



# 2023 Consent Calendar for the Reference Committee on Advocacy

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National Conference of Constituency Leaders

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

5  
6 **RECOMMENDATION: The Reference Committee on Advocacy recommends the following**  
7 **consent calendar for adoption:**  
8

9 **Item 1:** Adopt Substitute Resolution No. 1001 "Ask the Drug Enforcement Administration (DEA) To  
10 Reclassify Marijuana from a Schedule I to a Schedule III Drug" in lieu of Resolution No. 1001.

11  
12 **Item 2:** Adopt Substitute Resolution No. 1002 "Ensure Access to Medical Care Across State Lines"  
13 in lieu of Resolution No. 1002.

14  
15 **Item 3:** Adopt Substitute Resolution No. 1003 "Strengthening Ties to Support the Access to  
16 Restricted and Banned Healthcare" in lieu of Resolution No. 1003.

17  
18 **Item 4:** Adopt Resolution No. 1004 "Advocate for Eliminating J-1 Requirement for Family  
19 Physicians".

20  
21 **Item 5:** Adopt Substitute Resolution No. 1005 "Removing Testosterone as a Controlled Substance"  
22 in lieu of Resolution No. 1005.

23  
24 **Item 6:** Adopt Resolution No. 1006 "Pulling the Trigger on Gun Violence".

25  
26 **Item 7:** Adopt Substitute Resolution No. 1007 "Expanding Access to Postpartum Care for One  
27 Year Following Delivery" in lieu of Resolution No. 1007.

28  
29 **Item 8:** Adopt Substitute Resolution No. 1008 "Exploring the Effect of Healthcare Restrictions and  
30 Bans on the Medical Workforce" in lieu of Resolution No. 1008.

31  
32 **Item 9:** Adopt Substitute Resolution No. 1009 "Do Not Criminalize Family Physicians Who Provide  
33 Evidence Based Care to LGBTQI+ Patients and Their Families" in lieu of Resolution No. 1009.

34  
35 **Item 10:** Adopt Resolution No. 1010 "Improved Access to Medically Necessary Healthcare for  
36 Gender Diverse People".



# 2023 Report of the Reference Committee on Advocacy

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## 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: ASK THE DRUG ENFORCEMENT ADMINISTRATION (DEA) TO RECLASSIFY MARIJUANA FROM A SCHEDULE I TO A SCHEDULE III DRUG**

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.

The reference committee heard limited testimony in favor of the resolution. There was no testimony offered in opposition. Staff provided an overview of current advocacy efforts and noted the AAFP's position paper on marijuana includes language encouraging the decrease in barriers to research of forms of marijuana, cannabis, cannabinoids, including the reclassification of cannabis as a Schedule I drug. Staff pointed out that the resolved clause did not include engagement with the Drug Enforcement Agency. The reference committee recommended modification to the resolved clause to include the Drug Enforcement Agency.

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

**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 and the Drug Enforcement Agency as this will facilitate further research on the potential medical uses of pharmaceutical cannabinoids.**

**ITEM NO. 2: RESOLUTION NO. 1002: ENSURE ACCESS TO MEDICAL CARE ACROSS STATE LINES**

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

1  
2 RESOLVED, That the American Academy of Family Physicians oppose legislation that would  
3 prosecute or otherwise penalize physicians and other clinicians, patients, and those who aid  
4 patients in receiving reproductive, abortion, or gender-affirming healthcare across state lines,  
5 and be it further  
6

7 RESOLVED, That the American Academy of Family Physicians direct FamMedPAC funds  
8 toward legislators that protect access to reproductive, abortion, and gender-affirming care  
9 across state lines.  
10

11 The reference committee heard testimony in favor of the resolution – speaking to the  
12 unprecedented levels of legislative activity across states aimed at prosecuting patients, physicians,  
13 and individuals aiding patients seeking abortions. Testimony in opposition to the resolution raised  
14 concerns with the language of the third resolved directing FamMedPAC contributions – noting that  
15 the FamMedPAC Advisory Board makes recommendations about political contributions based on  
16 its contribution criteria. An overview of current advocacy efforts was provided, including AAFP  
17 support for legislation that protects patients, individuals supporting patients, and physicians who  
18 cross state lines to offer abortion services. To address the concern raised about the directive  
19 language toward FamMedPAC, the reference committee recommended a slight modification that  
20 provides advice to the FamMedPAC Advisory Board when making decisions about political giving  
21 to candidates supportive of reproductive health and gender-affirming health care.  
22

23 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
24 **1002 which reads as follows be adopted in lieu of Resolution No. 1002:**  
25

26 **RESOLVED, That the American Academy of Family Physicians change their policy on**  
27 **Criminalization of Medical Practice to read “The American Academy of Family**  
28 **Physicians takes all reasonable and necessary steps to ensure that evidence-based,**  
29 **medical decision-making and treatment, exercised in accordance with evidence-**  
30 **based standards of care, does not become a violation of criminal law. This includes**  
31 **criminalization of clinicians, patients, and those who aid patients in receiving**  
32 **reproductive, abortion, or gender-affirming healthcare across state lines,” and be it**  
33 **further**  
34

35 **RESOLVED, That the American Academy of Family Physicians oppose legislation**  
36 **that would prosecute or otherwise penalize physicians and other clinicians, patients,**  
37 **and those who aid patients in receiving reproductive, abortion, or gender-affirming**  
38 **healthcare across state lines, and be it further**  
39

40 **RESOLVED, That the American Academy of Family Physicians prioritize directing**  
41 **FamMedPAC funds toward legislators that protect access to reproductive, abortion,**  
42 **and gender-affirming care across state lines.**  
43

44 **ITEM NO. 3: RESOLUTION NO. 1003: STRENGTHENING TIES TO SUPPORT THE ACCESS**  
45 **TO RESTRICTED AND BANNED HEALTHCARE**  
46

47 RESOLVED, That the American Academy of Family Physicians formally partner with  
48 advocacy organizations, such as the National LGBTQ Task Force and Planned Parenthood,  
49 to oppose discriminatory bans and support protections for transgender and gender-diverse  
50 communities at the state and national levels, and be it further  
51

1 RESOLVED, That the American Academy of Family Physicians create formal relationships,  
2 such as official liaisons, with advocacy organizations, such as the National Abortion  
3 Federation and the World Professional Association of Transgender Health, to share  
4 resources and inform the work of each respective organization, on advocacy efforts, clinician  
5 education, and community outreach, and be it further  
6

7 RESOLVED, That the American Academy of Family Physicians (AAFP) include resources on  
8 their Center for State Policy website with steps to connect constituency academy chapters  
9 with AAFP liaisons at advocacy organizations, such as Lambda Legal and InterACT.  
10

11 The reference committee heard testimony in favor of the resolution urging its adoption so that the  
12 AAFP could capitalize on the strengths of other organizations' knowledge, as well as support their  
13 efforts with our own assets. There was no testimony offered in opposition. The reference  
14 committee discussed current AAFP advocacy efforts, which include a gender-affirming care toolkit  
15 that was provided to state chapters as well as its collaborative work with organizations like the  
16 Whitman-Walker Institute, which is a leading organization in the effort to combat anti-transgender  
17 bills. The reference committee recommended modification to the second resolved clause to  
18 remove the suggestion that official liaisons are designated for logistical purposes and  
19 recommended a modification to the third resolved clause to post resources on the AAFP website to  
20 increase membership access to resources.  
21

22 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
23 **1003 which reads as follows be adopted in lieu of Resolution No. 1003:**  
24

25 **RESOLVED, That the American Academy of Family Physicians formally partner**  
26 **with advocacy organizations, such as the National LGBTQ Task Force and**  
27 **Planned Parenthood, to oppose discriminatory bans and support protections for**  
28 **transgender and gender-diverse communities at the state and national levels, and**  
29 **be it further**  
30

31 **RESOLVED, That the American Academy of Family Physicians create formal**  
32 **relationships with advocacy organizations, such as the National Abortion**  
33 **Federation and the World Professional Association of Transgender Health, to**  
34 **share resources and inform the work of each respective organization, on advocacy**  
35 **efforts, clinician education, and community outreach, and be it further**  
36

37 **RESOLVED, That the American Academy of Family Physicians (AAFP) include**  
38 **resources on the AAFP website with steps to connect constituency academy**  
39 **chapters with AAFP liaisons at advocacy organizations, such as Lambda Legal and**  
40 **InterACT.**  
41

42 **ITEM NO. 4: RESOLUTION NO. 1004: ADVOCATE FOR ELIMINATING J-1 REQUIREMENT**  
43 **FOR FAMILY PHYSICIANS**  
44

45 RESOLVED, That the American Academy of Family Physicians actively advocate for  
46 elimination of J-1 holders' requirement to return to the home countries for those who  
47 completed family medicine residency in the United States.  
48

49 The reference committee heard testimony in favor of the resolution speaking to the challenges  
50 associated with finding an adequate workplace to practice, the disruptions of leaving and re-  
51 entering the U.S., and restrictions around scope of practice. Testimony also spoke to the tedious  
52 process of applying for waivers and disruptions in residency programs when J-1 visa recipients are

1 forced to leave. There was no testimony offered in opposition. Staff spoke to AAFP's advocacy  
2 efforts, including support for the Conrad 30 program reauthorization, which is legislation that seeks  
3 to provide J-1 Visa recipients with a waiver that prevents them from leaving the U.S. after  
4 completing their education – legislation up for reauthorization later in 2023. Staff pointed out that  
5 advocacy to date has not focused on elimination of the return home requirement and potential  
6 advocacy would be done in partnership with the Conrad 30 Coalition. The reference committee  
7 recommended the resolution be adopted.

8  
9 **RECOMMENDATION: The reference committee recommends that Resolution No. 1004 be**  
10 **adopted.**

11  
12 **ITEM NO. 5: RESOLUTION NO. 1005: REMOVING TESTOSTERONE AS A CONTROLLED**  
13 **SUBSTANCE**

14  
15 RESOLVED, That the American Academy of Family Physicians individually, or in  
16 partnership with, other healthcare stakeholders, advocate for the removal of testosterone as  
17 a controlled substance.

18  
19 The reference committee heard testimony in favor of the resolution – noting the challenges with  
20 prescribing testosterone to patients undergoing gender-affirming care treatments, finding a  
21 preceptor to approve a script when prescribed by a resident not yet DEA certified, and concerns  
22 with policy changes associated with the expiration of the PHE-related policies in November 2023.  
23 Testimony also pointed out that prescribing estrogen is not treated as controlled substance and is  
24 easily accessible. There was no testimony in opposition the resolution. Staff pointed out that  
25 advocacy has been limited in this space and should the resolution be adopted, it was  
26 recommended that engagement would be directed toward the Food and Drug Administration (FDA)  
27 and Drug Enforcement Agency (DEA). The reference committee recommended the resolution be  
28 modified to include mention of the FDA and DEA as the primary focuses of the AAFP's future  
29 advocacy engagement.

30  
31 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
32 **1005 which reads as follows below be adopted in lieu of Resolution No. 1005:**

33  
34 **RESOLVED, That the American Academy of Family Physicians individually, or in**  
35 **partnership with, other healthcare stakeholders, advocate before the U.S. Federal**  
36 **Drug Administration and the Drug Enforcement Agency for the removal of**  
37 **testosterone as a controlled substance.**

38  
39 **ITEM NO. 6: RESOLUTION NO. 1006: PULLING THE TRIGGER ON GUN VIOLENCE**

40  
41 RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for  
42 chapters to use for advocacy for the prevention of gun violence, and be it further

43  
44 RESOLVED, That the American Academy of Family Physicians (AAFP) encourage cross  
45 collaboration between commissions (Health of the Public and Science and Federal and State  
46 Policy), other professional medical organizations (national, state, and local levels), and  
47 stakeholders (e.g. Here For The Kids) to address gun violence, and be it further

48  
49 RESOLVED, That the American Academy of Family Physicians Family Medicine Political  
50 Action Committee (FamMedPAC) prioritize supporting candidates and campaigns who are  
51 committed to preventing gun violence.  
52

1 The reference committee heard testimony in favor of the resolution that emphasized the need for  
2 action on gun violence, rather than adhering to a passive policy. There was no testimony in  
3 opposition to the resolution. The reference committee was informed that efforts to address gun  
4 reform have shifted to the states after Congress passed legislation to prevent gun violence in 2022  
5 and noted that a toolkit would be a valuable resource for chapters. Staff noted that it would be  
6 appropriate to prioritize PAC giving to members of Congress who support efforts to prevent gun  
7 violence. The reference committee recommended the adoption of the resolution.

8  
9 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be**  
10 **adopted.**

11  
12 **ITEM NO. 7: RESOLUTION NO. 1007: EXPANDING ACCESS TO POSTPARTUM CARE FOR**  
13 **ONE YEAR FOLLOWING DELIVERY**

14  
15 RESOLVED, That the American Academy of Family Physicians publicly advocate that ALL  
16 individual states apply for expansion of Medicaid and CHIP coverage for maternal and  
17 postpartum care to cover the entirety of need lasting twelve months after delivery to raise  
18 awareness and prioritization of the states to opt in for this coverage, and be it further

19  
20 RESOLVED, That the American Academy of Family Physicians publicly advocate that the  
21 U.S. Congress expand the State Plan Amendment (SPA) as permanent legislation to  
22 continue postpartum Medicaid and CHIP coverage for twelve months after delivery.

23  
24 The reference committee heard limited testimony in favor of the resolution – citing the variations in  
25 state policy and its impact on coverage/care for parents after childbirth. There was no testimony  
26 offered in opposition. The reference committee reviewed the AAFP's advocacy on post-partum  
27 coverage, including its support for mandatory post-partum coverage in Medicaid for up to one year.  
28 The AAFP has endorsed legislation in prior Congress' and would likely endorse in the current  
29 session of Congress. The reference committee discussed language publicly advocating for states  
30 to apply for expansion, noting that the AAFP doesn't directly lobby states and instead provides  
31 support to state chapters in their advocacy efforts. Staff noted that resources through the Center  
32 for State Policy could be realigned on Medicaid to support state chapters in their advocacy for  
33 post-partum coverage. The reference committee recommended adopting with substitute language  
34 that encourages all states currently without post-partum policies to apply for the expansion of  
35 coverage.

36  
37 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
38 **1007 which reads as follows be adopted in lieu of Resolution No. 1007:**

39  
40 **RESOLVED, That the American Academy of Family Physicians encourage ALL**  
41 **individual states to apply for expansion of Medicaid and CHIP coverage for**  
42 **maternal and postpartum care to cover the entirety of need lasting twelve months**  
43 **after delivery to raise awareness and prioritization of the states to opt in for this**  
44 **coverage, and be it further**

45  
46 **RESOLVED, That the American Academy of Family Physicians publicly advocate that**  
47 **the U.S. Congress expand the State Plan Amendment (SPA) as permanent legislation**  
48 **to continue postpartum Medicaid and CHIP coverage for twelve months after**  
49 **delivery.**

50  
51 **ITEM NO. 8: RESOLUTION NO. 1008: EXPLORING THE EFFECT OF HEALTHCARE**  
52 **RESTRICTIONS AND BANS ON THE MEDICAL WORKFORCE**

1  
2 RESOLVED, That the American Academy of Family Physicians, in collaboration with the  
3 National Resident Matching Program and the American Congress of Obstetricians and  
4 Gynecologists, study the impact of restrictive healthcare legislation, not limited to gender-  
5 affirming care and abortion bans, on residency application and match data annually, and  
6 report to the Board of Directors, and be it further  
7

8 RESOLVED, That the American Academy of Family Physicians evaluate annual  
9 membership data to track the net inter-state migration of medical professionals, in  
10 correlation with healthcare bans and restrictions across the United States, and report data  
11 to support advocacy across the United States.  
12

13 The reference committee heard testimony in favor of the resolution that noted the need to study the  
14 impact that restrictions on care are having on the current provision of care, where students and  
15 residents are choosing to train and where physicians are willing to work. No testimony offered in  
16 opposition. It was noted that the American Congress of Obstetricians and Gynecologists (ACOG)  
17 had already begun a study of the impact of restrictive healthcare legislation and that the Robert  
18 Graham Center is seeking to replicate ACOG's research to inform a separate study focused on  
19 family physicians. Staff noted that the second resolved clause would be attainable using the  
20 AAFP's membership database to examine trends in time intervals around major judicial and  
21 legislative activities across states. The reference committee recommended that the first resolution  
22 be reaffirmed based on work already underway in coordination with ACOG and the Robert Graham  
23 Center and recommended that the second resolution be adopted.  
24

25 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**  
26 **1008 which reads as follows be adopted in lieu of Resolution No. 1008:**  
27

28 **RESOLVED, That the American Academy of Family Physicians evaluate annual**  
29 **membership data to track the net inter-state migration of medical professionals, in**  
30 **correlation with healthcare bans and restrictions across the United States, and report**  
31 **data to support advocacy across the United States.**  
32

33 **ITEM NO. 9: RESOLUTION NO. 1009: DO NOT CRIMINALIZE FAMILY PHYSICIANS WHO**  
34 **PROVIDE EVIDENCE BASED CARE TO LGBTQI+ PATIENTS AND THEIR FAMILIES**  
35

36 RESOLVED, That the American Academy of Family Physicians oppose and advocate  
37 against legislative, regulatory, and judicial actions at the state and federal levels that  
38 criminalize family physicians who practice current, evidence-based medicine in the care of  
39 LGBTQI+ patients and their families, and be it further  
40

41 RESOLVED, That the American Academy of Family Physicians create a collated set of  
42 resources that members can use to protect themselves against legal claims and/or continue  
43 to safely provide care to LGBTQI+ patients and their families, and be it further  
44

45 RESOLVED, That the American Academy of Family Physicians develop a legislative  
46 advocacy toolkit that state chapters can use to oppose governmental encroachment on  
47 family physicians who care for LGBTQI+ patients and their families.  
48

49 The reference committee heard testimony in favor of the resolution that highlighted the concerning  
50 legal environment physicians are facing due to the rapid increase in anti-LGBTQI+ bills which seek  
51 to criminalize care. There was no testimony offered in opposition. The AAFP's efforts to combat  
52 such legislation were discussed, which include the publication of a gender-affirming care toolkit as

well as joining amicus briefs and collaborating with the Whitman-Walker Institute. The reference committee recommended a substitution adoption striking the first resolved as it reflects current AAFP policy and, in the third resolution, replacing the term “develop” with “update” given that the toolkit has already been developed and distributed to chapters.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1009 which reads as follows be adopted in lieu of Resolution No. 1009:**

**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 update a legislative advocacy toolkit that state chapters can use to oppose governmental encroachment on family physicians who care for LGBTQI+ patients and their families.**

**ITEM NO. 10: RESOLUTION NO. 1010: IMPROVED ACCESS TO MEDICALLY NECESSARY HEALTHCARE FOR GENDER DIVERSE PEOPLE**

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.

The reference committee heard testimony in support of the resolution that discussed the importance of gender-concordant facial hair and vocal quality to a person’s gender expression but highlighted the difficulties in accessing such care, as well as the impact this can have on a person’s mental and physical life. There was no testimony offered in opposition. Staff provided an overview of Medicare’s coverage determination process and highlighted some of its advocacy with the Administration as it related to trans-rights. The reference committee recommended adoption of the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 1010 be adopted.**

**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.**



1 Respectfully Submitted,  
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Kelly Thibert, DO, MPH – CHAIR  
7  
8 Cathy Canty, MD, FAAFP – LGBTQ+  
9 Anisha Gill, MD – Women  
10 Tambetta Ojong, MD – IMG  
11 Prachi Priyam, MD, MPH – New Physicians  
12 LaTasha Seliby Perkins, MD – Minority  
13 Eileen Tatum, MD – (Observer)