INDIANA ACADEMY OF FAMILY PHYSICIANS
ANNUAL REPORT OF THE CHAIRMAN OF THE BOARD

Indianapolis, IN **July 20, 2018**

Bernard Richard, MD

I have been honored to serve as the IAFP Chairman of the Board during 2017 and 2018. We have continued to promote family medicine in our state and serve as an advocate for our patients. I've been proud of the efforts made by our Board members, those who serve on our commissions, and the hard work of our IAFP staff.

As many of you are well aware, Scott County had a HIV with over 200 people being diagnosed with HIV. Since that time our academy has made a robust effort to support measures to prevent future HIV outbreaks. This includes supporting needle exchange programs and supporting the use of medication assisted treatment programs (MAT). MAT has been shown to improve patient survival, increase retention rates in treatment programs, decrease illicit opiate use and other criminal activity among people with substance use disorders, and increase patient's ability to gain and maintain employment, and improve birth outcomes among women who have substance use disorders and are pregnant. It also lowers HIV and viral hepatitis risk. There are some (e.g. legislators and insurers), who wish to support arbitrary limits on the duration of medication assisted treatment programs despite opiate dependence being a chronic disease state. Therefore I propose we adopt policy consistent with that of the Substance Abuse and Mental Health Services Administration (SAMHSA). **I recommend that the IAFP have policy that says that the length of therapy for patients in the maintenance phase of a medication assisted treatment program (MAT) have a maintenance phase that is individualized and tailored to each patient and that the duration may be indefinite. If accepted, I would recommend forwarding such resolution by our delegates to the AAFP Congress of Delegates.**

Though the HIV outbreak in Scott County was fueled by our growing opiate epidemic, sexual transmission of HIV is another public health concern. Another effective tool for preventing HIV outbreak is the use of PrEP (pre-exposure prophylaxis). PrEP, if taken correctly and consistently has been shown to be 92-99% effective at reducing the risk for HIV infection. Currently PrEP has been used to reduce the risk of HIV infection in uninfected individuals who are at high risk of HIV infection and who may engage in sexual activity with HIV-infected partners. It has come to my attention that patients who choose to protect themselves by obtaining a prescription for PrEP are denied life insurance and disability insurance. Such denials may serve to deter patients who would benefit from this important preventative measure. Not only is this bad for public health, but serves to discriminate against those who are most at risk. For this reason, **I recommend that the IAFP work with its partners to develop and implement a strategy to advocate for ending insurer's practice of denying life and disability insurance to HIV-negative patients who choose to protect themselves with PrEP (pre-exposure prophylaxis). If accepted, I would recommend forwarding such a resolution by our delegates to the AAFP Congress of Delegates.**

It has been a pleasure and honor to serve.

Respectfully submitted,

Bernard Richard, M.D.