



2024 Consent Calendar for the Reference Committee on Advocacy

National Conference of Constituency Leaders

The Reference Committee on Advocacy has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. An item or items may be extracted for debate.

RECOMMENDATION: The Reference Committee on Advocacy recommends the following consent calendar for adoption:

- Item 1:** Not Adopt 1st Resolved Clause and Reaffirm 2nd Resolved Clause of Resolution No. 1001 "Expand Availability of Diabetes Prevention Program Services". [Extracted](#)
- Item 2:** Not Adopt 1st Clause and Adopt 2nd Resolved Clause of Resolution No. 1002 "Single Payer as the Single Most Preferred Model". [Extracted](#)
- Item 3:** Not Adopt Resolution No. 1003 "American Academy of Family Physicians Offer a Letter of Support for International Medical Graduates (IMGs) in Primary Care Applying for Permanent Resident Status (Green Card)". [Extracted](#)
- Item 4:** Not Adopt Resolution No. 1004 "Advocate for 12 Weeks of Paid Parental Leave". [Extracted](#)
- Item 5:** Adopt Substitute Resolution No. 1005 "Expanding Drug Price Negotiation Authority".
- Item 6:** Reaffirm Resolution No. 1006 "American Academy of Family Physicians (AAFP) to Advocate to Centers for Medicare and Medicaid Services (CMS) to Incentivize, via Reimbursement, Health Care Teams that Demonstrate Provision of Interpreter Services for Patients with Language Discordance".
- Item 7:** Reaffirm 1st Resolved Clause, Not Adopt 2nd Resolved Clause and Adopt 3rd Resolved Clause of Resolution No. 1007 "Support for Long-Acting Injectables for Treatment and Prevention of HIV".
- Item 8:** Not Adopt Resolution No. 1008 "Tax Credit for Family Physicians".
- Item 9:** Reaffirm 1st Resolved Clause and Adopt Substitute 2nd and 3rd Resolved Clauses of Resolution No. 1009 "Reform Physician Quality Metric Incentives".



2024 Report of the Reference Committee on Advocacy

National Conference of Constituency Leaders

The Reference Committee on Advocacy has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

Item No. 1: Resolution No. 1001: Expand Availability of Diabetes Prevention Program Services

RESOLVED, That the American Academy of Family Physicians (AAFP) work with the Center for Medicare and Medicaid Services (CMMS) to relax the requirements for the Medicare Diabetes Prevention Program, allowing payment for other diabetes prevention curricula, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) provide educational tools to family physicians to enable them to creatively manage obesity within current coding restraints.

The reference committee heard testimony in favor of the resolution. There was no testimony in opposition to the resolution. Proponents of the resolution outlined the long, time-consuming process of acquiring formal Diabetes Prevention Recognition Program (DPRP) certification and how patient care and physician workflows would be improved by loosening these requirements. Staff reviewed current AAFP policy, including longstanding support for expanding the Medicare Diabetes Prevention Program (MDPP), as well as the multiple CME courses the AAFP offers its members on obesity management, diabetes management, coding practices, and enhancing diabetes care, workflows, education, and payment. The reference committee recommended the first resolved clause not be adopted due to confusion about who the proposed requirements changes would be for – physicians or patients. The reference committee appreciated the spirit of the resolution but did not want to assume the authors' intent. The reference committee recommended the second resolved clause be reaffirmed as current policy.

RECOMMENDATION: The reference committee recommends that Resolution No. 1001, 1st Resolved Clause, not be adopted. Extracted – Not Adopted

RECOMMENDATION: The reference committee recommends that Resolution No. 1001, 2nd Resolved Clause, be reaffirmed.

Item No. 2: Resolution No. 1002: Single Payer as the Single Most Preferred Model

RESOLVED, That the American Academy of Family Physicians amend its policy on Health Care for All coverage to actively promote that the single most preferred policy is a publicly funded, privately delivered health insurance model (aka Single Payer), and be it further

RESOLVED, That the American Academy of Family Physicians amend its policy on Health Care for All to remove Primary Care Coverage for All as an option until an independent study is conducted to define and evaluate Primary Care for All to see if it is an acceptable option for inclusion in the AAFP policy on Health Care for All.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution believe the AAFP should coalesce around Single Payer as the preferred option for coverage and, by doing so, would achieve the change needed for physicians and patients. Proponents of the resolution also called for the removal of Primary Care for All as a preferred option, given the wide-ranging interpretation of such option. It was suggested that such an option should undergo further study by the AAFP. No testimony was offered in opposition to the resolution. Staff walked through actions taken by previous Congress of Delegates around changes to the Health Care for All policy position, including efforts to narrow down preferred options and eliminating Primary Care for All as a policy option. The reference committee appreciated the spirit of the first resolved clause, but was concerned that testimony failed to articulate any support for other preferred approaches, such as the Bismarck Model. Specifically, testimony did not address why a single payer model is superior to a Bismarck Model, and why the Bismarck Model should therefore be excluded from future consideration for the AAFP. The committee was supportive of implementing the second resolved clause which allowed more time to study and understand how Primary Care for All would be structured. The reference committee recommended the first resolved clause not be adopted and the second resolved clause be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1002, 1st Resolved Clause, not be adopted. ~~Extracted – Not Adopted~~

RECOMMENDATION: The reference committee recommends that Resolution No. 1002, 2nd Resolved Clause, be adopted. ~~Extracted – Adopted~~

Item No. 3: Resolution No. 1003: American Academy of Family Physicians Offer a Letter of Support for International Medical Graduates (IMGs) in Primary Care Applying for Permanent Resident Status (Green Card)

RESOLVED, That the American Academy of Family Physicians (AAFP) actively advocate for expedited processing of green cards for family physicians on H1B visa caring for Healthcare Provider Shortage Area (HPSA) and Medically Underserved Areas/Populations (MUA/P), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) provide a letter of support to IMGs applying for a permanent residency (Green Card) endorsing the chapters letter acknowledging their status as AAFP members, and/or Fellow status and supporting the candidate's application for permanent resident status. ~~detailing their accomplishments and contribution to the field of family medicine.~~

The reference committee heard testimony in favor of the resolution. Proponents of the resolution outlined the workforce shortages experienced across the country and how international medical graduates (IMGs) play an integral role in filling the gaps. In addition, they outlined the complexity and burdens associated with maintaining visa status while caring for patients. There was no testimony in opposition to the resolution. Staff reviewed the AAFP's current advocacy efforts with respect to IMGs, including support of the Conrad 30 visa waiver program. It was noted that the Health Provider Shortage Area definition is recognized by the Department of Health and Human Services and the Health Resources Services Administration, but it is not a definition recognized by the State Department, creating challenges for implementation of the first resolved clause as written. In addition, the committee discussed the challenges associated with implementing a program for writing letters of support, as outlined in the second resolved clause, including the degree of detail and care required for writing meaningful letters of support, and challenges around ethical vetting of requests absent bias. It was also noted that such efforts might be better handled by chapters than the AAFP, although it was noted that there is significant variation among state societies in their ability to field these kinds of requests. The reference committee recommended the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1003 not be adopted. ~~Extracted: Resolved 1 – Not Adopted; Resolved 2 - Adopted as Amended.~~

Item No. 4: Resolution No. 1004: Advocate for 12 Weeks of Paid Parental Leave

RESOLVED, That the American Academy of Family Physicians ~~Board of Directors~~ supports national legislation in favor of gender inclusive paid family leave for a minimum of 12 weeks of paid parental leave for physicians.

The reference committee heard testimony in favor of the resolution. There was no testimony in opposition to the resolution. Proponents of the resolution outlined the importance of 12 weeks of paid leave being the minimum acceptable amount (not the maximum) and spoke in appreciation of the resolution being worded for “parental” leave instead of being gendered. Staff reviewed current AAFP policy, which is supportive of 12 weeks of paid parental leave during residency training and of paid parental leave in general. The reference committee noted that the Board of Directors is called to exercise the will of the Congress of Delegates (COD), which at the 2022 COD meeting adopted Resolution 525, “That the American Academy of Family Physicians advocate for and support national legislation in favor of gender-inclusive paid family leave.” At an earlier COD meeting, a resolution was also taken up: “That the American Academy of Family Physicians support a comprehensive national paid family and medical leave program that guarantees at least 12 weeks of paid family leave after the birth or adoption of a child in accordance with the employer standards of the Family Medical Leave Act (FMLA).” The reference committee was confused by the reference to the Board of Directors in the resolved clause and had questions about the word “support” being used when the organization is already supportive. The Reference Committee recommended the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1004 not be adopted.
Extracted – Adopted as Amended

Item No. 5: Resolution No. 1005: Expanding Drug Price Negotiation Authority

RESOLVED, That the American Academy of Family Physicians (AAFP) issue a statement in support of, and regularly advocate for, expansion of the authority of the Department of Health and Human Services (HHS) to negotiate drug prices for all payors (separate from its work in the Campaign for Sustainable Rx Pricing), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) use its influence within the Campaign for Sustainable Rx Pricing to advocate more explicitly for the expansion of the authority of the Department of Health and Human Services (HHS) to negotiate drug prices for all payors.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution recognized efforts by Congress to expand authority for drug pricing negotiations through Medicare and believe the AAFP should use its influence to expand authority for Health and Human Services Secretary to negotiate drugs for all payors. There was no testimony in opposition to the resolution. Staff outlined the AAFP’s engagement on drug pricing and partnership with the Campaign for Sustainable Drug Pricing, including support of expanded negotiations as included in the Inflation Reduction Act of 2022. Changes to agency authority would require statute changes by Congress and would be a significant multi-year advocacy lift. The committee believed that modifying the resolution would allow the AAFP to be supportive of authority expansion and allow for advocacy engagement in the future. The reference committee recommended the resolution be substituted adopted.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1005 which reads as follows be adopted in lieu of Resolution No. 1005:

RESOLVED, That the American Academy of Family Physicians (AAFP) support the expansion of authority of the Department of Health and Human Services (HHS) to negotiate drug prices for all payors.

Item No. 6: Resolution No. 1006: American Academy of Family Physicians (AAFP) to Advocate to Centers for Medicare and Medicaid Services (CMS) to Incentivize, via Reimbursement, Health Care Teams that Demonstrate Provision of Interpreter Services for Patients with Language Discordance

RESOLVED, That the American Academy of Family Physicians advocate to the Centers for Medicare and Medicaid Services and other health care payors to incentivize via reimbursement to health care teams the use of translation services for patients who have language discordance with their health care teams.

The reference committee heard testimony in favor of the resolution. There was no testimony in opposition to the resolution. Proponents of the resolution outlined the benefits of these services for patients and the lack of availability of these services in some practice settings. Proponents also referenced the potential for information technology (IT) to assist with translation services. Staff outlined current AAFP policy, which supports legislation to make funding available for culturally sensitive interpretive services for those who have limited English proficiency, are deaf, or are otherwise language impaired. The AAFP supports private and public payer initiatives that facilitate access to, and reward the promotion and provision of, appropriate and professional language services in diverse care settings, particularly at the practice level. AAFP policy acknowledges that without support from such initiatives to provide resources, these vital services would be beyond the practical reach of what many individual practices would be able to deliver. The reference committee recommended the resolution be reaffirmed as current policy.

RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be reaffirmed.

Item No. 7: Resolution No. 1007: Support for Long-Acting Injectables for Treatment and Prevention of HIV

RESOLVED, That the American Academy of Family Physicians advocate for meaningful enforcement of healthcare law that precludes copayment or cost sharing for preventive services for all forms of pre-exposure prophylaxis for prevention of HIV including the provision of long-acting injectables, and be it further

RESOLVED, That the American Academy of Family Physicians partner with organizations to advocate for and support the development of federal and state policy such that health care payers include long-acting injectables for the prevention and treatment of HIV exclusively as a pharmacy benefit, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of long-acting injectables for prevention and treatment of HIV in the formulary for the Indian Health Services.

The reference committee heard testimony in favor of the resolution. There was no testimony in opposition to the resolution. Proponents of the resolution outlined the low rate of viral suppression with HIV infection in the Native and Indigenous American population and discussed the challenges of treating an HIV-positive population in tribal areas due to long-acting injectables (LAIs) not being included in the Indian Health Service (IHS) formulary. Those in favor of the resolution said the addition of LAIs in formularies would make it easier for physicians to provide care to patients and would be particularly impactful for patients with limited access to health care. Staff reviewed current AAFP policy and advocacy, including AAFP's longstanding support for STI-specific therapies and the Affordable Care Act, which precludes copayment or cost sharing for preventive services for all forms of pre-exposure prophylaxis (PrEP) for prevention of HIV. The reference committee noted potential issues with supporting policies that include LAIs exclusively as a pharmacy benefit, as opposed to a medication dispensing benefit, particularly the additional burden on the patient. The reference committee

recommended the first resolved clause be reaffirmed, the second resolved clause not be adopted, and the third resolved clause be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1007, 1st Resolved Clause, be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. 1007, 2nd Resolved Clause, not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1007, 3rd Resolved Clause, be adopted.

Item No. 8: Resolution No. 1008: Tax Credit for Family Physicians

RESOLVED, That the American Academy of Family Physicians shall advocate for the implementation of a \$5,000 annual tax credit specifically targeted at board-certified or board-eligible MD and DO physicians.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution noted that a new \$5,000 tax credit could provide much needed financial assistance for physicians experiencing financial challenges, such as student loan repayment and other personal needs. Opponents of the resolution raised concerns about this tax credit applying broadly to all physicians, rather than primary care physicians specifically, and further offered that programs like Public Service Loan Forgiveness (PSLF) are more impactful in leveling the playing field between specialties and for those with a higher debt burden. Staff outlined current loan repayment programs the AAFP supports, and the challenges associated with amending the federal tax code. Changes to the tax code would be a multi-year advocacy effort resulting in a significant fiscal note or a deflection away from other programs that provide greater benefit to family physicians, such as student loan relief. The reference committee noted that any funding toward tax relief would be better directed toward student loan relief. The reference committee recommend the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1008 not be adopted.

Item No. 9: Resolution No. 1009: Reform Physician Quality Metric Incentives

RESOLVED, That the American Academy of Family Physicians publicly acknowledge that the current system of quality metrics does not support individualized care plans as a result of physician and patient shared decision making, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for physicians to receive quality metric credit for patient counseling with acceptance of CPT and/or ICD-10 description codes that reflect a patient's autonomy to decline screening, and be it further

RESOLVED, That the American Academy of Family Physicians lobby for legislation to revise the punitive practices of health insurance companies holding physicians responsible for the autonomous actions of their patients.

The reference committee heard testimony in favor of the resolution. There was no testimony in opposition to the resolution. Proponents of the resolution outlined the challenges and failures of the current performance measurement system. Physicians are often financially penalized when a patient chooses not to receive a service, despite appropriate clinical care having been provided, because the current codes that denote the patient declined are not recognized or accepted by private insurance companies. Private insurance companies refusing to recognize these codes causes physicians to fail some performance metrics, which are often tied to their compensation in value-based care practices. Staff reviewed current advocacy efforts with respect to

performance metrics, including the AAFP's dissatisfaction with the current state of performance measures and support instead for measures that focus on the outcomes that matter most to patients and that have the greatest overall impact on better population health, better health care, and lower costs, while minimizing the burden of measurement on practices. Staff noted that the AAFP uses the term "performance" measures for these types of metrics, as opposed to the language used in the resolution ("quality" measures). The language in the resolved clauses has been updated to reflect the AAFP's terminology. The reference committee recommended the first resolved be reaffirmed and the second and third resolved clauses be substitute adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1009, 1st Resolved Clause, be reaffirmed.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1009, 2nd and 3rd Resolved Clauses, which read as follows be adopted in lieu of Resolution No. 1009, 2nd and 3rd Resolved Clauses:

RESOLVED, That the American Academy of Family Physicians advocate for physicians to receive performance metric credit for patient counseling with acceptance of CPT and/or ICD-10 description codes that reflect a patient's autonomy to decline screening, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to revise the punitive practices of health insurance companies holding physicians responsible for the autonomous actions of their patients with regard to performance metrics.

I wish to thank those who appeared before the reference committee to give testimony and the reference committee members for their invaluable assistance. I also wish to commend the AAFP staff for their help in the preparation of this report.

Respectfully Submitted,

Katharina de Klerk, DO – CHAIR

Jacqueline Huynh, MD – LGBTQ+
Susan Wang, MD – Women
Dalia Youssef, MD – IMG
Kyle Leggott, MD – New Physicians
Tracey Conti, MD – Minority
Tamara Huson, MD (Observer)