



2022 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: OPPOSE GOVERNMENTAL INTERFERENCE OF GENDER-AFFIRMING CARE FOR MINORS

RESOLVED, That the American Academy of Family Physicians oppose any attempts to limit access or limit the provision of healthcare to gender diverse youth through state and federal legislation, the reinterpretation of current state and federal laws and/or policies, executive action, and/or restriction of funding, and be it further

RESOLVED, That the American Academy of Family Physicians issue a written statement to the governor and legislators of all states and territories and to the armed forces regarding the need for immediate opposition to attempts to limit access or limit the provision of healthcare to gender diverse youth, and be it further

RESOLVED, That the American Academy of Family Physicians encourage individual state chapters to issue timely formal opposition to legislation and/or governmental interference to limit access or limit the provision of healthcare to gender diverse youth.

The reference committee heard testimony in favor of the resolution – noting the major increase in legislative attempts by states to limit and criminalize providers that offer gender-affirming care services. No testimony was offered in opposition. Staff shared work the Academy has undertaken through public statements on criminalizing healthcare and government interference with the physician-patient relationships – both through organizational and Group of 6 statements. Staff clarified that the Center for State Policy works closely with state chapters to support their advocacy, but it's ultimately up to individual chapters to determine their level of engagement. The reference committee recommended the first resolved be struck since it was current policy and the second and third resolved clauses be merged to ensure the AAFP creates and distributes a template statement for chapters to use with their state-level advocacy activities.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1001 which reads as follows be adopted in lieu of Resolution 1001:

RESOLVED, That the American Academy of Family Physicians develop a written statement that will be provided to all AAFP chapters for advocacy within all levels of state government in all states and territories and to the armed forces regarding the

1 need for immediate opposition to attempts to limit access or limit the provision of
2 healthcare by any form of governmental interference to gender diverse youth.
3

4 **ITEM NO. 2: RESOLUTION NO. 1002: ADVOCACY FOR REIMBURSEMENT TO INCLUDE ALL**
5 **TELEHEALTH SERVICES**
6

7 RESOLVED, That the American Academy of Family Physicians advocate for permanent
8 reimbursement for all forms of remote healthcare communications with patients including but
9 not limited to portal, email, text, and paging, and be it further
10

11 RESOLVED, That the American Academy of Family Physicians advocate for the Centers for
12 Medicare and Medicaid Services and private insurers to provide a simple standardized
13 method for equitable payment similar to current office visits and other in-person billable
14 codes, and be it further
15

16 RESOLVED, That the American Academy of Family Physicians advocate for payment
17 coverage and strengthen their current policy for all forms of telehealth services to continue
18 beyond the Covid-19 public health emergency.
19

20 The reference committee heard testimony mostly in support of this resolution. Testimony
21 emphasized the benefit that telehealth services provide for patients in rural and medically
22 underserved areas. While members acknowledged the AAFP is currently working on this, they
23 stressed the urgency of the Academy asserting clear and explicit policy as these flexibilities will
24 expire after the end of the public health emergency. Members discussed that physicians still make
25 medical decisions when providing care to patients asynchronously, and this still involves the same
26 level of risk and documentation as in-person care. Suggestions were made to look at existing state
27 models on how to appropriately compensate physicians for asynchronous care.
28

29 The reference committee discussed that policy related to telehealth use beyond the COVID-19
30 public health emergency is currently being worked on by AAFP staff. The reference committee
31 reviewed the considerations involved with creating permanent policy on telehealth use, including
32 the preservation of the medical home, physician investments in telehealth infrastructure, continuity
33 of care, impacts on equity, and the proliferation of direct-to-consumer, virtual-only telehealth
34 vendors. The reference committee moved to adopt a substitute resolution, modifying the first
35 resolved clause to protect the sanctity of the patient-physician relationship and editing the
36 language to be more inclusive of a broader range of digital health services that may be provided in
37 the future. With this substitution, the reference committee recommended removing the second
38 resolved clause because the ask and language was unclear and moved to remove the third
39 resolved clause because the language was encompassed in the revision of the first resolved
40 clause.
41

42 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
43 **1002 which reads as follows be adopted in lieu of Resolution 1002:**
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45 **RESOLVED, That the American Academy of Family Physicians advocate for**
46 **permanent reimbursement for all forms of remote healthcare communications within**
47 **an established patient care relationship via any form of digital communication.**
48

49 **ITEM NO. 3: RESOLUTION NO. 1003: PAYMENT REFORM FOR INSURANCE CONTRACTS**
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51

1 RESOLVED, that the American Academy of Family Physicians recognize the burden on
2 family physicians to collect payments from insured patients, and be it further
3

4 RESOLVED, that the AAFP further investigate financial and administrative burden as it
5 relates to enforcing insurance contracts and the strain it creates on the relationship
6 between patients and physicians
7

8 The reference committee heard testimony all in support of this resolution. Members testified that
9 the burden of collecting patient payments has fallen on physicians and their offices, exacerbating
10 physician administrative burden and interfering with the patient-physician relationship. Members
11 discussed frustration with the responsibility of collecting co-payments from patients and that the
12 issue should be handled between patients and their insurance companies. One member explained
13 that this issue deters many residents from being interested in private practice.
14

15 Despite testimony in support of the resolution, as written, the directive falls outside of the
16 Academy's scope of advocacy and the reference committee moved to not adopt the resolution.
17 The reference committee supported the value of primary care, recognized the administrative
18 burden that unfulfilled co-payments pose on physicians, and empathized with the negative impact
19 this has on relationships with their patients, but the resolution as written is not viable because the
20 AAFP is unable to influence contracts with insurance companies and is unable to advocate for
21 payment changes with private insurers.
22

23 **RECOMMENDATION: The reference committee recommends that Resolution No. 1003 not**
24 **be adopted. Extracted. Adopted as Amended**
25

26 **ITEM NO. 4: RESOLUTION NO. 1004: SUPPORTING PATIENT NAVIGATOR SERVICES FOR**
27 **LGBTQ+ AND OTHER VULNERABLE PATIENTS**
28

29 RESOLVED, That the American Academy of Family Physicians advocate to the Centers for
30 Medicare and Medicaid Services, state Medicaid programs, and commercial payers to create
31 payment models that incentivize health care organizations to create and sustain dedicated
32 patient navigator services for LGBTQ+ health care, particularly gender-affirming care, and be
33 it further
34

35 RESOLVED, That the American Academy of Family Physicians create a policy supportive of
36 patient navigators for vulnerable patient populations, including but not limited to LGBTQ+
37 patients, patients experiencing homelessness, and patients with chronic diseases such as
38 diabetes.
39

40 The reference committee heard testimony in favor of the resolution – noting the linkage between
41 patient navigators and improved health outcomes and higher patient satisfaction. No testimony
42 was offered in opposition. Staff provided an overview of current advocacy efforts to promote patient
43 navigators and the role they play with coverage enrollment. The reference committee
44 recommended modification of the first resolved clause to ensure the verbiage was consistent with
45 the second resolved.
46

47 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
48 **1004 which reads as follows be adopted in lieu of Resolution 1004:**
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50 **RESOLVED, That the American Academy of Family Physicians advocate to the**
51 **Centers for Medicare and Medicaid Services, State Medicaid programs, and**
52 **commercial payers to develop payment models that incentivize health care entities to**

1 create and sustain dedicated patient navigator services for vulnerable patient
2 populations including but not limited to LGBTQ+ patients, patients experiencing
3 homelessness, and patients with chronic diseases, and be it further.
4

5 RESOLVED, That the American Academy of Family Physicians create a policy
6 supportive of patient navigators for vulnerable patient populations, including but not
7 limited to LGBTQ+ patients, patients experiencing homelessness, and patients with
8 chronic diseases.
9

10 **ITEM NO. 5: RESOLUTION NO. 1005: IMPROVING POLITICAL ACTION COMMITTEE**
11 **CONTRIBUTIONS TO UPHOLD AAFP VALUES**
12

13 RESOLVED, That a recommendation be made to the Political Action Committee board to
14 review its' "Three-Strike Rule" to account for votes or positions taken by legislators that
15 contradict science or criminalize family physicians for providing evidence-based medical
16 care.
17

18 The reference committee heard testimony in favor of the resolution – highlighting the polarization of
19 the legislative process and the alignment with political giving. A member of the PAC Board spoke
20 in favor of the resolution – stating that the PAC Board developed a "Three-Strike Rule" following
21 the events of the January 6th insurrection and reviews the contribution criteria and giving budget
22 annually. No testimony was offered in opposition. Academy staff provided background on the
23 contribution criteria and steps taken to enforce the "Three-Strike Rule." The reference committee
24 recommended a modification of the resolved clause to clarify the PAC Board as an entity.
25

26 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
27 **1005 which reads as follows below be adopted in lieu of Resolution 1005:**
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29 RESOLVED, That to the American Academy of Family Physicians recommend that
30 the AAFP Political Action Committee (FamMedPAC) board review its' "Three-Strike
31 Rule" to account for votes or positions taken by legislators that contradict science or
32 criminalize family physicians for providing evidence-based medical care.
33

34 **ITEM NO. 6: RESOLUTION NO. 1006: IMPROVING WORKFORCE DIVERSITY BY**
35 **ELIMINATING MINORITY MEDICAL STUDENT DEBT**
36
37

38 RESOLVED, That the American Academy of Family Physicians advocate to Congress for
39 sustained fund legislation for debt relief for academically at risk and underrepresented
40 medical students choosing to pursue a career in family medicine and also debt relief to help
41 support underrepresented physicians currently practicing Family Medicine.
42

43 RESOLVED, That the American Academy of Family Physicians should advocate to expand
44 the National Health Service Corps policy and also advocate for the elimination of
45 requirements for loan debt relief for academically at-risk students, based on Title I, for those
46 pursuing a career in Family Medicine or currently practicing in Family Medicine.
47

48 The reference committee heard testimony in favor of the resolution – both emphasizing the
49 challenges with being able to afford medical school and how debt relief is essential to increasing
50 the pipeline of family physicians entering the workforce. Testimony offered in opposition highlighted
51 that debt relief should not just be targeted to minorities but should be inclusive. The reference

1 committee believed the testimony heard was not reflective of the ask of the resolution and was not
2 in agreement with adopting the resolution as written.

3
4 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 not**
5 **be adopted. Extracted. Adopted as Amended**

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7 **ITEM NO. 7: RESOLUTION NO. 1007: BUILDING UPON AAFP “INTEGRATION OF PRIMARY**
8 **CARE AND PUBLIC HEALTH” POSITION PAPER**

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10 RESOLVED, That the American Academy of Family Physicians include integration of public
11 health and primary care educational topics to raise awareness for constituents, which may
12 include but is not limited to lectures and workshops, at American Academy of Family
13 Physician sponsored continuing medical education virtual and in-person events, and be it
14 further

15
16 RESOLVED, That the American Academy of Family Physicians support efforts to improve
17 transparency and flexibility of current public health funding and perform regular assessments
18 of funding to ensure that the necessary amount of resources are available and distributed to
19 the appropriate public health programs based on current health needs, and be it further

20
21 RESOLVED, That the American Academy of Family Physicians support health information
22 technology quality to ensure adequate capturing of population health data and subsequent
23 coordination between primary and public health to reduce gaps in care related to evidence-
24 based quality measures as we move towards value-based care.

25
26 The reference committee heard limited testimony in support of the resolution. The author of the
27 resolution indicated the need to augment the named position paper to include more education for
28 members and investment of resources. A suggestion was made to revise this resolution to add
29 language to support the sustainability of these efforts.

30
31 The reference committee believed the resolution was already being fulfilled in the ways suggested
32 in the resolved clause but acknowledged the unclear language throughout the resolution. The
33 reference committee recognized that the resolution lacked specificity and actionable directives in
34 several areas. Additionally, no testimony was given in support of the resolution to allow the
35 reference committee to understand the asks of the authors or clarify the components, and the only
36 testimony given was to suggest an added resolved clause with new information.

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38 **RECOMMENDATION: The reference committee recommends that Resolution No. 1007 not**
39 **be adopted.**

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41 **ITEM NO. 8: RESOLUTION NO. 1008: ENSURING MENTORING RESOURCES FOR**
42 **INTERNATIONAL MEDICAL GRADUATES**

43
44 RESOLVED, That the American Academy of Family Physicians increase awareness of the
45 challenges and inequities for IMGs, and be it further

46
47 RESOLVED, That the American Academy of Family Physicians implement and promote a
48 structured IMG support/town hall initiative.

49
50 The reference committee heard limited testimony all in support of this resolution. Testimony
51 consisted of the low match rate of international medical graduates (IMGs), the bias of many

1 programs accepting American medical graduates instead of IMGs, and the lack of resources
2 available for IMGs to find a pathway after graduation when they do not match into residency.

3
4 The reference committee reviewed background information on a similar resolution introduced at
5 the 2021 National Conference of Constituency Leaders which directed the AAFP to develop a
6 pathway for mentorship that supports IMGs prior to coming into the Match to allow qualified IMGs
7 the opportunity to bring their skills to the practice of family medicine. The 2021 resolution was
8 adopted for implementation and incorporated into the Academy's Operations Plan, and the
9 intended actions to fulfill that resolution include the components of this resolution. As a result, the
10 reference committee moved to reaffirm the resolution as current policy.

11
12 **RECOMMENDATION: The reference committee recommends that Resolution No. 1008 be**
13 **reaffirmed.**

14
15 **I wish to thank those who appeared before the reference committee to give testimony and**
16 **the reference committee members for their invaluable assistance. I also wish to commend**
17 **the AAFP staff for their help in the preparation of this report.**

1 Respectfully Submitted,

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Tina Tanner, MD, FAAFP – CHAIR

7

8 Kelly Bennett, MD, FAAFP – LGBTQ+

9 Aisha Harris, MD – New Physicians

10 Daniel Molina, MD, FAAFP – Minority

11 Evangeline Obi, MD – IMG

12 Marti Taba, MD, FAAFP – Women

13 Tim Ott, DO, FAAFP – (Observer)