



## 2025 Agenda for the Reference Committee on Advocacy

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National Conference of Constituency Leaders

### Item No.

1. Resolution No. 1001: Standardizing Expectations for Ratio of Scheduled Patient Care Hours and Administrative Patient Tasks in the Primary Care Setting
2. Resolution No. 1002: Advocating for Comprehensive Insurance Coverage for Obesity Treatment
3. Resolution No. 1003: Achieving Reimbursement Equity for Primary Care Services provided by Family Physicians
4. Resolution No. 1004: Advocating for Prior Authorization Reform
5. Resolution No. 1005: Increasing Advocacy Resources and Protections for Diversity, Equity, and Inclusion Work
6. Resolution No. 1006: Affirming the Personhood and Rights of Transgender, Intersex, and Gender Diverse People
7. Resolution No. 1007: Protecting Parents/Guardians Supporting Gender-Affirming Care in Minors
8. Resolution No. 1008: Support for Family Physicians Navigating Criminalization and Restrictive Healthcare Laws
9. Resolution No. 1009: Preserve Public Service Loan Forgiveness for Primary Care
10. Resolution No. 1010: Combating Closure of Maternity Units Across the United States

## **RESOLUTION NO. 1001**

### **Standardizing Expectations for Ratio of Scheduled Patient Care Hours and Administrative Patient Tasks in the Primary Care Setting**

Introduced by: Kristy Riniker, MD, MPH, Women  
Michelle Tran, MD, MS, FAAFP, Women  
Jony Bolinger, Women

WHEREAS, The family physician shortage is a national crisis and system induced distress is a major contributor to family physicians' reduction of full-time employment (FTE), physicians leaving clinical practice, physicians retiring early, and reduction of recruitment of the next generation of family physicians, and

WHEREAS, research has demonstrated family physicians have voiced the inability to provide high quality patient care in the current ratio of scheduled patient care versus administrative care without sacrificing personal wellbeing, and

WHEREAS, a 2020 study showed physicians spend 66.5% of their work-related time on direct patient care and 33.4% of their work-related time on non-patient-facing Electronic Health Record (EHR), administrative, and other tasks and in a 40-hour scheduled week, which equates to 27 hours of patient facing time and 14 hours of indirect patient care, and

WHEREAS, we recognize that family physicians often spend more than 20% of their scheduled patient time on administrative tasks as well as additional time outside of work, but that asking for a standard of more than this is unlikely to be sustainable given other factors such as maintaining access to care and financial sustainability, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians provide members with resources to show employers that the industry standard for the ratio of scheduled patient time versus administrative patient care in primary care is a minimum of 80% scheduled patient time and 20% administrative patient task time for clinical full time employment, and be it further

RESOLVED, That the American Academy of Family Physicians promote research to determine appropriate standards for scheduled patient and administrative patient care as standards change over time with the development of artificial intelligence and patient care team models, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for appropriate standards for scheduled patient, administrative patient care schedules, and compensation with the Center for Medicare and Medicaid Services and Veterans Affairs.

## **RESOLUTION NO. 1002**

### **Advocating for Comprehensive Insurance Coverage for Obesity Treatment**

Introduced by: Raghuveer Vedala, MD, New Physician  
Jessica Bracks, MD, New Physician  
Stephen Finney, MD, MS, New Physician  
Theresa Dierker, DO, New Physician  
Kevin Ly, MD, New Physician

WHEREAS, Obesity is a chronic, relapsing, multifactorial disease that increases the risk for numerous health conditions, including type 2 diabetes, cardiovascular disease, obstructive sleep apnea, and certain cancers, and

WHEREAS, evidence-based treatment of obesity includes lifestyle interventions, pharmacotherapy, and metabolic/bariatric surgery, and studies such as the STEP trials and SURMOUNT-OSA have shown that anti-obesity medications can significantly reduce weight, improve comorbidities, and enhance quality of life, and

WHEREAS, despite the clinical evidence, most public and private health insurance plans—including Medicare and many state Medicaid programs—either exclude or severely limit coverage for Federal Drug Administration (FDA)-approved anti-obesity medications and intensive behavioral therapy, and

WHEREAS, in April 2025, the current presidential administration reversed a late 2024 proposal by the former administration that aimed to expand Medicare and Medicaid coverage for anti-obesity medications such as Semaglutide and Tirzepatide, and the Centers for Medicare and Medicaid Services (CMS) announced it would not proceed with this expansion, citing cost concerns estimated at \$25 billion for Medicare and \$15 billion for Medicaid over a decade, and

WHEREAS, this policy reversal leaves approximately 7.5 million Medicare and Medicaid beneficiaries without coverage for these treatments, despite their proven efficacy in managing obesity and related comorbidities, and

WHEREAS, lack of insurance coverage contributes to health disparities, particularly affecting marginalized and lower-income populations who face disproportionate rates of obesity and limited access to comprehensive treatment, and

WHEREAS, the American Academy of Family Physicians (AAFP) recognizes obesity as a chronic disease and supports policies that expand access to its treatment and AAFP has developed comprehensive resources, including a free practice manual covering diagnosis, lifestyle interventions, medication, surgery, and collaborative care, to assist family physicians in managing obesity; now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) supports comprehensive insurance coverage for all Food and Drug Administration (FDA)-approved obesity treatments—including but not limited to anti-obesity medications, and be it further

RESOLVED, That the American Academy of Family Physicians directly advocate for the reversal of recent federal policy decisions that limit Medicare and Medicaid coverage of obesity treatments, including submitting formal comments to Centers for Medicare and Medicaid

Services (CMS) and collaborating with other medical societies and any other appropriate stakeholders to support legislation such as the Treat and Reduce Obesity Act.

## **RESOLUTION NO. 1003**

### **Achieving Reimbursement Equity for Primary Care Services provided by Family Physicians**

Introduced by: Raghuveer Vedala, MD, New Physician  
Jessica Bracks, MD, New Physician  
Xinuo Gao, MD, IMG  
Stephen Finney, MD, MS, New Physician  
Theresa Dierker, DO, New Physician  
Harini Jaganathan, MD, New Physician  
Christina Babu, MD, General Registrant

WHEREAS, The American Academy of Family Physicians supports a physician payment model that recognizes the need to incentivize the provision of quality care and equitable reimbursement for equal services, and

WHEREAS, the population of Americans over the age of 65 is projected to increase 54% by 2060 and the population of women is expected to increase 10% by 2060, and family physicians have the unique ability to treat both of these growing populations, and

WHEREAS, there is a projected deficit of 86,000 family physicians over the next 10 years, which will contribute to a significant decrease in preventative services, chronic disease management, and appropriate referral to specialists, and

WHEREAS, the demands on the role of family physicians continue to grow, making it essential that compensation reflects both our critical contributions to patient care and the increasing scope of our responsibilities, and

WHEREAS, family medicine physicians make up the majority of the primary care workforce, and

WHEREAS, the Center for Medicare and Medicaid Services adjusts the physician fee schedule based on the recommendations of the American Medical Association (AMA)/specialty Resource Based Relative Value Scale (RVS) Update committee (RUC), and

WHEREAS, reimbursement equity is critical to support a strong, sustainable, and efficient primary care workforce that can meet the growing health needs of patients and health systems across the United States, now, therefore be it

RESOLVED, That the American Academy of Family Physicians advocate for equity in total financial compensation, including Work Relative Value Unit valuation and reimbursement, across specialties to meet the projected primary care workforce shortage, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for an increased number of seats for family physicians on the American Medical Association (AMA)/ specialty Resource Based Relative Value Scale (RVS) Update committee (RUC) and advocate for equity in how Centers for Medicare and Medicaid Services is advised by physician specialty groups regarding Medicare reimbursement.

## **RESOLUTION NO. 1004**

### **Advocating for Prior Authorization Reform**

Introduced by: Sara Robinson, MD, New Physician  
Kathryn Gouthro, MD, New Physician  
Joey Florence, MD, New Physician  
Timothy Grunert, MD, New Physician  
Marjan Jahani Kondori, MD, MPH, IMG

WHEREAS, Prior authorizations are approvals from health insurance for coverage of a service, treatment, or prescription and may only authorize coverage for a certain amount of time, and

WHEREAS, the process of acquiring prior authorizations can delay important care for patients, and 94% of physicians report that prior authorizations have led to care delays, and

WHEREAS, the American Academy of Family Physicians states that prior authorization continues to be a leading cause of physician burden, and national data shows that physicians complete an average of 43 prior authorizations per week and they or their staff spend more than 13 hours a week on getting prior authorization approval, and

WHEREAS, the AAFP sent a letter to Congress on September 9, 2024, advocating for the Seniors' Timely Access to Care Act, which would streamline the prior authorization process for Medicare, and this has not been passed, and

WHEREAS, some insurance companies are using artificial intelligence (AI) to deny prior authorizations, and research shows that these AI tools have been accused of producing high rates of care denial, in some cases, 16 times higher than is typical, and

WHEREAS, the current wording of the American Academy of Family Physician's Prior Authorization and Step Therapy Position Paper states that "a physician's attestation of a clinical diagnosis or order should be sufficient documentation of medical necessity for clinical services, medications, and/or durable medical equipment (DME)", and

WHEREAS, imaging is an important diagnostic tool for physicians, and lack of insurance coverage can lead to delayed treatment, now, therefore, be it

RESOLVED, That in continued efforts to reform prior authorizations, the American Academy of Family Physicians advocate for the removal of expiration dates for approved prior authorizations, and be it further

RESOLVED, That the American Academy of Family Physicians advocate that no prior authorization denial can be generated by artificial intelligence and must be denied through a trained medical professional, and be it further

RESOLVED, That the American Academy of Family Physicians amend its Position Paper on Prior Authorization to specifically include imaging to read "A physician's attestation of a clinical diagnosis or order should be sufficient documentation of medical necessity for clinical or imaging services, medications, and/or durable medical equipment (DME)".

## **RESOLUTION NO. 1005**

### **Increasing Advocacy Resources and Protections for Diversity, Equity, and Inclusion Work**

Introduced by:           Gerica Alvarado, MD, BIPOC  
                                  Jessica Garcia, DO, BIPOC  
                                  Amanda Aninwene, MD, BIPOC

WHEREAS, There have been several executive orders of the Trump administration in 2025 specifically targeting diversity, equity, and inclusion efforts nationwide within government, educational institutions, and the private sector, and

WHEREAS, advocating for anti-discriminatory policies has been heavily curtailed due to fear of retribution at the governmental and organizational level, ref. Resolution No. 4004, 2024, and

WHEREAS, the existing American Academy of Family Physicians (AAFP) website is a trusted resource for practice guidelines and information for family physicians across the country, and

WHEREAS, the AAFP affirms the importance of diversity, equity, and inclusion programs and opposes anti-diversity, equity, and inclusion efforts, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create and host a platform for the formation of a nationwide coalition which will facilitate collaboration among physicians working to advocate for proportional representation policies within medical groups, organizations, and corporations, and be it further

RESOLVED, That American Academy of Family Physicians expand the current toolkit on standardized Diversity, Equity, and Inclusion, anti-racism/anti-discrimination training to include a continually updated resource of guiding verbiage for drafting anti-discriminatory policies and initiatives, and be it further

RESOLVED, That the American Academy of Family Physicians work with strategic partners to strongly oppose any legislation that targets or retaliates against physicians and advocate for legislation to protect physicians engaged in advocacy for vulnerable populations who are disproportionately affected by legislation on healthcare, and be it further

RESOLVED, That the American Academy of Family Physicians should create a task force to evaluate and choose from existing evidence-based Diversity, Equity, and Inclusion program designed rubrics and encourage the use of said rubric by residency programs.

## **RESOLUTION NO. 1006**

### **Affirming the Personhood and Rights of Transgender, Intersex, and Gender Diverse People**

Introduced by: Christopher Veal, MD, LGBTQ+  
Victoria Otano, MD, LGBTQ+  
Jesse Nieuwenhuis, MD, FAAFP, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) has long upheld the principles of equity, justice, and access to high-quality, evidence-based healthcare for all people, and

WHEREAS, transgender, intersex, and gender diverse individuals face disproportionate health disparities, discrimination, and violence, exacerbated by social marginalization and policy-driven exclusion, and

WHEREAS, the dignity and personhood of individuals should not be subject to political debate or administrative erasure, and

WHEREAS, efforts to legally define gender solely as "male" or "female" based on assigned sex at birth directly contradict established medical, psychological, and human rights standards, and

WHEREAS, the AAFP has previously affirmed that gender-affirming care is evidence-based, life-saving, and within the scope of family medicine, as outlined in the AAFP Policy, "Care for the Transgender and Gender Nonbinary Patient (September 2024 COD)," and

WHEREAS, ongoing governmental actions—including proposed policies to remove recognition of "transgender" as a legal category—pose a direct threat to the safety, rights, and health of transgender, intersex, and gender diverse people, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians issue a statement affirming the inherent personhood, dignity, and diversity of Transgender, Intersex, and Gender Diverse people, and be it further

RESOLVED, That the American Academy of Family Physicians support governmental policy and regulation that seeks to reaffirm the legal recognition of individuals, and support the human rights of individuals regardless of their gender identity or sex characteristics, and be it further

RESOLVED, That the American Academy of Family Physicians reaffirm its commitment to advocate for inclusive, patient-centered healthcare that acknowledges and respects all gender identities and expressions as integral to personhood



## **RESOLUTION NO. 1007**

### **Protecting Parents/Guardians Supporting Gender-Affirming Care in Minors**

Introduced by: Kaz Brodsky, MD, LGBTQ+  
Jude Harrison, MD, LGBTQ+  
Jesse Krikorian, MD, LGBTQ+  
Sara Watson, MD, LGBTQ+  
Kyle Kurzet, MD, FAAFP, LGBTQ+  
CK Raynes Wilder, MD, MPH, General Registrant  
Jesse Nieuwenhuis, MD, FAAFP, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) has a Child Abuse policy that does not explicitly comment on gender-affirming care, and

WHEREAS, gender-affirming care for minors has at times been misconstrued as child abuse, and patient travel to access to care has been misconstrued as trafficking, and

WHEREAS, according to the AAFP policy titled “Care for the Transgender and Gender Nonbinary Patient”, the AAFP asserts the full spectrum of gender-affirming care should be legal and should remain a treatment decision between a physician and their patient, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose legislation or judicial action categorizing evidence-based gender-affirming care for minors as child abuse, and be it further

RESOLVED, That the American Academy of Family Physicians update its policy titled “Child Abuse” to protect the provision of evidence-based medical care, and be it further

RESOLVED, That the American Academy of Family Physicians update its policy titled “Care for the Transgender and Gender Nonbinary Patient” to reflect that evidence-based gender-affirming care for minors does not constitute child abuse or trafficking.

## **RESOLUTION NO. 1008**

### **Support for Family Physicians Navigating Criminalization and Restrictive Healthcare Laws**

Introduced by: Maria Otano Vilanova, MD, LGBTQ+  
Sarah Ashitey, MD, General Registrant  
Kodie Stem, MD, LGBTQ+  
Grayson Mynatt, DO, LGBTQ+

WHEREAS, State and federal laws regarding the provision of reproductive healthcare, gender-affirming care, and diversity, equity, and inclusion initiatives are rapidly changing and increasingly variable across the country, and

WHEREAS, some of these laws seek to criminalize or restrict evidence-based care, placing family physicians at legal and ethical risk for providing standard medical services, and

WHEREAS, family physicians have a professional duty to provide patient-centered, evidence-based care, yet may face threats to licensure, prosecution, or harassment under restrictive legislation, and

WHEREAS, American Academy of Family Physicians members require timely, accessible, and accurate information to understand how changing laws may impact their clinical practice, patient advocacy, and personal safety, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians collate and share on their website reputable resources and tools to help members navigate the legal, ethical, and clinical challenges related to reproductive health, gender-affirming care, and diversity, equity, and inclusion (DEI) services.

## **RESOLUTION NO. 1009**

### **Preserve Public Service Loan Forgiveness for Primary Care**

Introduced by: Eric Sullivan, MD, General Registrant  
Sarah Terronez, DO, New Physician  
Stefani Beard, DO, New Physician  
Chloe Kilman, MD, New Physician  
William Ratliff, MD, New Physician  
Loren Colson, DO, General Registrant  
Susan Wang, MD, Women

WHEREAS, Without intervention, there is predicted to be a shortage of 87,150 full-time equivalent primary care physicians in the United States by 2037, and

WHEREAS, the American Academy of Family Physicians has a goal to get 25% of all medical students to enter into family medicine residency programs by the year 2030, in 2025, around 11.2% of all applicants matched into family medicine, down from 11.8% in 2024, and

WHEREAS, one barrier to medical school graduates pursuing family medicine is increased debt burden, as in 2023 the average medical school debt was \$250,995 and the current interest rate is generally between 7% and 8%, and

WHEREAS, family medicine has been in the top three lowest paid physician specialties in recent years, averaging \$255,000 in 2023 while other specialties, such as plastic surgery, orthopedic surgery, neurosurgery, cardiology, average double or triple the salary, making loan repayment a less burdensome concern, and

WHEREAS, according to the Medscape Physician Compensation Report of 2023, the average earnings gap between primary care physicians and other specialists was \$126,000, and

WHEREAS, on March 7, 2025, United States President Donald Trump signed an executive order that redefines "public service" for Public Service Loan Forgiveness (PSLF) eligibility indicating that there is a high likelihood of PSLF criteria significantly changing, and

WHEREAS, according to the American Board of Family Medicine approximately 30% of recent family medicine residency graduates participate in loan repayment programs, such as PSLF and the National Health Service Corps to manage their medical education debt, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians call on the United States Congress to preserve eligibility for primary care physicians (defined as family medicine, general pediatrics, general internal medicine, and general OB-Gyn) if a physician's eligibility in the Public Service Loan Forgiveness program is threatened.

## **RESOLUTION NO. 1010**

### **Combating Closure of Maternity Units Across the United States**

Introduced by:           Melissa Campos, MD, BIPOC  
                                  Brendan Prast, MD MPH, New Physician  
                                  Soomin Jung, MD, Women  
                                  Taylor James, MD, BIPOC  
                                  Breanna Gawrys, DO, Women  
                                  Carol's Montes-Rouse, MD, General Registrant  
                                  Chase Mussard, MD, General Registrant

WHEREAS, The United States (U.S.) has the highest rate of maternal deaths of any high-income nation, and

WHEREAS, the Affordable Care Act's expansion of eligibility for Medicaid coverage has been associated with better maternal health outcomes in the states that have opted in, particularly rates of maternal mortality for Black and Latina mothers, and in the United States, Medicaid financed 41% of births in 2021, and the Health Care Cost Institute found that the average payment for childbirth for employer-sponsored plans was considerably higher than Medicaid, and

WHEREAS, financial reasons, including staff reimbursement or recruitment, are often cited as a major cause of maternity units closing which disproportionately affect areas of high patient to low physician ratio with predominantly Medicaid payers or uninsured patients, and

WHEREAS, in addition, most under-resourced and rural hospitals have higher fixed costs for childbirth with lower reimbursement and lower delivery volume leading to a net deficit and poor financial health, and

WHEREAS, the U.S. is projected to have a deficiency of over 5,000 obstetricians nationally by 2030, and

WHEREAS, family medicine is in a unique position to make an impact, and pregnancy, perinatal care, postpartum, and associated co-morbidities is a core discipline of family medicine, and family medicine is the largest contributor to the U.S. primary care physician workforce and more likely to practice in rural and urban underserved communities than any other primary care physician specialty, and

WHEREAS, the closure of maternity units across the U.S. has led to the creation of "maternity care deserts" as patients are being forced to travel further to receive prenatal care and give birth, and these closures predominantly affect Black, Indigenous, People of Color and rural communities, further exacerbating health outcomes in Black and Latina patients, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support policies to combat racial and ethnic differences in maternal and child morbidity and mortality, and be it further

RESOLVED, That the American Academy of Family Physicians support policies and research to review the impact of the closure of maternity units in areas with high patient to low physician ratios leading to the creation of maternity care deserts, and be it further

RESOLVED, That the American Academy of Family Physicians continue to engage with relevant stakeholders to prioritize family physicians as the solution for staffing shortages in maternity care deserts.