



2023 Agenda for the Reference Committee on Advocacy

National Conference of Constituency Leaders

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1. Resolution No. 1001	Ask the Drug Enforcement Administration (DEA) to Reclassify Marijuana from a Schedule I to a Schedule III Drug
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3. Resolution No. 1003	Strengthening Ties to Support the Access to Restricted and Banned Healthcare
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RESOLUTION NO. 1001

Ask the Drug Enforcement Administration (DEA) to Reclassify Marijuana from a Schedule I to a Schedule III Drug

Introduced by: Jean Ghosn, MD, New Physician
 Matthew Desir, MD, New Physician
 Benjamin Ihms, DO, New Physician
 Justin Turner, MD, New Physician

WHEREAS, thirty-eight states, three territories, and the District of Columbia have legalized medical marijuana, and

WHEREAS, cannabinoid biology is poorly understood because of the lack of research, and

WHEREAS, the Drug Enforcement Administration (DEA) scheduling of marijuana as a Schedule I drug prevents funding and legalization of research on the pharmacological properties of cannabinoids, and

WHEREAS, more than 100 cannabinoids have been identified, and

WHEREAS, there are endocannabinoid receptors found throughout the body, and

WHEREAS, Dronabinol for the treatment of AIDS-related wasting and chemotherapy-induced nausea and vomiting and nabilone for spasticity secondary to spinal cord injury have already been approved by the U.S. Food and Drug Administration (FDA), and

WHEREAS, the DEA has already classified Dronabinol as a schedule III drug, and

WHEREAS, of the 107,622 deaths relating to pharmaceutical overdose in 2021, 16,706 (15.5%) involved opioid analgesics, and 44 people on average die from an overdose of prescription painkillers each day in the U.S., and

WHEREAS, no fatalities in the United States have ever been reported as solely attributable to a marijuana overdose, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support reclassifying marijuana from a Schedule I to a Schedule III drug by continued discussions with the U.S. Food and Drug Administration as this will facilitate further research on the potential medical uses of pharmaceutical cannabinoids.

RESOLUTION NO. 1002

Ensure Access to Medical Care Across State Lines

Introduced by: Eileen Tatum, MD, Women
Sarah Ledger, DO, Women

WHEREAS, Medical care provision across state lines and the implementation of telemedicine have increased access to healthcare in rural and underserved populations, and

WHEREAS, several states have restricted abortion and have threatened access to other reproductive healthcare including contraception, and

WHEREAS, several states have passed bills that ban minors from traveling to obtain an abortion without parental consent, and

WHEREAS, several states are looking to restrict gender affirming care and its provision, and

WHEREAS, some legislation criminalizes the provision of or aid in accessing medical care, and

WHEREAS, lack of access to reproductive care has been shown to be harmful to patient outcomes, especially in young people, and

WHEREAS, the American Medical Association (AMA) opposes any and all attempts to criminalize health care decision making between a patient and their doctor, and current AMA president Dr. Jack Resneck, Jr. has called the criminalization of medicine "extremely dangerous," and

WHEREAS, the AMA, American Psychiatric Association (APA), American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American College of Obstetricians and Gynecologists (ACOG) have issued statements validating gender-affirming care as evidence-based medicine, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians change their policy on Criminalization of Medical Practice to read "The American Academy of Family Physicians takes all reasonable and necessary steps to ensure that evidence-based, medical decision-making and treatment, exercised in accordance with evidence-based standards of care, does not become a violation of criminal law. This includes criminalization of clinicians, patients, and those who aid patients in receiving reproductive, abortion, or gender-affirming healthcare across state lines," and be it further

RESOLVED, That the American Academy of Family Physicians oppose legislation that would prosecute or otherwise penalize physicians and other clinicians, patients, and those who aid patients in receiving reproductive, abortion, or gender-affirming healthcare across state lines, and be it further

RESOLVED, That the American Academy of Family Physicians direct FamMedPAC funds toward legislators that protect access to reproductive, abortion, and gender-affirming care across state lines.

RESOLUTION NO. 1003

Strengthening Ties to Support the Access to Restricted and Banned Healthcare

Introduced by: Kevin Wang, MD, LGBTQ+
Sterling Brodniak, DO, MBA, FAAFP, LGBTQ+
Melissa Hidde, MD, FAAFP, LGBTQ+

WHEREAS, The number of anti-LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex) legislation proposed in individual states in 2023, thus far, exceed the number of bills proposed in the last three years combined, , and

WHEREAS, the American Academy of Family Physicians (AAFP) has a policy supporting the care of transgender and gender diverse patients of all ages, and

WHEREAS, Fifteen states now ban access to abortion services, criminalize those who may provide or support a patient in accessing abortion services, and a US district judge recently ruled to overturn the Federal Drug Administration's approval of mifepristone, and

WHEREAS, the AAFP has policy supporting access to reproductive health services including abortion and access to medication abortion, and

WHEREAS, the AAFP opposes discrimination in all forms, and

WHEREAS, the AAFP opposes unnecessary surgical harm on infants born with variations in sexual development, and

WHEREAS, the AAFP's policy on health equity indicates collaborations with other entities helps to mitigate health inequity, and

WHEREAS, many national LGBTQI+ organizations, such as GLMA, the National LGBTQ Task Force, the Human Rights Campaign, Planned Parenthood, the World Professional Association of Transgender Health, and InterACT release statements for national and state attempts to discriminate against and limit healthcare access to the transgender and gender diverse communities, and

WHEREAS, the AAFP previously signed on to national amicus briefs opposing discriminatory actions against the LGBTQI+ communities, and

WHEREAS, state chapters may not have the resources to oppose bans and support efforts to protect the rights of our transgender and gender-diverse patients in their respective states, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians formally partner with advocacy organizations, such as the National LGBTQ Task Force and Planned Parenthood, to oppose discriminatory bans and support protections for transgender and gender-diverse communities at the state and national levels, and be it further

RESOLVED, That the American Academy of Family Physicians create formal relationships, such as official liaisons, with advocacy organizations, such as the National Abortion Federation and the World Professional Association of Transgender Health, to share resources and inform

the work of each respective organization, on advocacy efforts, clinician education, and community outreach, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) include resources on their Center for State Policy website with steps to connect constituency academy chapters with AAFP liaisons at advocacy organizations, such as Lambda Legal and InterACT.

RESOLUTION NO. 1004

Advocate for Eliminating J-1 Requirement for Family Physicians

Introduced by: Sahoko Little, MD, IMG
Erika Roshanravan, MD, General Registrant
Donnaville Ortiz, MD, IMG
Xinuo Gao, MD, New Physician
Roger Musa, MD, IMG
Kento Sonoda, MD, IMG

WHEREAS, The shortage of primary care physicians in the United States is at a crisis level, yet just thirty International Medical Graduates (IMGs) who completed family medicine residency training in the United States with J-1 visa, may stay to be employed in our country after graduation, and all others must return to their own countries for two years before being eligible for employment in the United States under an H-1 visa, unless they can obtain employment at a J-1 waiver site, and

WHEREAS, the J-1 Visa waiver eliminates the two-year home residency requirement and allows physicians to move into H-1B Visa status, allowing them to stay in the United States, but they must practice in a federally-designated primary care or mental health Health Professional Shortage Area (HPSA), if recommended by an Interested Government Agency for three years, and

WHEREAS, state government agencies can also recommend J-1 physician waivers through the Conrad 30 Waiver Program, the largest program available for J-1 applicants; each state is allotted 30 waivers per year, and

WHEREAS, it is very disruptive for family physicians' careers and families to go through 2-year home country residency or J-1 waiver in rural communities, and many IMGs return to their countries permanently, therefore we lose the trained family physicians from the U.S, and

WHEREAS, a September 2021 report of Kaiser Family Foundation noted that 83.7 million people in the United States live in a designated primary care HPSA, more than 14,800 practitioners are needed to remove the HPSA designation, and additional communities, regardless of HPSA designation, would benefit from having family physicians with different language skills, and

WHEREAS, the need for physicians who speak non-English languages is higher than ever, with 21% of the U.S. population speaking non-English at home, yet the current visa requirements make it difficult to employ such physicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians actively advocate for elimination of J-1 holders' requirement to return to the home countries for those who completed family medicine residency in the United States.

RESOLUTION NO. 1005

Removing Testosterone as a Controlled Substance

Introduced by:

Shayne Poulin, MD, Women
Huiying Guo, MD, Women
Christopher Veal, MD, LGBTQ+
Ifechukwude Ikem, MD, General Registrant
Heather Stevens, MD, General Registrant

WHEREAS, Testosterone as gender-affirming care is a lifesaving medication, and

WHEREAS, testosterone being a Schedule III controlled substance poses a significant barrier to access for transgender and gender diverse (TGD) patients, and has led to the criminalization, harassment, and discrimination of TGD patients, and

WHEREAS, the vast majority of anabolic steroid misuse does not occur as a result of legally prescribed testosterone, and

WHEREAS, the abuse of testosterone as a performance-enhancing drug is already prohibited by sports organizations and professional leagues, and the removal of testosterone as a controlled substance would not change this, and

WHEREAS, testosterone is the only hormonal medication that is a controlled substance, but does not have disproportionate health risks relative to other hormone therapies (e.g. estrogen) , and

WHEREAS, the evidence used to determine the scheduled drug status of testosterone is conflicting and inconclusive; some of the adverse effects cited are based on trials that use higher doses of testosterone than routinely prescribed in gender affirming care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians individually, or in partnership with, other healthcare stakeholders, advocate for the removal of testosterone as a controlled substance.

RESOLUTION NO. 1006

Pulling The Trigger on Gun Violence

Introduced by: Julia DeJoseph, MD, Women
Rida Khan, MD, Women
Suganya Mahinthan, MD, Minority
Amanda Aninwene, MD, New Physician
Nicole Yedilnsky, MD, General Registrant

WHEREAS, Gun violence is a recognized public health crisis, and

WHEREAS, there have been 199 mass shootings in the United States (U.S.) as of 4pm EST May 7th, 2023, and

WHEREAS, as of May 1, 2023, at least 13,959 people have died from gun violence in the U.S. this year already, and

WHEREAS, the National Rifle Association (NRA) tweeted “Someone should tell self-important anti-gun doctors to stay in their lane.”, and

WHEREAS, medical professionals’ scope of practice encompasses being the main caregivers of victims of gun violence, and

WHEREAS, the NRA has actively attempted to censor medical professionals risk screening and prevention around gun violence, and

WHEREAS, the NRA continues to oppose research on the health effects of gun violence, and

WHEREAS, the American Academy of Family Physicians (AAFP) has made several policy statements in support of gun violence prevention, and

WHEREAS, the majority of Americans, regardless of political affiliation, agree that there should be gun safety regulations and protocol, and

WHEREAS, the AAFP recognizes that violence disproportionately affects certain populations, such as women, children, racial minorities, LGBTQIA+, communities from lower socioeconomic status, and other marginalized populations, and

WHEREAS, guns are the leading cause of death in children 0-24 years old, and

WHEREAS, firearms accounted for 52% of all suicide death in 2020, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for chapters to use for advocacy for the prevention of gun violence, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) encourage cross collaboration between commissions (Health of the Public and Science and Federal and State Policy), other professional medical organizations (national, state, and local levels), and stakeholders (e.g. Here For The Kids) to address gun violence, and be it further

RESOLVED, That the American Academy of Family Physicians Family Medicine Political

Action Committee (FamMedPAC) prioritize supporting candidates and campaigns who are committed to preventing gun violence.

RESOLUTION NO. 1007

Expanding Access to Postpartum Care for One Year Following Delivery

Introduced by: Stephanie McKenney Groff, DO, Women
Julia DeJoseph, MD, FAAFP, Women
Karen Antell, MD, FAAFP, Women
Amina Shalash, MD, Minority
Elvan Daniels, MD, MPH, Women

WHEREAS, The United States has the highest maternal mortality rate despite the most health care spending, and

WHEREAS, the United States' maternal mortality rate for 2020 was 23.8 deaths per 100,000 live births, over three times the rate in most other high-income countries. The maternal mortality rate is even higher for non-Hispanic Black women with 55.3 deaths per 100,000 live births, and

WHEREAS, most maternity and postpartum health insurance coverage ends 42-60 days after delivery , and

WHEREAS, the American Academy of Family Physicians has made several policy statements in support of reducing maternal mortality , and the American College of Obstetrics and Gynecology (ACOG) has been working to expand postpartum care , and

WHEREAS, the American Rescue Plan Act of 2021 gave states the option to expand Medicaid postpartum coverage up to twelve months via the State Plan Amendment (SPA), currently in effect for five years (2022-2027), and

WHEREAS, 41 states have either implemented or are planning to implement the expansion of postpartum coverage to twelve months, and

WHEREAS, some states may also voluntarily provide coverage to pregnant people under the Children's Health Insurance Program (CHIP) which further expands the pool of persons covered , now, therefore, be it

RESOLVED, That the American Academy of Family Physicians publicly advocate that ALL individual states apply for expansion of Medicaid and CHIP coverage for maternal and postpartum care to cover the entirety of need lasting twelve months after delivery to raise awareness and prioritization of the states to opt in for this coverage, and be it further

RESOLVED, That the American Academy of Family Physicians publicly advocate that the U.S. Congress expand the State Plan Amendment (SPA) as permanent legislation to continue postpartum Medicaid and CHIP coverage for twelve months after delivery.

RESOLUTION NO. 1008

Exploring the Effect of Healthcare Restrictions and Bans on the Medical Workforce

Introduced by: Derek Lee, DO, LGBTQ+
 Grace Chiu, MD, LGBTQ+
 Cramer McCullen, MD, LGBTQ+
 Xinuo Gao, MD, New Physician

WHEREAS, The United States Supreme Court decision overturning Roe vs Wade resulted in significant restrictions or bans on patients' access to abortions with an increasing number of states introducing legislation to further restrict or ban access to abortions, and

WHEREAS, Eighteen states banned the provision of gender-affirming healthcare to transgender and gender diverse people with more states introducing legislation restricting and banning access to gender affirming healthcare, and

WHEREAS, the change in availability of educational/professional experiences affect the priority of medical students and medical professionals on practice location, and

WHEREAS, a national survey of more than 2000 medical students, residents, fellows, and practicing physicians show 75% would not apply to states with legal consequences for providing abortion, and more than 80% would prefer to train or practice in states with preserved abortion access, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians, in collaboration with the National Resident Matching Program and the American Congress of Obstetricians and Gynecologists, study the impact of restrictive healthcare legislation, not limited to gender-affirming care and abortion bans, on residency application and match data annually, and report to the Board of Directors, and be it further

RESOLVED, That the American Academy of Family Physicians evaluate annual membership data to track the net inter-state migration of medical professionals, in correlation with healthcare bans and restrictions across the United States, and report data to support advocacy across the United States.

RESOLUTION NO. 1009

Do Not Criminalize Family Physicians Who Provide Evidence-Based Care to LGBTQI+ Patients and Their Families

Introduced by: Lauren Hughes, MD, MS, MPH, LGBTQ+
Anthony Wilson, MD, LGBTQ+
Katherine Schreck, MD, LGBTQ+
Kyle Leggott, MD, New Physician
Kevin Wang, MD, LGBTQ+

WHEREAS, The number of anti-LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex) bills proposed in individual states in 2023 thus far exceed the number of bills proposed in the last three years combined which also include criminalization of providing such care, and

WHEREAS, family physicians have experienced discrimination and/or criminalization when following evidence-based guidelines and have encountered interference when practicing medicine in the context of the patient–physician relationship, and

WHEREAS, the American Academy of Family Physicians (AAFP) has policy supporting the care of transgender and gender diverse patients of all ages, and

WHEREAS, the AAFP has policy opposing reparative and/or conversion therapy, and

WHEREAS, the AAFP has policy stating clinical practice guidelines should follow evidence-based methodology and be patient-centered, and

WHEREAS, the AAFP has a policy stating medical decisions and treatment, exercised in accordance with evidence-based standards of care, does not become violation of law, and

WHEREAS, the AAFP has policy opposing actions that limit patients' access to pharmaceuticals prescribed by a clinician using appropriate clinical training and knowledge and opposes any requirement a diagnosis be placed on the prescription, and

WHEREAS, the AAFP has policy supporting peer review to assure the maintenance of evidence-based quality patient care should be performed by clinicians and not legislators, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose and advocate against legislative, regulatory, and judicial actions at the state and federal levels that criminalize family physicians who practice current, evidence-based medicine in the care of LGBTQI+ patients and their families, and be it further

RESOLVED, That the American Academy of Family Physicians create a collated set of resources that members can use to protect themselves against legal claims and/or continue to safely provide care to LGBTQI+ patients and their families, and be it further

RESOLVED, That the American Academy of Family Physicians develop a legislative advocacy toolkit that state chapters can use to oppose governmental encroachment on family physicians who care for LGBTQI+ patients and their families.

RESOLUTION NO. 1010

Improved Access to Medically Necessary Healthcare for Gender-Diverse People

Introduced by: Kyle Kurzet, MD;MS, LGBTQ+
Lonzale Ramsey, MD, Minority
Joanna Turner Bisgrove, MD, LGBTQ+
Haley Parsley, MD, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) supports access to gender-affirming care, and

WHEREAS, the World Professional Association for Transgender Health (WPATH), American Medical Association (AMA), American Psychiatric Association (APA), American College of Obstetrics and Gynecology (ACOG), American Academy of Pediatrics (AAP), and American College of Physicians (ACP) have all issued statements validating that gender-affirming care is medically necessary, evidence-based healthcare, and

WHEREAS, gender-concordant facial hair and vocal quality are integral components of a person's gender expression, and

WHEREAS, gender-diverse people remain subject to dysphoria and extremely high rates of violence due to their visible and audible gender expression, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for the Center on Medicare and Medicaid Services to provide comprehensive, appropriate insurance coverage for voice therapy and permanent hair removal as medically necessary for gender-diverse people and people with androgenic hirsutism, and be it further

RESOLVED, That the American Academy of Family Physicians, through their Center for State Policy, provide resources to state chapters to advocate for state Medicaid coverage for medically necessary gender-affirming healthcare, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) add voice therapy and permanent hair removal to the list of comprehensive care and supportive services in the AAFP "Care for the Transgender and Gender Nonbinary Patient" policy statement.