



2022 Agenda for the Reference Committee on Advocacy

National Conference of Constituency Leaders

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 1001	Oppose Governmental Interference of Gender-Affirming Care for Minors
2. Resolution No. 1002	Advocacy for Reimbursement to Include All Telehealth Services
3. Resolution No. 1003	Payment Reform For Insurance Contracts
4. Resolution No. 1004	Supporting Patient Navigator Services for LGBTQ+ and Other Vulnerable Patients
5. Resolution No. 1005	Improving Political Action Committee Contributions to Uphold AAFP Values
6. Resolution No. 1006	Improving Workforce Diversity By Eliminating Minority Medical Student Debt
7. Resolution No. 1007	Building Upon AAFP “Integration of Primary Care and Public Health” Position Paper
8. Resolution No. 1008	Ensuring Mentoring Resources for International Medical Graduates



Resolution No. 1001

2022 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Oppose Governmental Interference of Gender-Affirming Care for Minors

2
3 Submitted by: Katherine Imborek, MD, LGBTQ+
4 Oliver Zuses, MD, General Registrant
5 Kelly Bennett, MD, LGBTQ+
6 Tenessa MacKenzie, MD, LGBTQ+
7

8 WHEREAS, The number of state legislative bills putting gender diverse youth at risk increased
9 exponentially in the last three years, and
10

11 WHEREAS, states recently attempted to bypass the legislative process through alternative
12 interpretations of current regulations restricting minors and their parent(s)/guardian(s) from
13 accessing gender-affirming healthcare, and
14

15 WHEREAS, gender diverse youth are at significantly higher risk for being threatened, injured,
16 bullied and face a higher rate of suicide attempt compared with their cisgender peers, and
17

18 WHEREAS, multiple studies show access to gender-affirming environments and care significantly
19 improve the well-being of gender diverse youth, and
20

21 WHEREAS, the American Academy of Family Physicians has current policy supporting access to
22 gender-affirming care for gender diverse patients, now, therefore, be it
23

24 RESOLVED, That the American Academy of Family Physicians oppose any attempts to limit
25 access or limit the provision of healthcare to gender diverse youth through state and federal
26 legislation, the reinterpretation of current state and federal laws and/or policies, executive action,
27 and/or restriction of funding, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians issue a written statement to the
30 governor and legislators of all states and territories and to the armed forces regarding the need for
31 immediate opposition to attempts to limit access or limit the provision of healthcare to gender
32 diverse youth, and be it further
33

34 RESOLVED, That the American Academy of Family Physicians encourage individual state
35 chapters to issue timely formal opposition to legislation and/or governmental interference to limit
36 access or limit the provision of healthcare to gender diverse youth.



Resolution No. 1002

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1 Advocacy for Reimbursement to Include All Telehealth Services

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3 Submitted by: Meagan Jones, DO, Women
4 Kathleen DiPasquale, MD, Women
5 Sarah Ledger, DO, Women
6 Amanda Steventon, MD, General Registrant
7 Xinqi Ren, MD, General Registrant
8 Juan Carlos Venis, MD, LGBTQ+
9 Melissa Hidde, MD, LGBTQ+

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11 WHEREAS, An American Academy of Family Physician policy exists that supports broadly
12 defined telehealth services, there still exists lack of permanent reimbursement and education
13 supporting audio and electronic communications (including but not limited to portal, email, text,
14 and paging), and

15
16 WHEREAS, the Centers for Medicare and Medicaid Services has already announced that
17 Medicare will not cover audio-only telehealth for evaluation and management visits after the
18 public health emergency ceases, and

19
20 WHEREAS, evidence suggests significant disparities exist in telehealth use during the Covid-19
21 public health emergency by age, race, residence, and payer including data showing that the
22 likelihood of a full audio-video telehealth visit was reduced for patients who were older, Black,
23 from urban areas, or who were self-pay, Medicaid, or Medicare payer status, and

24
25 WHEREAS, audio and electronic communications require time and medical decision making
26 comparable to in person office visits. This contributes to an increased workload, cost of
27 healthcare, physician burnout, and inequitable reimbursement for the advice and expertise that
28 we provide patients, now, therefore, be it

29
30 RESOLVED, That the American Academy of Family Physicians advocate for permanent
31 reimbursement for all forms of remote healthcare communications with patients including but not
32 limited to portal, email, text, and paging, and be it further

33
34 RESOLVED, That the American Academy of Family Physicians advocate for the Centers for
35 Medicare and Medicaid Services and private insurers to provide a simple standardized method
36 for equitable payment similar to current office visits and other in-person billable codes, and be it
37 further

38
39 RESOLVED, That the American Academy of Family Physicians advocate for payment coverage
40 and strengthen their current policy for all forms of telehealth services to continue beyond the
41 Covid-19 public health emergency.



Resolution No. 1003

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1 Payment Reform For Insurance Contracts

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3 Submitted by: Abbey Woods, MD, New Physician
4 Sarah Ledger, DO, Women
5 Ying Vang, MD, New Physician
6 Lynetta Stiltner, DO, Women
7 Rachel Franklin, MD, Women
8

9 WHEREAS, The burden of collecting copayments/coinsurance/deductible has been the sole
10 responsibility of the medical practice, and
11

12 WHEREAS, this creates unnecessary and excessive financial and administrative burden on the
13 physician which is a leading cause of burnout among physicians, and
14

15 WHEREAS, the American Academy of Family Physicians mission and vision is to reduce
16 administrative complexity that detracts from patient care and allows for increased physician
17 resources available to patients, and
18

19 WHEREAS, one of the Four Pillars for Primary Care Physician Workforce Development is payment
20 reform, and
21

22 WHEREAS, the financial burden of nonpayment falls to physician practices while insurance
23 companies are guaranteed payment for premiums, and
24

25 WHEREAS, these impositions break down the relationship between patient and physician, and it is
26 our position that the insurance company should bear full responsibility for enforcing its contracts
27 with its insured, now, therefore, be it
28

29 RESOLVED, That the American Academy of Family Physicians advocate for legislation/policy that
30 places the burden of collecting all patient payments on the insurance companies and guarantees
31 payment in full for services provided by physician.



Resolution No. 1004

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1 Supporting Patient Navigator Services for LGBTQ+ and Other Vulnerable Patients

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3 Submitted by: Julie Celebi, MD, LGBTQ+
4 Grace Chiu, MD, LGBTQ+
5 Brent Sugimoto, MD, FAAFP, General Registrant
6 Po-Yin Samuel Huang, MD, Minority
7 Susan Osborne, DO, FAAFP, LGBTQ+
8

9 WHEREAS, Patient access to care for LGBTQ+ health (e.g. PrEP, gender-affirming care) is a
10 significant barrier for patients, and
11

12 WHEREAS, poor healthcare outcomes and healthcare disparities are particularly an issue for
13 gender and sexual minorities, and
14

15 WHEREAS, utilization of patient navigators has shown improved outcomes for chronic diseases,
16 reduction in health care costs, and improved patient satisfaction, now, therefore, be it
17

18 RESOLVED, That the American Academy of Family Physicians advocate to the Centers for
19 Medicare and Medicaid Services, state Medicaid programs, and commercial payers to create
20 payment models that incentivize health care organizations to create and sustain dedicated patient
21 navigator services for LGBTQ+ health care, particularly gender-affirming care, and be it further
22

23 RESOLVED, That the American Academy of Family Physicians create a policy supportive of
24 patient navigators for vulnerable patient populations, including but not limited to LGBTQ+ patients,
25 patients experiencing homelessness, and patients with chronic diseases such as diabetes.



Resolution No. 1005

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1 Improving Political Action Committee Contributions to Uphold AAFP Values

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3 Submitted by: Sheila Attaie, DO, Women
4 Monica Agarwal, MD, New Physician
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6 WHEREAS, American Academy of Family Physicians' (AAFP) federal political action committee
7 (FamMedPAC) advocates for family physicians and their patients in Washington, D.C. by helping to
8 elect congressional candidates who support the AAFP's legislative goals and objectives, and
9

10 WHEREAS, FamMedPac has a "three strikes rule" so that the board of directors will employ an
11 election cycle moratorium for candidates who "demonstrate consistently poor judgement in their
12 conduct and behavior", and
13

14 WHEREAS, both the AAFP and American Medical Association have policies opposing legislation
15 that restricts or criminalizes physicians for providing medical care, and
16

17 WHEREAS, in March 2021, United States (U.S.) Representative Steve Scalise (LA) opposed the
18 Paycheck Fairness Act (H.R. 7), which addresses wage discrimination based on sex, pregnancy
19 status, sexual orientation, gender identity, and sexual characteristic, and
20

21 WHEREAS, AAFP provided campaign funds to Representative Scalise after this vote, which
22 directly opposes AAFP policy to "protect LGBTQ patients from discrimination that threatens their
23 health and well-being", and
24

25 WHEREAS, U.S. Representative Cathy McMorris Rodgers (WA), U.S. Senator John Boozman (AR),
26 and U.S. Senator Steve Womack (AR), who all received political contributions by the AAFP in
27 2021, supported the Born-Alive Abortion Survivors Protection Act which requires physicians
28 provide care for a fetus born after a failed attempt at abortion as they would for any child of the
29 same gestational age, including immediate transportation and admission to a hospital, and this bill
30 is not evidence-based and potentially criminalizes family physicians, now, therefore, be it
31

32 RESOLVED, That a recommendation be made to the Political Action Committee board to review
33 its' three strikes policy to account for votes or positions taken by legislators that contradict science
34 or criminalize family physicians for providing evidence-based medical care.



Resolution No. 1006

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1 Improving Workforce Diversity By Eliminating Minority Medical Student Debt

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3 Submitted by: Jessica Garcia, DO, Minority
4 Fayza Sohail, MD, FAAFP, Minority
5 Ngozi Wilkins, MD, MPH, FAAFP, Minority
6 Jean Ghosn, MD, New Physician
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8

9 WHEREAS, It is predicted that seventy-three percent of graduates have medical school debt, and

10
11 WHEREAS, nearly one in five medical school graduates have more than \$300,000 in student loan
12 debt, and majority of these individuals are minorities, and
13

14 WHEREAS, in one 2013 study the proportion of Blacks, Whites, Hispanics, and Asians reporting
15 anticipated educational debt in excess of \$150,000 was 77.3%, 65.1%, 57.2% and 50.2%,
16 respectively, and
17

18 WHEREAS, it is determined that low-income minority families predominantly seen in African
19 American households disproportionately carry a higher medical student debt potentially having a
20 detrimental effect on enrollment in medical schools and the pursuit of family medicine, and
21

22 WHEREAS, it is noted that only two percent of all United States doctors are Black women, and
23

24 WHEREAS, the student debt crisis has been historically driven by racist policies that affect
25 minorities which has only increased the wealth gap and hindered access to higher education by
26 creating economic barriers and forcing minorities to be dependent on student loans, and
27

28 WHEREAS, the National Academies of Science Engineering and Medicine have concluded that
29 increasing family medicine physicians improves population health in communities, which has a
30 longitudinal effect, and
31

32 WHEREAS, it has been shown that loan-forgiveness and repayment programs, such as Public
33 Service Loan Forgiveness and the National Health Service Corps, provide debt relief and have
34 positively impacted medical student graduates and increased their likelihood of pursuing a primary
35 care field if they utilized these benefits, and
36

37 WHEREAS, further research has repeatedly shown that increasing access to loan forgiveness or
38 repayment programs directly influences medical students practice choice and can only improve the
39 shortages currently faced in primary care today, and
40

41 WHEREAS, the American Academy of Family Physicians currently offers only a select few national
42 and government loan forgiveness programs with the stipulation that the individual practices in

43 designated health professional shortage areas with varying degrees of benefits available for the
44 repayment of these loans, and
45
46 WHEREAS, these programs, while good, have certain stipulations that create barriers to minority
47 physicians from having access to this, and
48
49 WHEREAS, implementation of a powerful program such as CalHealthCares located in California
50 and supported by the California Academy of Family Physicians and family physicians could help
51 bridge this gap by providing several hundreds of millions of dollars towards student loan
52 forgiveness with half of the awards going to primary care specialists, now, therefore, be it
53
54 RESOLVED, That the American Academy of Family Physicians advocate to Congress for
55 sustained fund legislation for debt relief for minority medical students choosing to pursue a career
56 in family medicine and also debt funding to help support minority physicians currently practicing
57 family medicine, and be it further
58
59 RESOLVED, That the American Academy of Family Physicians advocate to expand the National
60 Health Service Corps policy and advocate for the elimination of all requirements for minority
61 student loan debt relief for those pursuing a career in family medicine or currently practicing in
62 family medicine.



Resolution No. 1007

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1 Building Upon AAFP “Integration of Primary Care and Public Health” Position Paper

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3 Submitted by: Laura Murphy, DO, New Physician
4 Tabatha Davis, MD, New Physician
5 Nicole Brokloff, MD, New Physician
6 Jyothi Patri, MD, General Registrant
7 Kyle Speakman, MD, New Physician
8 Alex Harsha Bangura, MD, New Physician
9

10 WHEREAS, The Covid-19 pandemic has highlighted the need for primary care and public health
11 workforces to work together to improve population health and improve accountability for the health
12 of the populations they serve, and
13

14 WHEREAS, the quiet erosion of public health funding and chronic underfunding of primary care
15 perpetuates the disconnect between primary care and public health despite abundant
16 complementary goals to improve population health, including increasing vaccination rates,
17 improving cancer screening and earlier diagnosis, addressing healthcare inequalities, and chronic
18 disease prevention and management, and
19

20 WHEREAS, despite the evidence that chronic disease is related to social determinants of health
21 (SDOH) and is the leading cause of death in the United States (U.S.) and a known risk factor for
22 Covid-19 morbidity and mortality, the U.S. continues to rank last in regards to funding amongst
23 industrialized countries for SDOH, and
24

25 WHEREAS, in order for primary care and public health to coordinate care effectively, electronic
26 health records (EHR) need to be optimized to retrieve, consolidate, and share data between the
27 two entities, and
28

29 WHEREAS, according to the American Academy of Family Physicians policy EHR, “every family
30 physician should leverage health information technology, which includes electronic health records
31 and related technologies needed to support the medical home...[so that] these capabilities can
32 support and enable optimal care coordination, continuity, and patient centeredness, resulting in
33 safe, high quality care and optimal health of patients, families, and communities,” now, therefore,
34 be it
35

36 RESOLVED, That the American Academy of Family Physicians include integration of public health
37 and primary care educational topics to raise awareness for constituents, which may include but is
38 not limited to lectures and workshops, at American Academy of Family Physician sponsored
39 continuing medical education virtual and in-person events, and be it further
40

41 RESOLVED, That the American Academy of Family Physicians support efforts to improve
42 transparency and flexibility of current public health funding and perform regular assessments of

43 funding to ensure that the necessary amount of resources are available and distributed to the
44 appropriate public health programs based on current health needs, and be it further
45

46 RESOLVED, That the American Academy of Family Physicians support health information
47 technology quality to ensure adequate capturing of population health data and subsequent
48 coordination between primary and public health to reduce gaps in care related to evidence-based
49 quality measures as we move towards value-based care.



Resolution No. 1008

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1 Ensuring Mentoring Resources for International Medical Graduates

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3 Submitted by: Evangeline Obi, MD, IMG
4 Rashmi Rode, MD, IMG
5 Ardarian Pierre, MD, IMG
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7 WHEREAS, International Medical Graduates (IMGs) do not have structured support systems when
8 they fail to match into a residency program, and
9

10 WHEREAS, IMGs are inexperienced with the resources that are readily available to them in the
11 community, and
12

13 WHEREAS, the stress of being an IMG impacts their wellness and family structure, now, therefore,
14 be it
15

16 RESOLVED, That the American Academy of Family Physicians increase awareness of the
17 challenges and inequities for IMGs, and be it further
18

19 RESOLVED, That the American Academy of Family Physicians implement and promote a
20 structured IMG support/town hall initiative.