



2025 Consent Calendar for the Reference Committee on Advocacy

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. An item or items may be extracted for debate.

RECOMMENDATION: The Reference Committee on Advocacy recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. 1001 "Standardizing Expectations for Ratio of Scheduled Patient Care Hours and Administrative Patient Tasks in the Primary Care Setting" in lieu of Resolution No. 1001. [EXTRACTED](#)

Item 2: Adopt Substitute Resolution No. 1002 "Advocating for Comprehensive Insurance Coverage for Obesity Treatment" in lieu of Resolution No. 1002.

Item 3: Adopt Substitute Resolution No. 1003 "Achieving Reimbursement Equity for Primary Care Services provided by Family Physicians" in lieu of Resolution No. 1003.

Item 4: Adopt Substitute Resolution No. 1004 "Advocating for Prior Authorization Reform" in lieu of Resolution 1004.

Item 5: Adopt Substitute Resolution No. 1005 "Increasing Advocacy Resources and Protections for Diversity, Equity, and Inclusion Work" in lieu of Resolution No. 1005.

Item 6: Reaffirm Resolution No. 1006 "Affirming the Personhood and Rights of Transgender, Intersex, and Gender Diverse People". [EXTRACTED](#)

Item 7: Adopt Substitute Resolution No. 1007 "Protecting Parents/Guardians Supporting Gender-Affirming Care in Minors" in lieu of Resolution No. 1007.

Item 8: Adopt Resolution No. 1008 "Support for Family Physicians Navigating Criminalization and Restrictive Healthcare Laws".

Item 9: Adopt Substitute Resolution No. 1009 "Preserve Public Service Loan Forgiveness for Primary Care" in lieu of Resolution 1009.

Item 10: Adopt Substitute Resolution No. 1010 "Combating Closure of Maternity Units Across the United States" in lieu of Resolution 1010.

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

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.

The reference committee heard testimony in favor of the resolution. There was testimony in support of a modified version of the resolution; proponents for changes felt there was no existing standard ratio for time spent between patient care and administrative tasks. One proponent supported the concept but opposed the third resolved, as it may confuse or conflict with existing AAFP advocacy to advance value-based payment models. Staff outlined related AAFP policy on administrative simplification and payment and noted no advocacy or policy existed describing a specific proportion of time spent on administrative tasks. The reference committee considered research cited in the whereas clauses describing a 4-to-1 ratio between patient care and administrative tasks. The reference committee recommended to substitute adopt only the second clause, as more research is needed to effectively act on the first and third resolved clauses. Furthermore, the reference committee suggested the first and third clauses could be proposed in the future once the AAFP has a standard ratio for patient care to administrative time.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1001, which reads as follows, be adopted in lieu of Resolution No. 1001: EXTRACTED-SUBSTITUTE ADOPTED

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.

Item No. 2: Resolution No. 1002: Advocating for Comprehensive Insurance Coverage for Obesity Treatment

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.

The reference committee heard testimony only in support of the resolution. Two proponents expressed concern about the cost of existing anti-obesity medications (AOMs), and one expressed concern that coverage requirements would not extend to Medicaid, nor would coverage include related nutrition counseling services to ensure proper use of AOMs. Staff reviewed existing AAFP policy, "Obesity and Overweight," that calls for all-payer coverage of AOMs. Staff also discussed recent advocacy to CMS to finalize a proposed rule that redefines obesity as a chronic disease, which would ensure coverage of AOMs under Medicare and Medicaid. The reference committee recommended the first resolved clause be reaffirmed as current policy. The reference committee believed directing support for a specific bill would be too prescriptive and greater flexibility would be needed to advocate effectively and, therefore, recommended to substitute adopt the second resolved clause.

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

RESOLVED, That the American Academy of Family Physicians 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 appropriate stakeholders to support legislative efforts.

Item No. 3: Resolution No. 1003: Achieving Reimbursement Equity for Primary Care Services provided by Family Physicians

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 Re-source 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.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution felt the current allocation of RUC seats is not aligned with the proportion of outpatient services provided by primary care physicians and the pay inequity creates barriers to recruiting and expanding the family physician workforce. There was no testimony in opposition to the resolution. Staff reviewed existing policy on physician payment and noted AAFP advocacy to implement G2211 – a code intended to provide primary care physicians with the additional resources required to provide comprehensive primary care. It was noted that the AAFP has split policy on the structure and actions of the RUC. While the Academy supports opportunities for increasing family physician participation, it was noted that the current structure does not promote the interests of primary care and therefore should be replaced with a different mechanism for determining reimbursement. Any structural changes to the RUC would need to be addressed by the American Medical Association (AMA) and the Academy cannot direct the AMA to make these changes. The reference committee recommended substitute adoption and continue advocating for equity in compensation through the RUC.

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

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

Item No. 4: Resolution No. 1004: Advocating for Prior Authorization Reform

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)”.

The reference committee heard testimony in support of the resolution; proponents linked administrative burden to burnout. Proponents described the burden of renewing expired prior authorization (PA) approvals and the use of AI-generated denials. One proponent noted that

imaging-related PA requests have a 95% approval rate, which suggests PA for imaging is unnecessary. Staff summarized recent advocacy calling for the elimination of burdensome prior authorization requirements and to prevent plans from using AI to make prior authorization decisions, including letters in support of the Reducing Medically Unnecessary Delays in Care Act, support for the Senior's Timely Access to Care Act, and letters to CMS regarding plan use of AI to make prior authorization decisions. The AAFP also recently called for CMS to codify language that physician attestation of need is sufficient to document medical necessity. The reference committee recommended reaffirming the first and second clauses based on existing advocacy. The reference committee recommended adopting the third resolved clause because imaging services are not explicitly described in the AAFP's position paper on prior authorization and step therapy, and because of testimony suggesting PA for imaging services is especially burdensome and unnecessary due to the high approval rate for imaging services.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1004, which reads as follows, be adopted in lieu of Resolution 1004:

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)".

Item No. 5: Resolution No. 1005: Increasing Advocacy Resources and Protections for Diversity, Equity, and Inclusion Work

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 de-signed rubrics and encourage the use of said rubric by residency programs.

The reference committee heard testimony in favor of the resolution. Supporters of the resolution highlighted efforts underway through federal executive action to restrict diversity, equity, and inclusion (DEI) programs and believed the AAFP needed to take steps to push back on these efforts.

It was further noted that DEI programs are good for patients and that health outcomes will be worse off without such programs. While there was no opposition noted to the resolution, there was concern raised about the purpose and usage of rubrics. Proponents of the resolution clarified that the rubrics would help align which DEI programs are consistent with their practice experience. Staff pointed out that the AAFP currently has an advocacy toolkit available to support state chapters in pushing back on state-level legislation and that the AAFP has opposed legislative efforts to restrict, including opposition to the EDUCATE Act. It was further noted that advocacy often occurs through the Group of Six, which is composed of other primary care medical societies. The reference committee recommended to substitute adopt the first resolved clause, opening opportunities for further collaboration and conversations amongst physicians about appropriate representation policies. The reference committee also recommended that the advocacy toolkit be updated to include guidance on appropriate verbiage.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1005, which reads as follows, be adopted in lieu of Resolution No. 1005:

RESOLVED, That the American Academy of Family Physicians facilitate collaborations amongst 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 evaluate and choose from existing evidence-based Diversity, Equity, and Inclusion program designed rubrics and encourage the use of said rubric by residency programs.

Item No. 6: Resolution No. 1006: Affirming the Personhood and Rights of Transgender, Intersex, and Gender Diverse People

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

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The reference committee heard testimony in support of the resolution. Proponents of the resolution noted that transgender individuals are people and that the AAFP has a role to play in pushing back on efforts that seek to restrict transgender rights. It was pointed out that with the level of misinformation, hate, and anger that is pointed at patients, gender affirming care can save lives. There was no testimony offered in opposition to the resolution. Staff reviewed the current advocacy activities of the AAFP, including support of gender affirming care within regulatory comment letters to the administration dating back to 2019, opposition to Congressional legislation seeking to restrict access to sports participation and physician training, and resources to support chapters in their advocacy efforts against anti-gender affirming care efforts. In addition, the AAFP has issued statements opposing efforts that seek legislative, regulatory, or judicial actions that attempt to restrict access to gender affirming care, erode the physician-patient relationship, and criminalize patient care. Therefore, the reference committee recommended the resolution be reaffirmed.

RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be reaffirmed. EXTRACTED-ADOPTED AS AMENDED

RESOLVED, That the American Academy of Family Physicians issue a statement affirming the inherent personhood, ~~dignity, and diversity~~ defined as an individual who has rights, protections, responsibilities, and moral or legal standing within a society of Transgender, Intersex, and Gender Diverse people, ~~and be it further~~

Item No. 7: Resolution No. 1007: Protecting Parents/Guardians Supporting Gender-Affirming Care in Minors

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.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution pointed out that policymakers are equating gender affirming care as child abuse which, therefore, leads to retribution against parents because they are putting the interest of their children first. It was pointed out that many families are forced to leave their home state to acquire care and that the level of suicides in response to governmental bans is increasing. There was no testimony offered in opposition to the resolution. Staff reviewed the current advocacy activities of the AAFP, including support of gender affirming care within regulatory comment letters to the administration dating back to 2019 and development of resources to support chapters in their advocacy efforts against anti-gender affirming care efforts. In addition, the AAFP has issued statements opposing efforts that seek legislative, regulatory, or judicial actions that attempt to restrict access to gender affirming

care, erode the physician-patient relationship, and criminalize patient care. The reference committee recommended to adopt a substitute resolution in order for the Academy to update two policies to state that all evidence-based services are not to be construed as child abuse.

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

RESOLVED, That the American Academy of Family Physicians update its policy titled "Child Abuse" to add the phrase "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.

Item No. 8: Resolution No. 1008: Support for Family Physicians Navigating Criminalization and Restrictive Healthcare Laws

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.

The reference committee heard testimony in favor of the resolution. Supporters of the resolution pointed out challenges of the evolving legal environment across states, which often leads to confusion on the part of physicians when attempting to deliver patient-centered, evidence-based care. It was further noted that resources and tracking would be helpful to support family physicians as they navigate a challenging and evolving environment. There was no testimony offered in opposition to the resolution. Staff clarified that the AAFP has developed resources to support chapters in their advocacy efforts, but they are currently available to chapters only. The reference committee recommended the resolution be adopted in order for the AAFP determine how to make those resources more widely available to members.

RECOMMENDATION: The reference committee recommends that Resolution No. 1008 be adopted.

Item No. 9: Resolution No. 1009: Preserve Public Service Loan Forgiveness for Primary Care

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.

The reference committee heard testimony only in favor of the resolution. Members in support of the resolution highlighted the importance of the Public Service Loan Forgiveness Program as an instrument to allowing them to sustain their current work while navigating the quantity of student

loans. It was further pointed out that the current political environment makes the program susceptible to elimination or reforms that could adversely affect family physicians. It was also pointed out that the program should be improved to ensure that primary care physicians are prioritized over other specialties, given the growing workforce shortage that the United States is experiencing. Staff reviewed current advocacy efforts, including responding to recent efforts by the Department of Education to change the criteria of eligibility to affect physician participants. While there is currently no legislation on eligibility, it was also pointed out that internal conversations are underway to identify legislative solutions that would preserve eligibility criteria for family physicians. The reference committee recommended the resolution be substitute adopted to expand the flexibility for the Academy with its advocacy efforts to include the Congress and the administration.

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 advocate to preserve Public Service Loan Forgiveness Program eligibility for primary care physicians (defined as family medicine, general pediatrics, general internal medicine, and general OB-Gyn) if a physician's eligibility is threatened.

Item No. 10: Resolution No. 1010: Combating Closure of Maternity Units Across the United States

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.

The reference committee heard testimony in support of the resolution. Supporters described the disproportionate impact of labor and delivery unit closures by race and geography. Several members testifying noted patients often drive more than an hour for delivery services after a unit closes. One opponent requested amending the resolution language to be gender neutral. Another witness suggested editing the resolution to ensure geographic differences are consistently referenced alongside racial and ethnic disparities. Staff cited existing policy on maternal health services and health equity and outlined recent advocacy efforts to address ward closures and the disproportionate impact on certain populations, including support for the Rural Obstetrics Readiness Act and the Health Maternal and Obstetric Medicine (Healthy MOM) Act. Staff also described efforts opposing CMS's proposal to increase regulations for hospital obstetric services which would likely result in additional labor and delivery unit closures. The reference committee agreed with the proposed amendment to make the language in the resolution gender neutral. The reference committee recommended reaffirming the first resolved based on existing AAFP policy as described

above. The reference committee recommended the second resolved to be substitute adopted because further study of the impact of labor and delivery units is needed to identify and prioritize specific policies that would stem or prevent further closures of labor and delivery units, as well as substitute adopting the third resolution to make the language used gender neutral.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1010, which reads as follows, be adopted in lieu of Resolution 1010:

RESOLVED, That the American Academy of Family Physicians study the impact of the closure of labor and delivery units in areas with high patient to physician ratios leading to the creation of pregnancy 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 pregnancy care deserts.



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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.

Respectfully Submitted,

Jiana Menendez, MD, MPH, FAAFP – CHAIR

Gerica Alvarado, MD, FAAFP – BIPOC
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