



# Resolution No. 1014

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2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Address Institutional Racism in the Health Care System

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3 Submitted by: Daniel Neghassi, MD, Minority  
4 Ivonne McLean, MD, New Physician  
5 Martha Simmons, MD, General Registrant  
6 Brian Frank, MD, New Physician  
7 Natalie Hinchcliffe, DO, BA, LGBT  
8 Hannah Biederman, MD, Women  
9 Wayne Forde, MD, FAAFP, Minority

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11 WHEREAS, The American Academy of Family Physicians (AAFP) recognizes that “health is a  
12 basic human right” and opposes racial and other forms of discrimination against patients, and

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14 WHEREAS, health care has been historically racially segregated, and

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16 WHEREAS, during the Jim Crow era, most hospitals explicitly did not accept patients of color or  
17 only had few beds in a separate substandard section, and

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19 WHEREAS, despite the civil rights movement and the implementation of Medicare which forced  
20 hospitals to accept patients of color, racial segregation in health care exists to this day and

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22 WHEREAS, even after controlling for insurance status, black residents of New York City were only  
23 half as likely as White residents to get their care in academic medical centers, a difference not  
24 explained by hospital location, and

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26 WHEREAS, black and Latinx people are more likely than white people to be uninsured or to  
27 receive Medicaid with Latinx nonelderly adults are nearly two and half times as likely to be  
28 uninsured than nonelderly white adults, and

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30 WHEREAS, racial segregation also exists within single institutions, often “under the guise of  
31 segregation by insurance status,” and

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33 WHEREAS, many hospitals have different outpatient settings for different “types” of patients (i.e.,  
34 clinics for Medicaid and uninsured patients, and faculty practices for privately insured patients),  
35 and

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37 WHEREAS, clinics tend to be staffed by physicians-in-training and lack continuity of care, and they  
38 have much longer wait times than faculty practices, and

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40 WHEREAS, many outcomes are poorer among people of color compared with white people with  
41 maternal mortality over three times higher for black women compared with white women, and

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43 WHEREAS, Medicaid fee structures have different reimbursements for different practice types, and

44 WHEREAS, in New York State, clinics are reimbursed at higher rates by Medicaid than faculty or  
45 private practices which encourages hospitals to have separate clinics for Medicaid, and  
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47 WHEREAS, indigent care funds are inequitably distributed among hospitals, such that academic  
48 medical centers and other private hospitals that provide care to few uninsured patients tend to  
49 receive disproportionate amount of funds, now, therefore, be it  
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51 RESOLVED, That the American Academy of Family Physicians adopt a policy opposing  
52 segregation of patient care within the health care system and within health care institutions by  
53 race, insurance status, or other demographics, and be it further  
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55 RESOLVED, That the Center for Diversity and Health Equity develop materials and provide  
56 education to increase awareness of how racism is manifested through institutional policies and  
57 how segregated care within the health care system is a cause of racial disparities in health  
58 outcomes, and be it further  
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60 RESOLVED, That the American Academy of Family Physicians advocate for equal payment for  
61 health care services regardless of insurance status of the patient and regardless of practice type,  
62 immediately by restoring the provisions of the Patient Protection and Affordable Care Act which  
63 mandated an increase in Medicaid rates, and be it further  
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65 RESOLVED, That the American Academy of Family Physicians advocate for fair allocation of  
66 indigent care funds either by allocating funds to hospitals proportional to the amount of charity care  
67 provided or, in the future, by attaching those funds directly to assist patients in accessing care, and  
68 be it further  
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70 RESOLVED, That the American Academy of Family Physicians advocate for policies that mandate  
71 hospitals to track and report accurate data on out-patient visits, appointment waiting times,  
72 utilization of high-tech resources and patient satisfaction by patients' race and insurance status.