



Commission on Federal and State Policy

2020 Annual Report

COMMISSION ON FEDERAL AND STATE POLICY

Resident

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Serving as student and resident members of the Commission on Federal and State Policy (CFSP) this year was an honor. We had the privilege of participating in the process of reviewing and discussing resolutions before adoption by the American Academy of Family Physicians. We had interesting and engaging discussions with other members of the CFSP about important issues affecting the health of individuals across the country and the ability of family physicians to provide quality care. Through this process, we strengthened skills in advocacy and policy and learned more about critical issues affecting primary care. We had the opportunity to speak with family physicians from very different practice settings, who provided unique perspectives on the potential impact of resolutions.

Scope of Work

In January 2020, the Commission on Governmental Advocacy (CGA) was renamed the Commission on Federal & State Policy (CFSP) in order to better focus attention on the identification and analysis of policies that impact patients as well as the practice of family medicine. The change of name reflects the scope of the Commission and will strengthen the ability of the Commission to make meaningful and long-term impacts on policy and objectives of AAFP.

The Commission has a chair, 12 active members, one student member, one resident member, and one chapter executive. The Commission helps to inform and guide the AAFP's federal advocacy program as well as the AAFP's support for local chapters in state-level advocacy efforts.

The scope of CFSP's work is broad, including state and federal legislation, healthcare system reform, access to healthcare and insurance coverage, FamMedPac, and grassroots efforts. This year the Commission had several working groups, including groups focused on Medicare reform, benefit design, Medicaid behavioral and economic restrictions, as well as Resolution 502 "Ensure Payment by Health Insurers for Medically Necessary Covered Benefits Ordered by a Duty Licensed Physician."

During the year, we attended the Winter Cluster Meeting. Due to Coronavirus, the Summer Cluster was held online and the Family Medicine Advocacy Summit was replaced with an AAFP virtual "Week of Action." The National Conference of Students and Residents was also reformatted to take place virtually. We both participated in the Medicaid Behavioral / Economic Restrictions Working Group, allowing us to contribute to the working group white paper. We were asked to provide feedback as the only student and resident members, which allowed us to provide the perspective of physicians-in-training and also learn a great deal.

Key Discussions and Activities

Winter Cluster:

At the Winter Cluster, we discussed the resolutions coming out of the 2019 Congress of Delegates (COD), the 2019 National Congress of Family Medicine Residents (NCFMR) and the 2019 National Congress of Student Members (NCSM), as well as reports from FamMedPAC, Academic Family Medicine Advocacy Committee (AFMAC), Single Payer Member Interest Group (MIG), Working Group on Rural Health and the Subcommittee on Health Equity.

A few resolutions and reports were of particular importance to resident and student members.

We reviewed three resolutions coming from NCFMR and NCSM:

1. NCFMR S1-104 Medicare Part D Coverage of Vitamin K: We discussed that the Academy does not lobby for Medicare coverage that affects a very narrow condition-specific product/service, so the commission accepted the resolution for information.
2. NCSM S2-201 Mental Health Disclosure on Health Care Credentialing and Licensing Applications (4th Resolve only): We discussed that the Academy is already engaged in the issue and had previously recommended language for state medical boards regarding mental impairment in a report to state chapters. Therefore, the resolution was accepted as information.
3. NCFMR Resolution R2-501 Increasing Awareness of Opportunity: This resolution called for the Academy to increase awareness of advocacy opportunities available to student and resident members. We discussed this resolution extensively and determined that while the AAFP has extensive ways for resident and student members to get involved, there must be a lapse in communicating these opportunities. We encouraged the AAFP staff to continue to disseminate the extensive opportunities. After the discussion, the commission voted to accept the resolution as information given that it was overall consistent with current policy to promote advocacy opportunities available to student and resident members.

We also discussed COD Res. 604 Providing Financial Incentives to Encourage Graduating Medical Students to Choose Residencies in Family Medicine and Remain in Primary Care Practice. We learned that the Commission on Education was already revising AAFP policy on Workforce Reform, so we accepted the resolution as information.

We discussed COD Res. 509 Oppose Legislation of Physician-Patient Decision Making in Child and Adolescent Gender-Affirming Care. We discussed the AAFP's current policies and resources, including the Lesbian, Gay, Bisexual, Transgender (LGBT) Health Toolkit. After discussion, the group decided to refer one resolved clause to the Commission on Health of the Public and Science for further analysis and recommendations. The group accepted the second clause as AAFP policy, which resolved that the AAFP "oppose legislation limiting medical decision-making by patients, their parents/guardians, and their physicians to provide gender-affirming care for children and adolescents."

Summer Cluster:

Given the COVID-19 pandemic, the Summer Cluster was held online and the Family Medicine Advocacy Summit was changed to a virtual "Week of Action".

At the Summer Cluster, we heard reports from the Board Liaisons, FamMedPAC, AFMAC, State Legislation Conference, Single Payer MIG, Working Group on Rural Health, Medical Reforms Work Group, Medicaid Behavioral Incentives Working Group, and Benefit Design Working Group. A few updates from AFMAC were of importance to medical student and resident members. AFMAC wrote a letter to congress asking for additional funding for Title VII Section 747 (provides grants for training programs in primary care) and for inclusion of a federal tax credit for volunteer primary care preceptors. AFMAC also requested that CMS allow remote precepting for residents and that the

primary care exception be applied to telehealth visits. AFMAC also provided an update on Teaching Health Center Reauthorization: AFMAC sought increased funding for the program, but congress passed bills that extended funding at the same level. Finally, the Community Health Center program, the National Health Service Corps programs, and two special diabetes programs have only been extended through November 30th, so AFMAC is continuing to work to reauthorize the programs.

We both served on the Medicaid Behavioral / Economic Restrictions Working Group, which discusses the importance of Medicaid, the family physician's role in Medicaid, the Section 1115 Demonstration Waivers, and behavioral restrictions for Medicaid beneficiaries (i.e. work requirements, cost sharing/premiums, lockouts, drug testing). The paper concluded that these requirements have the unintended consequence of decreasing access to care. Therefore, the draft AAFP policy calls for the Medicaid Section 1115 Demonstration Waivers to maintain/strengthen affordability, benefits, eligibility/coverage, access, transparency, and engagement.

In place of the Family Medicine Advocacy Summit in D.C., the AAFP held a Week of Action and called for members to advocate for Stabilizing, Strengthening, and Sustaining Primary Care. Elana wrote letters to Senator Rob Portman and Senator Sherrod Brown on each of the three issues utilizing the AAFP's Speak Out Tool. She also held a meeting with Congresswoman Joyce Beatty's staff who reacted very positively to the asks. Jackie used AAFP's Speak Out tool to write letters to Senator Mark Warner, Senator Tim Kaine, and Representative Denver Riggleman about stabilizing the nation's primary care system and reinstating the Advance Payment program. She also called the staff of Senator Tim Kaine to discuss specific issues noted in the AAFP's Speak Out tool.

Resident Lessons Learned and Take-Aways

Serving as the resident member of the Commission on Federal and State Policy was truly an honor and privilege. I learned a great deal about the AAFP's process of reviewing and adopting resolutions, and about the functioning of the Academy. I learned more about federal and state advocacy, and issues critical to patients and family physicians. The opportunity also allowed me to strengthen my skills in advocacy and policy.

As the only resident and student members, I felt that Elana and I were truly valued members of the Commission. We had the opportunity to provide input on the resolutions coming out of the 2019 National Congress of Family Medicine Residents (NCFMR) and the 2019 National Congress of Student Members (NCSM). For example, I was very excited to have the opportunity to discuss strategies to increase awareness of advocacy opportunities available to student and resident members.

I was fortunate to take part in the Medicaid Behavioral / Economic Restrictions Working Group, including providing suggestions for a white paper created by the group. This paper reviews the potential impact of work requirements in the Medicaid program, including the potential for work requirements to increase cost sharing/premiums, compromise health due to lockouts, and potentially reduce the ability of individuals to maintain employment. This was interesting and also directly applicable to the patient population I plan to care for after graduation from residency. While the Family Medicine Advocacy Summit was cancelled due to Coronavirus, I enjoyed taking part in the AAFP's virtual "Week of Action." Furthermore, my involvement in this Commission encouraged me to take part in advocacy opportunities throughout the year, including calling local legislators on healthcare issues critical at the state level.

One of the most valuable aspects of this year was the opportunity to work with and learn from such a diverse group of family medicine physicians. The physicians on the Commission come from wide-ranging backgrounds. I learned about many different practice settings and career options within family medicine. The members of the Commission were so welcoming and very open to talking about their varying career paths and advice for leadership in family medicine. I would recommend any student or resident consider serving on this Commission, as it was a wonderful experience.

Student Lessons Learned and Take-Aways

I am incredibly grateful for the opportunity to serve on the Commission on Federal and State Policy. Prior to this role, I served as the medical student delegate to the American Medical Association Medical Student Section. In this role, I was deeply immersed in the process of writing and testifying on resolutions, but I didn't see what happened after the resolution was passed. Therefore, I was thrilled to join the Commission on Federal and State Policy, so I could see the process in its entirety. I now have a greater understanding of the process from creation of resolutions in the COD/NCSM/NCFMR to review by the Commissions to approval by the Board to implementation by the Academy. Moreover, I have an even stronger appreciation for the power of the Academy to represent its members and strongly influence our healthcare system.

In this position, I also improved my advocacy skills. I attended the Family Medicine Advocacy Summit in 2017, which laid the foundation for my advocacy skills. With this year's switch to the virtual Week of Action, I had to broaden my advocacy skill set. I extensively educated myself on AAFPs asks (Stabilize, Strengthen, and Sustain) in order to hold a one-on-one virtual meeting with Congresswoman Joyce Beatty's staff. In the end, it went great! I now have the confidence to hold more virtual meetings with my Congressmen/women. The virtual platform makes lobbying far more accessible thanks to the saved time and lack of geographic limitations.

I would encourage any student who is interested in advocacy, policy, and commission work to apply for this position. As a student member, you are seen as a vital part of the commission and represent the important views of all student members. In addition to the extensive opportunities, the AAFP leaders, AAFP staff, and fellow Commission members provide outstanding mentorship that will serve you through the rest of your career in family medicine.

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.