2024 Agenda for the Reference Committee on Advocacy

National Conference of Constituency Leaders

Item No.	Resolution Title
1. Resolution No. 1001	Expand Availability of Diabetes Prevention Program Services
2. Resolution No. 1002	Single Payer as the Single Most Preferred Model
3. Resolution No. 1003	American Academy of Family Physicians Offer a Letter of Support for International Medical Graduates (IMGs) in Primary Care Applying for Permanent Resident Status (Green Card)
4. Resolution No. 1004	Advocate for 12 Weeks of Paid Parental Leave
5. Resolution No. 1005	Expanding Drug Price Negotiation Authority
6. Resolution No. 1006	American Academy of Family Physicians (AAFP) to Advocate to Centers for Medicare and Medicaid Services (CMS) to Incentivize, via Reimbursement, Health Care Teams that Demonstrate Provision of Interpreter Services for Patients with Language Discordance
7. Resolution No. 1007	Support for Long-Acting Injectables for Treatment and Prevention of HIV
8. Resolution No. 1008	Tax Credit for Family Physicians
9. Resolution No. 1009	Reform Physician Quality Metric Incentives

RESOLUTION NO. 1001

Expand Availability of Diabetes Prevention Program Services

Introduced by: Meagan Early, DO, MPH, Women
Janet Hurley, General Registrant
Katherine Haga, DO, Women
Katy Liu, MD, FAAFP, MInority

WHEREAS, Obesity is a widespread medical condition within the United States, and

WHEREAS, evidence-based guidelines recommend a focus on diet and exercise to address obesity and diabetes prevention, and

WHEREAS, Medicare does not pay for weight management services, and

WHEREAS, Medicare does pay for a Diabetes Prevention Program, but requires formal Diabetes Prevention Recognition Program (DPRP) certification, which requires “a minimum of 12 months to obtain CDC Preliminary Recognition, and up to 24 additional months to achieve Full Recognition” (https://www.cms.gov/priorities/innovation/innovation-models/medicare-diabetes-prevention-program/faq), and

WHEREAS, the 12-24 month certification time frame produces excessive barriers for most primary care physicians, and

WHEREAS, the enrollment fees, training, and staff costs may make enrollment in the DPRP program difficult, and

WHEREAS, numerous other programs can be effective for diabetes prevention, which often will not be covered by Medicare, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) work with the Center for Medicare and Medicaid Services (CMMS) to relax the requirements for the Medicare Diabetes Prevention Program, allowing payment for other diabetes prevention curricula, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) provide educational tools to family physicians to enable them to creatively manage obesity within current coding restraints.

RESOLUTION NO. 1002

Single Payer as the Single Most Preferred Model

Introduced by: Kyle Leggott, MD, New Physician
Eric Sullivan, MD, New Physician
Stefani Beard, DO, Women
Emmeline Ha, MD, New Physician
Kreena Patel, MD, New Physician

WHEREAS, There are over 25 million underinsured Americans, many of whom forego health care due to financial reasons, and

WHEREAS, nearly one in seven Americans is either uninsured or underinsured and is at risk for not having access to basic health care, and

WHEREAS, the American Academy of Family Physicians (AAFP) in 2015 reaffirmed its support of universal access to basic health care, and

WHEREAS, the AAFP in 2019 accepted as current policy that health care coverage must equate to access to comprehensive health care in any future health care system, and

WHEREAS, using evidence and data, the AAFP determined that the only systems capable of accomplishing this goal are a publicly funded, privately delivered single payer system and a regulated private system with a public option, and

WHEREAS, the Resolution 504 at the 2022 Congress of Delegates (COD) updated AAFP policy that the three preferred Health Care for All system options are: Single Payer, Public Option with Bismarck Model, and Primary Care Coverage for All, and

WHEREAS, prior to this resolution adoption there was no research or data presented by AAFP on Primary Care Coverage for All, no definition given of what Primary Care Coverage for All is or isn't, and Resolution 504 from 2022 COD is the only search result for "Primary Care Coverage for All" in the AAFP's new searchable resolution and policy database, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians amend its policy on Health Care for All coverage to actively promote that the single most preferred policy is a publicly funded, privately delivered health insurance model (aka Single Payer), and be it further

RESOLVED, That the American Academy of Family Physicians amend its policy on Health Care for All to remove Primary Care Coverage for All as an option until an independent study is conducted to define and evaluate Primary Care for All to see if it is an acceptable option for inclusion in the AAFP policy on Health Care for All.

RESOLUTION NO. 1003

American Academy of Family Physicians Offer a Letter of Support for International Medical Graduates (IMGs) in Primary Care Applying for Permanent Resident Status (Green Card)

Introduced by: Meera Sunder, MBBS, IMG
Adnaan Edun, MD, General Registrant
Shruti Javali, MD, IMG
Toussaint I. Mears-Clarke, MD, General Registrant
Jyothi Patri, MD, General Registrant
Kento Sonoda, IMG
Subatha Selvaraj, General Registrant

WHEREAS, According to the American Academy of Family Physicians (AAFP), U.S. health is threatened by a primary care workforce shortage, and the country will need up to 48,000 more primary care physicians by 2034, and

WHEREAS, an American Association of Medical Colleges (AAMC) report from 2021 noted that almost a quarter of practicing family physicians are IMGs, and

WHEREAS, a 2021 study showed that of 2,630 IMGs interviewed, 64.1% worked in an underserved area, and

WHEREAS, In the 2024 Family Medicine match, 48% of the 1,455 IMG positions filled are candidates who require a visa, and

WHEREAS, the processing time for H1B to green card varies significantly from 6 months to 12 years based on country of origin, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) actively advocate for expedited processing of green cards for family physicians on H1B visa caring for Healthcare Provider Shortage Area (HPSA) and Medically Underserved Areas/Populations (MUA/P), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) provide a letter of support to IMGs applying for a permanent residency (Green Card) detailing their accomplishments and contribution to the field of family medicine.

RESOLUTION NO. 1004

Advocate for 12 Weeks of Paid Parental Leave

Introduced by: Tu Dan (Kathy) Nguyen, MD, Women
Anna Mark, MD, Women

WHEREAS, The United States Family and Medical Leave Act (FMLA) guarantees up to 12 weeks of unpaid, job-protected leave per year, and

WHEREAS, the 2023 United States Bureau of Labor Statistics show only 27% of workers having access to paid parental leave benefits, and

WHEREAS, only 55% of women physicians eligible for parental leave have taken the full amount and half of those who did, say it negatively impacted their career, and

WHEREAS, 2023 *Women's Health* reports the average leave for birthing parents in their study was 7.9 weeks, and

WHEREAS, this falls short of the 12 weeks recommended by the American Academy of Pediatrics (AAP), and

WHEREAS, paid parental leave has proven to increase women's retention in the workforce, including retention of women physicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians Board of Directors supports 12 weeks of paid parental leave for physicians.

RESOLUTION NO. 1005

Expanding Drug Price Negotiation Authority

Introduced by: Eric Sullivan, MD, New Physician
Kreena Patel, MD, New Physician
Stefani Beard, DO, Women
Kyle Leggott, MD, New Physician

WHEREAS, Prescription drug expenditures make up nearly 20% of all health care costs, and

WHEREAS, one-in-four Americans cannot afford their medication, and

WHEREAS, nine out of ten of the biggest drug makers spent 50% more on advertising their products than researching and developing new ones, and

WHEREAS, of the 100 best selling drugs, almost 80% have extended their patent protection to block generic competition at least once, and

WHEREAS, the American Academy of Family Physicians (AAFP) has current policy which generally supports “policies that support governmental authority to promote drug price negotiation” but not for expansion of existing Department of Health and Human Services (HHS) authority, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) issue a statement in support of, and regularly advocate for, expansion of the authority of the Department of Health and Human Services (HHS) to negotiate drug prices for all payors (separate from its work in the Campaign for Sustainable Rx Pricing), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) use its influence within the Campaign for Sustainable Rx Pricing to advocate more explicitly for the expansion of the authority of the Department of Health and Human Services (HHS) to negotiate drug prices for all payors.

RESOLUTION NO. 1006

American Academy of Family Physicians (AAFP) to Advocate to Centers for Medicare and Medicaid Services (CMS) to Incentivize, via Reimbursement, Health Care Teams that Demonstrate Provision of Interpreter Services for Patients with Language Discordance

Introduced by: Tamara Huson, MD, General Registrant
George Alvarez, M.D., General Registrant
Bernard Richard, MD, Minority
Christopher Knight, MD, Minority
Elvan Daniels, MD, MPH, Minority
Richard Uribe, MD, MPH, Minority
Leticia Antunes, MD, Minority

WHEREAS, The American Academy of Family Physicians National Conference of Constituency Leaders Resolution No. 5006 – "Reducing Barriers for Limited English Proficient (LEP) Patients" seeks to advocate for provision of language services to patients with limited English proficiency, including deaf and hearing impaired, and

WHEREAS, the Affordable Care Act includes the Civil Rights Act of 1964 and Executive Order 13166 mandate facilities receiving federal funds to offer language services to individuals with language discordance; these requirements are not consistently enforced, and the process for reporting non-compliance is complex, and

WHEREAS, for those health care teams who do not have access to qualified in-person or remote interpreters, advocating for the use of artificial intelligence, provided it is used in good faith with reasonable steps to verify accuracy, for example teach-back/closed-loop communication, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate to the Centers for Medicare and Medicaid Services and other health care payors to incentivize via reimbursement to health care teams the use of translation services for patients who have language discordance with their health care teams.

RESOLUTION NO. 1007

Support for Long-Acting Injectables for Treatment and Prevention of HIV

Introduced by: Dylan Sabb, MD, MPH, LGBTQ+
Vickie Fowler, MD, FAAFP, LGBTQ+
Feba Thomas, MD, LGBTQ+
Carmella DeSerto, MD, General Registrant
Shannon Dowler, MD, FAAFP, General Registrant

WHEREAS, Long-Acting Injectables (LAI) for the prevention and treatment for HIV have been FDA-approved since 2021 and are broadly endorsed by many professional organizations as an evidence-based best practice, and

WHEREAS, the American Academy of Family Physicians accepted in the 2023 NCCL Resolution 5007 that we continue to support pre-exposure prophylaxis (PrEP) coverage with no cost sharing as mandated under the Affordable Care Act (ACA); however, payers cover LAIs variably as either medical or pharmacy benefits or not at all, and this creates undue administrative burdens and barriers for the successful utilization, and

WHEREAS, the provision of preventive services with no copay or cost sharing is required by law in the ACA, including specifically PrEP for HIV, and

WHEREAS, the Native & Indigenous American population has one of the lowest rates of viral suppression with HIV infection and LAIs are not on the Indian Health Service (IHS) formulary, and

WHEREAS, the CDC data suggest that less than a third of the people who might benefit from PrEP receive it, and stark disparities in the provision of PrEP related to race, gender, age and geography, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for meaningful enforcement of healthcare law that precludes copayment or cost sharing for preventive services for all forms of pre-exposure prophylaxis for prevention of HIV including the provision of long-acting injectables, and be it further

RESOLVED, That the American Academy of Family Physicians partner with organizations to advocate for and support the development of federal and state policy such that health care payers include long-acting injectables for the prevention and treatment of HIV exclusively as a pharmacy benefit, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of long-acting injectables for prevention and treatment of HIV in the formulary for the Indian Health Services.

RESOLUTION NO. 1008

Tax Credit for Family Physicians

Introduced by: Melonie Proctor, DO, Women
Denise Octiviani, D.O., Minority
Theresa Platz, MD, General Registrant

WHEREAS, Family physicians serve as the foundation of our health care system, providing essential primary care services to patients, and

WHEREAS, there is a critical shortage of family medicine physicians, with 23% of them being 65 years or older, and

WHEREAS, a projected shortfall of 20,000 primary care physicians is expected by the year 2036, and

WHEREAS, residents face financial challenges, including concerns about loan reimbursement and family medicine residency fill rates are the lowest since 2007, and

WHEREAS, the current compensation system creates significant disparities between primary care and specialty care physicians, and

WHEREAS, this tax credit aims to incentivize and support primary care physicians, recognizing their vital role in maintaining a robust health care system, and

WHEREAS, this tax credit encourages more physicians to pursue and remain in family medicine and address the shortage while ensuring fair compensation for their crucial work, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians shall advocate for the implementation of a $5,000 annual tax credit specifically targeted at board-certified or board-eligible MD and DO physicians.

RESOLUTION NO. 1009

Reform Physician Quality Metric Incentives

Introduced by: Suganya Mahinthan, MD, New Physician
Jessica Glick, DO, New Physician
Emma York, DO, General Registrant
Faihza Hill, MD, New Physician
Eduardo Lindsay, MD, General Registrant
Sarah Terronez, DO, New Physician
Raghuveer Vedala, MD, New Physician

WHEREAS, The initial intent of quality metrics was to improve health outcomes in a standardized system, and

WHEREAS, the majority of today's physicians receive financial incentives based on quality measures, and

WHEREAS, each patient has individualized needs and has the autonomy to make decisions about their health through a shared decision making process with their physician, and

WHEREAS, the current system of being awarded quality measure credit does not account for a patient declining recommended screening despite their physician fully informing them of the benefits of completing quality metric goals, and

WHEREAS, 50% of family physicians have noted the current system of quality metrics negatively impact patient care, and

WHEREAS, the current benchmark determinations of quality metrics do not account for the complexities of primary care practice including social determinants of health and penalize clinicians for social factors outside their control, and

WHEREAS, the American Academy of Family Physicians states shared decision-making between physicians and patients is a vital component of effective health care, and

WHEREAS, shared decision-making can improve patient experience and satisfaction, increase trust, and improve understanding of the risks and benefits of available options, and

WHEREAS, some healthcare organizations currently recognize a patient declining the flu vaccine to be accomplishing their flu vaccine administration quality metric, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians publicly acknowledge that the current system of quality metrics does not support individualized care plans as a result of physician and patient shared decision making, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for physicians to receive quality metric credit for patient counseling with acceptance of CPT and/or ICD-10 description codes that reflect a patient's autonomy to decline screening, and be it further

RESOLVED, That the American Academy of Family Physicians lobby for legislation to revise the punitive practices of health insurance companies holding physicians responsible for the autonomous actions of their patients.