the broad scope of the request, the lack of evidence for some complementary and alternative therapies, and the fiscal impact, the AAFP should remain focused on family medicine issues.

RECOMMENDATION: The reference committee recommends that Resolution No. 205 not be adopted.

Resolution 205 was not adopted.

Resolution No. 204 from the New York State chapter entitled “Nuclear Disarmament” the resolved portions are printed below:

RESOLVED, That the American Academy of Family Physicians support the elimination of nuclear weapons, and be it further

RESOLVED, That the American Academy of Family Physicians communicate its support in favor of the elimination of nuclear weapons to the Physicians for Social Responsibility.

The reference committee heard testimony in support of the first resolved clause but not the second. The reference committee agreed that the AAFP should support nuclear disarmament out of concern for the devastating effects of nuclear weapons; however, believed it unnecessary to communicate the organization’s support of this issue to the Physicians for Social Responsibility.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 204 which reads as follows be adopted in lieu of Resolution No. 204:

RESOLVED, That the American Academy of Family Physicians support the elimination of nuclear weapons.

This recommendation was not extracted and, therefore, Substitute Resolution 204 was adopted as recommended on the consent calendar.

Reference Committee on Practice Enhancement

Resolution No. 302 from the New York Chapter entitled, “Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period,” the resolved portions are printed below:

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

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

The reference committee heard a significant amount of testimony on these resolutions, which were identical in their resolved clauses. All of the testimony was in support. The testimony highlighted that long-acting reversible contraceptives (LARCs) provided postpartum, before hospital discharge, were cost-effective in high-risk, vulnerable populations. However, some

public and private insurers have acted to bundle payment for LARCs with the fees paid for global maternity care in such a way that the global maternity care fees do not cover the cost of the LARCs and their placement. The reference committee agreed that the AAFP should support policy assuring coverage and appropriate payment of LARCs and their placement prior to hospital discharge separate from any global maternity fee.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 301 be adopted in lieu of Resolution No. 301 and Resolution No. 302 which reads as follows:

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

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

This recommendation was not extracted and, therefore, Substitute Resolution 301 was adopted as recommended on the consent calendar.

Resolution No. 303 from the New York and Ohio Chapters entitled “Access to All FDA-Approved Contraception Methods for Medicare Patients,” the resolved portions are printed below:

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

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

Resolution No. 304 from the Rhode Island Chapter entitled “Access to All FDA-Approved Contraception Methods for Medicare Patients,” the resolved portions are printed below:

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

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

The reference committee heard a limited amount of testimony on these resolutions, which were identical in their resolved clauses. All of the testimony was in support and noted that many Medicare beneficiaries who are entitled on the basis of disability are of child-bearing age and deserving of contraceptive coverage just like non-Medicare patients. Other testimony described

this as a social justice issue and an opportunity to educate the public regarding who is on Medicare. The reference committee agreed with the testimony.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 303 be adopted in lieu of Resolution No. 303 and Resolution No. 304 which reads as follows:

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

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

This recommendation was not extracted and, therefore, Substitute Resolution 303 was adopted as recommended on the consent calendar.

Reference Committee on Health of the Public & Science

Resolution No. 410 from the New York Chapter entitled “Oppose the Mandatory Drug Testing of Pregnant Women,” the resolved portions are printed below:

RESOLVED, That in the interest of both patients and providers, the American Academy of Family Physicians oppose the creation of legislation that requires physicians do mandatory drug testing on pregnant women, and be it further

RESOLVED, That the American Academy of Family Physicians oppose the practice of mandatory drug testing women during pregnancy.

The testimony included legislative impingement on medical practice and the possible negative consequences of mandatory reporting of drug abuse by pregnant women. Concerns included that mandatory reporting would keep pregnant women from seeking medical care and criminalize these women.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 410 which reads as follows be adopted in lieu of Resolution No. 410. REFERRED TO THE BOARD OF DIRECTORS

RESOLVED, That the American Academy of Family Physicians oppose the practice of mandatory reporting of the drug testing during pregnancy.

This item was extracted and Resolution 410 was adopted.