Resolution No. 1014

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

WHEREAS, health care has been historically racially segregated, and

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

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

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

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

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

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

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

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

WHEREAS, Medicaid fee structures have different reimbursements for different practice types, and
WHEREAS, in New York State, clinics are reimbursed at higher rates by Medicaid than faculty or private practices which encourages hospitals to have separate clinics for Medicaid, and

WHEREAS, indigent care funds are inequitably distributed among hospitals, such that academic medical centers and other private hospitals that provide care to few uninsured patients tend to receive disproportionate amount of funds, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians adopt a policy opposing segregation of patient care within the health care system and within health care institutions by race, insurance status, or other demographics, and be it further

RESOLVED, That the Center for Diversity and Health Equity develop materials and provide education to increase awareness of how racism is manifested through institutional policies and how segregated care within the health care system is a cause of racial disparities in health outcomes, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for equal payment for health care services regardless of insurance status of the patient and regardless of practice type, immediately by restoring the provisions of the Patient Protection and Affordable Care Act which mandated an increase in Medicaid rates, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for fair allocation of indigent care funds either by allocating funds to hospitals proportional to the amount of charity care provided or, in the future, by attaching those funds directly to assist patients in accessing care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for policies that mandate hospitals to track and report accurate data on out-patient visits, appointment waiting times, utilization of high-tech resources and patient satisfaction by patients’ race and insurance status.