



Commission for Governmental Advocacy 2017 Annual Report

COMMISSION FOR GOVERNMENTAL ADVOCACY (CGA)

Resident

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Purpose & Scope of Work

The CGA is composed of a chair, 12 active members, one resident member, one student member, and one chapter executive. The purpose of the CGA is to guide the AAFP's advocacy efforts before the federal government and to assist the constituent chapters in their advocacy efforts before state governments. Working with AAFP lobbyists and staffers, the CGA discusses resolutions passed by the Congresses, weighs those and other initiatives with current AAFP policy and goals, and gives recommendations to the Board on what actions the AAFP should take with regard to political stances on various issues and advocacy efforts. The scope of work of the CGA includes health system reform and expansion of health care coverage, state and federal legislation, public policy, governmental regulations and regulatory agencies, FamMedPAC, grassroots efforts, and governmental workforce programs.

Activities

As the resident and student representatives on the CGA, we attend Winter Cluster, the Family Medicine Advocacy Summit (FMAS), and the National Conference of Family Medicine Residents and Students. The two CGA meetings take place during Winter Cluster and immediately following the FMAS.

During Winter Cluster, we presented resolutions that had been brought forth at the National Congress of Constituency Leaders (NCCL) and represented resident and student interests in discussions surrounding these and other resolutions. During both CGA meetings, we heard briefings on and participated in discussions regarding topics related to the AAFP's governmental advocacy work, including the impact of the political landscape on the AAFP's efforts, the American Healthcare Act, health equity, the opioid crisis, federal regulations that impact family physicians, and the FamMedPAC. We also took part in planning discussions for advocacy-related events such as the Family Medicine Advocacy Summit and the State Legislative Conference. Finally, we heard briefings on the work of the other AAFP commissions and reviewed existing AAFP policies.

Members of the CGA also participated in the Family Medicine Advocacy Summit in Washington, D.C., where after spending a day learning about some of the political issues currently affecting family physicians we engaged in an orchestrated 'Day on the Hill' with our state delegations and met with national legislators. During the 'Day on the Hill,' in addition to bringing awareness to the importance of family medicine and primary care, we advocated for meaningful and affordable healthcare coverage for all, funding of Graduate Medical Education Teaching Health Centers, and members of the US House of Representatives to join the bipartisan Primary Care Caucus.

At the National Conference of Family Medicine Residents and Students, we will assist with the Congresses and encourage new leaders to step forward and become involved at the national level.

Resident Subcommittee Work – Working Group on Rural Health

In addition to serving on the CGA, I was honored to be the resident member on the Working Group on Rural Health, an inter-commission subcommittee comprised of members from each of the AAFP commissions. With a passion for rural medicine, having a rural focus in medical school and residency, as well as a future practice planned in rural North Dakota, this was a great fit for me. I enjoyed spending time with the members during the Winter Cluster and then called in to the Summer Cluster meeting to take part from afar. The main discussion topics during the meetings were regarding the use of rural health resources, encouraging students and residents to have exposure to and choose rural practice, and funding concerns related to rural family physicians.

Student Subcommittee Work – Working Group on Rural Health

While serving as the student member on the CGA, I also was appointed to an inter-commission subcommittee, the Working Group on Rural Health, which focuses on the unique needs of rural family medicine physicians. I participated in this because, though I currently live in a city, following residency I plan to practice in rural Kansas. I am the beneficiary of a state-sponsored loan forgiveness program that has been extremely effective at addressing the rural primary care physician shortage that grips our state; I appreciated the opportunity to exchange ideas like this one with others who are also interested in rural medicine.

Resident Lessons Learned

The opportunity to take part in the AAFP at the national level is indispensable. I was honored to be able to serve as the resident member of the CGA for 2017. Not only did being on the CGA allow me to be immersed in the AAFP organizational process as a whole, I was able to learn and take part in the AAFP's advocacy efforts and federal political process. In addition to expanding my knowledge about all these important areas, it was humbling to collaborate with several other seasoned family physicians with a passion for advocacy from all over the country. During these meetings, I was also consistently reminded of the importance of the resident and student voice to the AAFP. As the future of the profession, our thoughts and ideas are highly valued and I was humbled to know that I was representing other residents across the country. I would highly encourage anyone looking to learn more and expand their leadership skills to apply to become a part of an AAFP Commission. Especially for those with an interest or desire to learn more about advocacy and how important it is in your career as a family physician, the CGA is a great place to get involved.

Student Lessons Learned

My experience as the student member on the CGA was both highly educational and rewarding. In addition to increasing my knowledge and understanding of wide variety of political issues, my time on the commission has taught me to evaluate political issues that affect our profession objectively and to consider the complexity of the impact that a new or changed policy can have on family physicians and our patients. It also has helped me to further appreciate the importance of participating in advocacy at the state and national levels, because decisions that will affect our profession are being made on a daily basis, with or without our input. A favorite quote that I heard about this was, "If you're not at the table, then you're on the menu." I was grateful to be able to participate in the commission meetings and to observe the high-level professional interactions among the members and the AAFP staff members. While representing the student voice at the CGA meetings, I found myself trying to absorb wisdom and insight from the extraordinary leaders in family medicine who surrounded me; I found them to be incredibly welcoming, as well as encouraging and inspiring. I would highly recommend this leadership experience to any student who is interested in governmental advocacy and is open to learning how he/she can be a part of shaping policies that will affect both physicians and patients for years to come.

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.