AAFP Resident Delegate to the American Medical Association Delegation

Garrett S. Kneese, MD/MPH
George Washington University
Center for Professionalism & Value in Healthcare

Purpose & Scope of Work

As the AAFP Resident Delegate to the American Medical Association (AMA) House of Delegates, I represented the interests of family medicine residents at the 2025 Interim Meeting and the 2026 Annual Meeting. The role required policy analysis, coalition-building, testimony, amendment development, election engagement, and communication with the AAFP Delegation, the AMA Resident and Fellow Section (RFS), the Medical Student Section (MSS), and other specialty societies. My central responsibility was to translate AAFP policy and the daily realities of family medicine training into practical advocacy positions before, during, and after House deliberations. This included bringing a trainee perspective to questions that may otherwise be framed only as payment, regulatory, or institutional issues: how policy affects continuity of care, resident education, workforce stability, physician autonomy, and the patients served by family physicians.

Reference Committee B and Delegation Strategy

I served as a principal analyst for Reference Committee B (Legislation), where I helped develop and maintained an iterative delegation policy tracking document. The tool cross-referenced assigned Board reports and resolutions with relevant AAFP policy; summarized clinical, legal, and implementation implications; recommended whether the delegation should speak, amend, oppose, or monitor; and prepared concise testimony options. It allowed the delegation to use early online testimony and preliminary reference committee reports strategically, reserving scarce vocal interventions for items where final recommendations diverged from family medicine priorities or required clarification on the following focus areas:

- Primary care payment and practice sustainability: Medicare and Medicaid access, MIPS burden, longitudinal-care valuation, independent practice, corporate practice of medicine, private equity, and the implications of hospital and payer consolidation for community-based family physicians.
- Administrative simplification and AI: prior authorization, wrongful denials, payer use of artificial intelligence, automated clinical decision support, autonomous AI prescribing, physician oversight, transparency, appeal rights, and protection of clinical judgment.
- Workforce and access: rural and maternity care, international medical graduate pathways, resident and fellow visa protections, GME financing, Medicaid continuity, and safeguards for patients who may avoid care because of immigration-related barriers.
- Public health and evidence: vaccine confidence, scientific integrity, public health leadership, and the importance of framing AMA policy in durable, evidence-informed language that can remain effective across administrations and political moments.

Bringing the Resident and Trainee Perspective

A core focus of my work was ensuring that resident and trainee concerns were not treated as separate from family medicine policy, but as essential to it. I worked alongside the RFS to connect resident experience with the broader AAFP agenda: a stable and diverse physician workforce, safe and evidence-based care, meaningful physician oversight of new technology, and training

environments that support rather than erode professional purpose. The RFS advanced timely work on autonomous clinical AI, emphasizing direct physician oversight and the need for regulation as AI prescribing and care-management tools become more common. It also advanced urgent protections for non-U.S. citizen physicians and trainees with pending visa adjudications, recognizing the immediate consequences for GME programs, patient access, and underserved communities. I also helped amplify trainee priorities related to GME financing, transparency around the revenue generated by residents and fellows, moral injury, work conditions, and equitable access to leadership. In RefCom B, I brought the practical lens of residency to debates about administrative burden, primary care payment, Medicaid policy, AI, and workforce policy. Residents see quickly where policy becomes a barrier: when an insurer delays necessary care, when an institution substitutes automation for accountable clinical judgment, when visa uncertainty disrupts a training program, or when chronic underinvestment in primary care leaves communities without longitudinal care. That perspective strengthened the AAFP delegation's policy advocacy and ensured that trainee experience informed the policy work rather than merely following it.

Elections, Caucus Coordination, and Family Medicine Representation

In addition to policy work, I coordinated election-related engagement through the RFS and with allied caucuses. This involved preparing candidate and issue briefings, helping resident and student delegates understand the election process, coordinating outreach with the MSS and resident/fellow caucus networks, and supporting family medicine candidates seeking AMA leadership positions. I assisted general campaigning and caucus engagement for family medicine candidates including Drs. Michael Hanak and Joanna Bisgrove, helping connect their platforms with the priorities and concerns of residents, students, and family physicians as well as other state, regional, and specialty delegations. The objective was not simply to support individual candidacies, but to strengthen the visibility of primary care, family medicine, and trainee leadership across AMA governance. This work reinforced that election engagement is a substantive part of organized medicine. Candidates shape how the AMA interprets physician payment, workforce policy, technology, public health, and professional autonomy. Resident and student caucuses can meaningfully influence that conversation when they are prepared with clear policy questions, credible coalition relationships, and a shared understanding of what family medicine needs from national leadership.

Mentorship, Reflection, and Value of the Role

Mentorship was a major component of this year. I supported resident and medical student leaders interested in AAFP and AMA representation by helping them understand House procedure, identify policy opportunities, develop testimony, prepare public-facing leadership materials, and navigate the expectations of a delegate or candidate role. I also worked to make the process more accessible by demystifying the informal work that often determines whether a leader can participate effectively: reading reports early, understanding reference committee pathways, engaging online before the meeting, finding coalition partners, and recognizing when an amendment is more productive than a floor speech.

The experience reinforced that effective advocacy begins well before floor debate. It depends on careful policy analysis, early online testimony, credible amendments, organized caucus communication, and sustained relationships across sections and delegations. Family medicine is particularly well positioned to lead this work because our specialty sees the downstream effects of payment policy, workforce shortages, administrative burden, public health failures, and fragmented care across settings. I encourage residents and students interested in organized medicine to seek

these opportunities. Their perspectives are necessary to build a stronger primary care workforce and a more patient-centered health system.