Reference Committee on Advocacy

2015 Congress of Delegates of the American Academy of Family Physicians, Denver, CO
Delegate, Paula A. Leonard-Schwartz, M.D.

Resolution no. 501 "Expanded Use of Naloxone"

This resolution proposed that the AAFP support programs and legislation which allow licensed providers to provide naloxone prescriptions to patients using opioids (or individuals in close contact with patients using opioids) and which allow first responders and non-medical personnel to administer naloxone in emergency situations, without risk of prosecution for practicing medicine without a license. A substitute resolution was passed removing the language specifying naloxone auto-injectors, such that prescriptions of any type of naloxone be permitted instead.

Outcome: ADOPTED Substitute Resolution:

- That the AAFP support the implementation of programs which allow first responders and non-medical personnel to possess and administer naloxone in emergency situations.
- That the AAFP support the implementation of policies which allow licensed providers to prescribe naloxone to patients using opioids or other individuals in close contact with those patients.
- That the AAFP support the implementation of legislation which protects any individuals who administer naloxone from prosecution for practicing medicine without a license.

Resolution no. 502 "Safe Use of Methadone for Pain Management"

This resolution sought to have the AAFP Advocate that the FDA develop a risk evaluation and mitigation strategy (REMS) to establish minimum competency for those who prescribe methadone to treat pain, due to its unique pharmacology and disproportionate risks. Several objections were raised to this resolution. It was noted that an FDA Alert containing post market drug safety information about methadone has already been issued. It was also felt that minimum competency standards are more appropriately set by state licensing boards. Finally, the AAFP already has a representative serving on a CDC advisory group which is addressing guidelines for primary care prescribers of methadone.

Outcome: NOT ADOPTED

Resolution no. 503 "Legalization of Marijuana for Personal Use"

This resolution asked the AAFP to do the following three things: support the legalization of marijuana for personal use, support the removal of marijuana from the FDA List of Schedule I Controlled Substances, and advocate that a portion of any taxes levied on marijuana be used for substance abuse treatment. There was extensive testimony on this issue, both in favor of and against parts of the resolution. Major themes included the difference between legalization and decriminalization, the social injustice of the enforcement patterns of drug laws in the U.S., the paucity of research on the effects of marijuana, and the challenges being faced by states that have already legalized recreational use of marijuana.

Outcome: ADOPTED Substitute Resolution:

- That the AAFP support decriminalizing the possession of marijuana for personal use.

- That the AAFP encourage the National Institutes of Health to conduct appropriate research on the health effects of marijuana use.

Resolution no. 504 "Ask the DEA to Reclassify Marijuana from a Schedule I to a Schedule II Drug"

This resolution asked the AAFP to encourage the DEA to reclassify marijuana from Schedule I to Schedule II to facilitate further research on the potential medical uses of pharmaceutical cannabinoids. The reference committee observed that this recommendation is encompassed in current AAFP policy

Outcome: REAFFIRMED as Current Policy

Resolutions no. 505 "Decreased Generic Medication Availability" and 506 "Finding a Solution to the Artificially Inflated Cost of Pharmaceuticals"

These resolutions sought to have the AAFP investigate and address the steep increase in the costs of previously affordable generic drugs and the pharmaceutical industry's perceived pattern of profiteering from the pharmaceuticals they sell. Testimony was largely in support of these resolutions but it was felt that it would be too expensive for the AAFP to conduct the investigation itself.

Outcome: ADOPTED Amended Substitute Resolution:

- That the AAFP request Congress and/or appropriate federal agencies to investigate current policies that result in pharmaceutical price increases and that create barriers to accessing generic medications.

Resolution no. 507 "Ending Non-Medical Exemptions for Immunizations"

As discussed at the NHAFP Board meeting in September, this resolution asked the AAFP to support the elimination of non-medical exemptions for schools and childcare attendance (including Head Start). It was noted that the issue should be considered one of public health, not individual freedom.

Outcome: ADOPTED

- That the AAFP support legislation eliminating non-medical exemptions from immunization for participation in federally funded educational programs for children including Head Start.
- That the AAFP support chapter efforts to eliminate non-medical exemptions from immunization for childcare and school attendance.

Resolution no. 508 "Expanding Vaccine Programs to Include All Ages"

This resolution sought to have the AAFP support the development of adult vaccine programs, similar to the Vaccines for Children program, with federal or state funding sources. It was noted that vaccination programs should be simple, direct, and one process for all.

Outcome: ADOPTED Amended Substitute Resolution:

- That the AAFP advocate for a federally funded adult vaccine program, including coverage of the Advisory Committee on Immunization Practices recommended vaccines given within the office of the primary care physician, and investigate options for supporting the development and expansion of adult vaccine programs.

Resolution no. 509 "Prorated Approach to Primary Care Loan Repayment Programs"

This resolution sought to have the AAFP advocate for a graduated loan repayment scale for the National Health Service Corps. Current policy divides physicians into two statuses: those working "full-time" (minimum 40 hours a week not including on-call hours) and those working "half-time" (20 hours or more but less than 40 hours). A physician working 40 hours a week is eligible to receive up to $50,000 of loan repayment over two years whereas a physician working 36 to 38 hours a week is only eligible to receive up to $25,000 of loan repayment over two years. This is despite the fact that many community health centers are hiring physicians at less than full-time hours to promote greater retention. Testimony was uniformly in favor of the resolution. Although the reference committee and the AAFP Board representative recommended referring this issue to the Board, the Congress felt otherwise and adopted the resolution.

Outcome: ADOPTED:

- That the AAFP advocate, in conjunction with other interested stakeholders and organizations, for a graduated loan repayment scale for the National Health Service Corps Loan Repayment Program and other federal loan repayment programs that is fairly pro-rated based on full time equivalents (FTE), and that expands loan repayment options beyond binary definitions of full-time (FTE 1.0) and "half-time" (FTE 0.5-0.9).
- That the AAFP provide support for AAFP chapters to advocate for state-based primary care loan repayment programs that are graduated and fairly prorated based on FTE, and not restricted to categorical definitions of full-time (FTE 1.0) and "half-time" (FTE 0.5-0.9).

Resolution no. 510 "Affordable Health Care for All Americans"

This resolution asked the AAFP to support the inclusion of the territories and the Commonwealth of Puerto Rico in all aspects of the Affordable Care Act, with subsidies for premium assistance and cost-sharing for all residents. There was conflicting testimony about whether the territories are exempt from federal income tax as we know it. There also was extensive support for all U.S. citizens receiving the benefits of the Affordable Care Act as a fundamental matter of equity.

Outcome: ADOPTED Substitute Resolution:

- That the AAFP support the inclusion of the territories and the Commonwealth of Puerto Rico in all aspects of the Patient Protection and Affordable Care Act, including appropriate funding mechanisms, as it would for any state.

Resolution no. 511 "Expansion of Scope of Practice Review Panels"

This resolution sought to have the AAFP assist state chapters with model legislation to promote the formation of mandated panels of qualified reviewers to recommend appropriate action to state legislatures for all requests for expansion of scope of practice from all health provider groups. There was mixed testimony about whether such efforts are likely to rise above the political process. The AAFP Board representative requested referral due to the complexity of implementing this resolution. The Reference Committee admonished Congress of Delegates to "be careful what you wish for" and advised referral; the Congress agreed.

Outcome: REFERRED to Board

Resolution no. 512 “Oppose Legislative Restrictions on Health Centers Receiving Title X and Medicaid Funding”

This resolution asked the AAFP to support maintaining Medicaid and Title X funding of all eligible providers. As discussed at the NHAFP Board meeting in September, this resolution was in response to recent efforts in the U.S. Congress to defund Planned Parenthood. Although some testimony suggested the AAFP avoid this divisive issue, more members (including the Board representative) urged adoption.

Outcome: ADOPTED

- That the AAFP lobby Congress to oppose legislation that diminishes funding and/or access to preventative and reproductive health services for women and men.
- That, as a matter of policy, the AAFP support maintaining Medicaid and Title X funding of all providers or clinics that otherwise meet usual standards for eligibility.

Resolution no. 513 “Medicare Annual Wellness Visits”

This resolution asked the AAFP to deal with multiple issues associated with non-primary care physicians performing Medicare Annual Wellness Visits (AWV’s) by supporting regulations to direct beneficiaries to their primary care physicians for AWV’s, to require Medicare audits of AWV’s done outside of the patient’s usual care provider’s federal tax ID number, and to require that AWV data be transferred in EHR compatible form to the patient’s primary care provider. Given that only a small percentage of Medicare patients are receiving AWV’s at all, the resolution also called for more education of AAFP members about the value of AWV’s and to improve AWV completion rates. Testimony generally favored family physicians performing these evaluations to avoid further fragmenting care. Testimony opposed requiring Medicare audits as it could come to pass that such audits would be required of family physicians as well. It was also noted that it was impractical to ask outside providers to transfer data in EHR compatible form given that our own EHR systems are often not compatible with one another. Ultimately, the Reference Committee recommended a substitute resolution, which the Congress accepted.

Outcome: ADOPTED Substitute Resolution:

- That the AAFP, via direct contact with the Administration and U.S. Congress, advocate for the central role of primary care in performing the Annual Wellness Visits and support legislation and regulations that preferentially direct beneficiaries to their primary care for these exams.
- That the AAFP lobby the U.S. Congress and the Administration to promulgate regulations requiring that any provider or service, not functioning as the patient’s primary care provider, transfer Annual Wellness Visits data including advanced directives to the primary care provider.
- That the AAFP, through venues such as continuing medical education offerings, METRIC, Family Practice Management and American Family Physician, provide tools and opportunities for family physicians to optimize the value of Annual Wellness Visits (AWV) and to improve AWV completion rates.