

Reference Committee on Advocacy

2017 Congress of Delegates of the American Academy of Family Physicians, San Antonio, TX Observer Delegate, Marie Ramas, M.D.

Resolution no. 501 “Repeal the Hyde Amendment”

This resolution proposed that the AAFP endorse the principle that women receiving health care paid for through health plan funded by state and federal government who have coverage for continuing a pregnancy also should have coverage for ending a pregnancy. It also proposes that the AAFP engage in advocacy and lobbying efforts to overturn the Hyde Amendment, which bans federal funding for abortions.

Outcome: Extracted and referred to the board

Resolution no. 502 “Oppose Non-Evidence-Based Restrictions to Telemedicine Abortion”

This resolution proposed that the AAFP oppose legislation that would prohibit telemedicine access to medication abortion or impose restrictions on access to medication abortion using telemedicine that are not placed on other medical services. It also proposed that the AAFP oppose the singling out medication abortion services as a service to ban from telemedicine care, or impose restrictions on that are not placed on other telemedicine services.

Outcome: Adopted

Resolutions nos. 503/504/505 “Health Care as a Human Right”

These resolutions all centered around health care as a human right and the reference committee suggested the substitute resolution as follows: Resolved, That the AAFP recognizes that health is a basic human right for every person. There was overwhelming testimony in support of stronger language regarding unacceptable barriers to care. There was also testimony that pointed out the World Health Organization’s emphasis on “health” vs “health care”, as well as concern regarding resource allocation.

Outcome: Adopt as amended:

Resolved, That the AAFP recognizes that health is a basic human right for every person, and be it further

Resolved, That the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.

Resolution no. 506 “Loser Pay Tort Reform”

This resolution presented three proposals. First, that the AAFP support “loser pays” tort reform for medical malpractice and personal liability cases, whereby the plaintiff’s attorney shall be jointly and severally liable for the costs of defendant’s legal and related fees, up to a cap established by legislation. Second, That the AAFP seek sponsors for legislation that establishes

“loser pays” tort reform for medical malpractice and personal liability cases, whereby the plaintiff and plaintiff’s attorney shall be jointly and separately liable for the costs of defendant’s legal and related fees, up to a cap established by legislation. Lastly, that the AAFP seek collaboration with other medical societies, hospital associations, municipalities and their associations, and other stakeholders to pursue “loser pays” tort reform for medical malpractice and personal liability cases.

The reference committee heard mostly testimony in support of the resolution, however concern was raised regarding the unintended consequence of causing a barrier to legal access to low-resource populations. Due to the complexity of the topic and the need to clarify objectives and strategic implementation of the resolution, it was recommended that this resolution be referred to the board.

Outcome: Refer to the board

Resolution no. 507 “Change the Centers for Medicare and Medicaid Services ‘Three Midnight Rule’”

This resolution proposed that the AAFP engage in dialogue with CMMS to advocate for the elimination of the “three-midnight” rule in cases where the patient requires discharge to subacute care but does not require additional hospitalization to the extent required by the rule. Due to implied need for statutory change, as well as inconsistent industry use of the terms, a substitute resolution was submitted by the committee.

Outcome: Adopt substitute resolution:

Resolved, That the AAFP advocate for the elimination of the “three-day” rule in cases where the patient requires discharge to sub-acute or skilled nursing care but does not require additional hospitalization.

Resolution no. 508 “Encourage Completion of a Health Impact Assessment (HIA) as Part of All Commercial/Industrial/Agricultural Project Proposals that Require an Environmental Review”

This resolution proposed that the AAFP support the requirement that all federal environmental impact statements be required to include a comprehensive and independently produced Health Impact Assessment.

Outcome: Refer to the Board

Resolution no. 509 “Stop the Blame the Doctor Game: Evidence Says Physicians are Not the Cause of Opiate Crisis”

This resolution submitted five proposals, all which approached advocating for the education of family physicians on responsible opioid prescribing and actively engaging in public relations effort to change the public’s misperception of physician blame with the opioid crisis. While it was vastly agreed that most of the specific asks in the resolutions were already current AAFP policy, there was poignant concern of the over \$500,000 initial fiscal note for the media campaign. There was also mention of ongoing costs resulting from media campaign.

Outcome: Refer to the Board

Resolution no. 510 “Unsolicited Requests for Compound Topical Medications”

This resolution proposed that the AAFP request the US Department of Health and Human Services and CMMS to consider requiring cost transparency from compounding pharmacies on forms faxed to physicians, as well as educating AAFP members of possible consequences of signing unsolicited compounded medication prescriptions without an encounter. While testimony was grossly in support of the resolution, the reference committee felt that the due to lack of information, that a substitute resolution be adopted.

Outcome: Adopted substitute resolution,

Resolved, That the AAFP develop policy describing best practices pertaining to compounded medications including cost transparency.

Resolution no. 511 “Pharmaceutical Drug Pricing”

This resolution proposed that the AAFP advocate for marketplace solutions and federal cost control to reduce pharmaceutical drug pricing. There was testimony in support of the resolution, but the reference committee noted that the resolution was limited to only Medicare. As substituted resolution was recommended by the reference committee to be more complete in the all parties that contribute to pharmaceutical drug pricing.

Outcome: Adopted substitute resolution,

Resolved that the AAFP advocate for marketplace solutions, including public health programs, such as Medicare and Medicaid, ability to negotiate with manufacturers of pharmaceutical, biologic and medical device products.

Resolution no. 512 “Immigration Policy”

This resolution proposes that the AAFP actively oppose the current administration’s immigration policies and the building of a wall along the southern border of the United States given its detrimental effects the economic, ecological and community health of the border region. There was mixed testimony regarding the resolution, both for and against. There was testimony of the stress of immigration policy on patients. Some supported the right of the country to protect its borders. Others were concerned about the specific targeting of the current presidential administration and suggested a more comprehensive policy in this area.

Outcome: Refer to the Board

Resolution no. 513 “ Support a Publicly Funded Universal Primary Care Program”

This resolution proposed that the AAFP develop a policy statement in support of a publicly funded universal primary care system in states who pursue this model and survey chapter about the feasibility of a legislative approach to promoting a universal primary care system in their state. There was overwhelming support of this resolution and the reference committee consider this an incremental step toward adoption of more universal access to primary care services.

Outcome: Adopt

Resolution no. 514 “Universal Health Insurance”

This resolution specified a model of universal health insurance which would be endorsed by the AAFP. Most testimony was in strong support, however other testimony demonstrated concern regarding ambiguous terminology and its understanding by the membership. Due to complexity of the topic and mixed testimony, the resolution was ultimately voted by the body to be referred to the board.

Outcome: Refer to the Board

Resolution no. 515 “The Medicare and Medicaid Funding Shortage-Impact for Puerto Rico”

This resolution proposed that the AAFP support equal funding for Medicare and Medicaid in Puerto Rico, specifically. The reference committee testimony offered an amendment to include all U.S. territories.

Outcome: Adopt substitution resolution:

Resolved, That the AAFP support equal funding for Medicare and Medicaid in Puerto Rico and the U.S. territories similar to the 50 states and District of Columbia

Resolution no. 516 “AAFP Statement in Support for DACA”

This late resolution proposed that the AAFP issue a statement strongly opposing terminal of protection afforded by the Deferred Action for Childhood Arrivals (DACA). There was general support given in testimony. However, some concern was expressed of the political nature of the resolution. The reference committee discussed the need for further study and action regarding patients and families affected by DACA.

Outcome: Adopt substitute resolution:

Resolved, that the AAFP shall issue a statement strongly supporting protections afforded by the Deferred Action for Childhood Arrival (DACA).

The following Board Reports were adopted by consent:

Board Report J on Policy Statement Review “Information Technology Used in Health Care”, ONLY para. 12, p. 249

Board Report J on Policy Statement Review, regarding revised policy statement on “Managed Care,” ONLY para. 13, pp. 249-251

Board Report J on Policy Statement Review, regarding revised policy statement on “Reporting on Residency Status of Patients,” ONLY para. 14, pp. 251-252

The following Board Reports were filed as informational:

Board Report E, ALL, (pp. 187-190), entitled Administrative and Regulatory Burden

Board Report F, ALL, including Appendix A and Appendix B (pp. 191-227;195-225 & 226-227), entitled Single Payer Health Care System.

Board Report H, ALL, (pp. 232-238), entitled Health Care Reform.

Board Report I, ALL, (pp. 239-240), entitled Family Medicine Political Action Committee, FamMedPAC.