

AFP 2022 Agenda 101 the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

Item No.	Resolution Title
1. Resolution No. 3001	Doulas Advocacy in Family Medicine
2. Resolution No. 3002	Support In Lieu of Services as a Funding Mechanism to Address Social Determinants of Health
3. Resolution No. 3003	Support Transgender Child and Adolescent Athletes
4. Resolution No. 3004	Social Determinants of Health: Expanding Screening and Service Reimbursement
5. Resolution No. 3005	Postpartum Morbidity and Mortality; Lowering the Rates of Depression and Cardiovascular Events
6. Resolution No. 3006	Equity For Non-binary Service Members
7. Resolution No. 3007	Filling Gaps in Mental Health Care for Children and Adolescents
8. Resolution No. 3008	Eliminating Restrictions On Blood Donation by Sexual and Gender Minorities



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1 Doulas Advocacy in Family Medicine 2 3 Submitted by: Crystal Nwagwu, MD, General Registrant 4 Alex Harsha Bangura, MD, New Physician 5 Safiya McNeese, MD, General Registrant 6 Jane Simpson, DO, Women 7 8 9 WHEREAS, The number of severe maternal morbidity rates continues to be on the rise in the 10 United States, and 11 12 WHEREAS, the American College of Obstetricians and Gynecologists (ACOG) in its committee 13 opinion Number 766 in February 2019, reaffirmed in 2021, recognizes the use of one-to-one 14 emotional support provided by support personal such as a doula is associated with improved outcomes of women in labor, and 15 16 17 WHEREAS, the Academy of Family Physicians (AAFP) Scope of Practice for Midwives and 18 Doulas states doulas are associated with lower Caesarian section rates, fewer obstetric 19 interventions, fewer complications, less pain medication, and shorter labor hours, and 20 21 WHEREAS, AAFP recognizes Doulas as patient advocates, helping to address the challenges 22 women of color and rural women face in accessing medical and maternity care, and 23 24 WHEREAS, 17 states are in the process of passing or have passed legislation for doula 25 Medicaid Reimbursement, and 26 27 WHEREAS, AAFP recommends as part of resident physician core curriculum and education. 28 recognizing the importance of supporting use of doulas to improve several birth and postpartum 29 outcomes, now, therefore, be it 30 31 RESOLVED, That the Academy of Family Physicians advocate for the incorporation of doulas in 32 perinatal course as a standard of care.



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1 Support In Lieu of Services as a Funding Mechanism to Address Social Determinants of Health 2 3 Submitted by: Olusesan Olotu, MD, IMG 4 Joel Valcarcel, MD, IMG 5 Janet Hurley, MD, FAAFP, General Registrant 6 7 WHEREAS, Social determinants of health (SDOH) have been long-established as a contributor to 8 healthcare inequality and suboptimal health outcomes, and 9 10 WHEREAS, numerous studies have demonstrated improved health outcomes and lower 11 healthcare costs when social barriers to good health are addressed, and 12 13 WHEREAS, most Medicaid Managed Care Organizations (MCOs) often use administrative dollars 14 to pilot SDOH projects, which can have a negative impact on the medical loss ratio and rate setting for subsequent years, creating a negative incentive for MCOs to expand these programs, and 15 16 17 WHEREAS, a new funding mechanism called "in lieu of services" (ILOS) has been established and approved by Centers for Medicare & Medicaid Services (CMS), which are medically-appropriate 18 19 and cost-effective services offered by a managed care plan as a substitute for a Medicaid state 20 plan covered service, with the expectation that payments for these services would lead to cost savings elsewhere for the patient, such as providing medically-tailored meals which may prevent a 21 future hospitalization or asthma remediation services to prevent a subsequent emergency care 22 23 visit, and 24 25 WHEREAS, several states, including California, Kansas, and Texas, have received CMS approval for in lieu of services for a subset of social factors, and 26 27 28 WHEREAS, California saw clear improvement in health outcomes and cost from their Whole Person Care Pilots that began in 2016, which subsequently enabled them to receive approval by 29 30 CMS for payment of 12 social drivers of health under ILOS 1915(b) authority, in addition to approval for two additional social factors under 1115 Authority, and 31 32 33 WHEREAS, ILOS payment structure could provide a practical funding mechanism within Medicaid Managed Care in all states to address social determinants of health and improve health equity, 34 35 now, therefore, be it 36 37 RESOLVED, That the American Academy of Family Physicians create a roadmap for state 38 chapters that may enable them to better collaborate with their state health departments to seek funding for and receive authority to allow Medicaid Managed Care companies to use In Lieu of 39 Services funding mechanisms to aid in addressing social determinants of health and health equity. 40



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2	Support Transgender Child and Adolescent Athletes		
3 4 5 6	Submitted by:	Neha Valeja, DO, LGBTQ+ Cramer McCullen, MD, LGBTQ+ Victoria Otano, MD, LGBTQ+ Lynn Fisher, MD, LGBTQ+	
7 8		Janelle Marra, DO, General Registrant	
9 10 11		ore than half of transgender youth and adolescents have seriously contemplated % of LGBTQ youth report the negative effect of politics on their mental health, and	
12 13 14		ole state legislatures have either passed or are considering anti-transgender bills cipation in sports and athletic competitions in one's affirmed gender, and	
15 16 17 18	·	merican Academy of Family Physicians (AAFP) opposes discrimination based on dentity and supports gender-affirming care for sexual minority and gender-diverse erefore, be it	
19 20 21 22	statement in su transgender an	at the American Academy of Family Physicians (AAFP) write and publish a policy pport of full and equal participation in sports and athletic competitions for d gender-diverse children and adolescents in their affirmed gender and in scriminatory laws that prohibit such participation.	



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Resolution No. 3004

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Social Determinants of Health: Expanding Screening and Service Reimbursement 1 2 3 Submitted by: Cynthia Chen-Joea, DO, General Registrant 4 Alex Harsha Bangura, MD, New Physician 5 Natalie Trujillo-Aguirre, MD, Women 6 Nicole Yedlinsky, MD, Women 7 Alexis Harman, MD, General Registrant Taylor James, MD, Women 8 9 Megan Early, DO, General Registrant 10 WHEREAS, Social determinants of health (SDOH) have a major impact on people's health, 11 wellbeing and quality of life, and are a root cause of health inequity, and 12 13 14 WHEREAS, SDOH include access to nutritious foods, and a safe space for physical activity 15 opportunities, and 16 17 WHEREAS, physical inactivity is a significant cause of morbidity and mortality, and accounts for 18 more than 11% of total health care costs that are estimated at \$117 billion annually, and 19 20 WHEREAS, the United States Department of Agriculture estimates that around 12.3% of American households, or 15.6 million people, were food insecure, and studies show the cost burden of 21 hunger is at least \$160.7 billion annually in the United States, now, therefore, be it 22 23 24 RESOLVED. That the American Academy of Family Physicians supports and encourages universal 25 screening for social determinants of health to include access to safe space for physical activity, 26 and be it further 27 28 RESOLVED, That the American Academy of Family Physicians advocates for comprehensive 29 reimbursement for screening, evaluation, counseling and treatment to address social determinants

of health by physicians and team-based care members.



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Resolution No. 3005

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1 Postpartum Morbidity and Mortality; Lowering the Rates of Depression and Cardiovascular Events 2 Submitted by: Diana Flint, MD, Women 4 Latonya Beatty, MD, IMG 5 6 Sheala Jafry, MD, MS, FAAFP, Women Lisa Cassidy-Vu, MD FAAFP, Women 7 Delicia Pruitt, MD, Minority 8 Sara Conway, MD, Women 9 10 WHEREAS, The United States (U.S.) has the highest maternal mortality rate of any industrialized 11 nation with approximately 26.4 deaths per 100,000 live births, and 12 13 WHEREAS, black women are five times more likely to die from pregnancy-related cardiomyopathy 14 and blood pressure disorders than white women, and 15 16 WHEREAS, cardiovascular disease is the leading cause of death in pregnancy and during the 17 postpartum period, including and up to the first year after delivery, and 18 19 WHEREAS, women have two to three times the incidence of depression as men during their 20 reproductive years, and 21 22 WHEREAS, postpartum depression occurs in about 10 to 15 percent of new mothers in the U.S., 23 and depression is an independent risk factor for premature death, and 24 25 WHEREAS, women of advanced maternal age have higher rates of pregnancy complications, such 26 as cardiovascular risk factors and diabetes, which is associated with higher risk of postpartum 27 depression, now, therefore, be it 28 29 RESOLVED, That the American Academy of Family Physicians advocate to raise awareness to 30 relevant stakeholders, hospital systems, payers, legislators, patients, American Academy of Family 31 Physician members (physician, residents, medical students) about the increased risk of postpartum 32 morbidity and mortality among marginalized populations, and be it further 33 34 RESOLVED, That the American Academy of Family Physicians support postpartum accredited 35 continuing medical education (CME) for American Academy of Family Physician members and 36 advocate for legislative initiatives to fund education for other healthcare providers, patients, and 37 health systems regarding the increased risk of postpartum morbidity and mortality associated with 38 depression and cardiovascular events especially in marginalized populations, and be it further 39 40 RESOLVED. That the American Academy of Family Physicians support research regarding why

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the United States has the highest maternal mortality rate of any industrialized nation.



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Equity For Non-binary Service Members

Resolution No. 3006

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3 4	Submitted by:	Kyle Kurzet, MD, LGBTQ+ Janelle Marra, DO, General Registrant	
5 6		Rachel Carter, MD, IMG	
7	WHEREAS. Th	ne American Academy of Family Physicians (AAFP) previously supported gender	
8	equity by opposing the ban on transgender persons serving in the United States Armed Forces,		
9	and		
10			
11	Whereas, service members are not able to identify as non-binary within U.S. military administrative and medical records, and		
12 13	and medical re	cords, and	
14	Whereas, serv	ice members currently lack access to care for any gender-affirming treatments with	
15		of behavioral health services, and	
16			
17	·	ary in other countries have already enacted policy allowing open service of non-	
18 19	binary service	members without impacted readiness, now, therefore, be it	
20	RESOLVED T	That the American Academy of Family Physicians issue a statement in support of	
21		binary identity options for service members in their service and medical record, and	
22	be it further		
23			
24	•	That the American Academy of Family Physicians support the education of uniformed	
25 26	• • •	ns to provide comprehensive multi-disciplinary care to non-binary, gender-diverse the U.S. military and expand access to gender-affirming care through in-person and	
20 27	telehealth option		
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Filling Gaps in Mental Health Care for Children and Adolescents

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3 4	Submitted by: Hannah Ray, MD, Women Barbara Miller, MD, Women
5	Heidi Yount, MD, Women
6	WILEDEAC. The manush on of shild manushistories in the United Otates (U.C.) is in adamast to make the
7 8	WHEREAS, The number of child psychiatrists in the United States (U.S.) is inadequate to meet the needs of the pediatric population in most states, as there are approximately 8,300 child
9	psychiatrists practicing in the U.S. and over 15 million children and adolescents, and
10	
11	WHEREAS, the ability to access child psychiatric services in many states is limited by patient
12	family resources and location, and
13	
14	WHEREAS, primary care physicians supply the majority of care for pediatric patients and
15	encounter child mental health issues on a daily basis, but family medicine physicians have limited
16	training in the area of child psychiatry, and
17	WILEDEAC the Contern for Disease Control and Drevention reports that 12 to 200/ of children
18	WHEREAS, the Centers for Disease Control and Prevention reports that 13 to 20% of children
19 20	living in the U.S. experience a mental health disorder yet only 22% of those who would benefit from treatment are receiving it, now, therefore, be it
21	treatment are receiving it, now, therefore, be it
22	RESOLVED, That the American Academy of Family Physicians financially support and advocate
23	for the development of a pediatric psychiatric toolkit of resources and best practices for family
24	physicians, and be it further
25	priyoloidilo, dild bo k iditiloi
26	RESOLVED, That the American Academy of Family Physicians financially support the
27	development of a training curriculum for family medicine residencies to increase education in the
28	area of child psychiatry, and develop continuing medical education resources that provide
29	additional education in child psychiatry for current practicing family physicians.

additional education in child psychiatry for current practicing family physicians.



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1 Eliminating Restrictions On Blood Donation by Sexual and Gender Minorities 2 3 Submitted by: Kevin Wang, MD, FAAFP, LGBTQ+ 4 Anthony Wilson, MD, LGBTQ+ 5 Timothy Ott, DO, General Registrant 6 7 WHEREAS, Shortages in more than a decade are posing a concerning risk to patient care 8 forcing clinicians to make difficult decisions about who receives blood transfusions, and 9 10 WHEREAS, the Food and Drug Administration (FDA) continues to uphold its discriminatory 11 policy regarding blood donation affecting members of the Lesbian, Gay, Bisexual, Transgender, 12 Queer and Intersex (LGBTQI+) community, and 13 14 WHEREAS, the Gay & Lesbian Alliance Against Defamation conducted a study showing over 15 360,000 people would likely donate blood if the FDA removed its discriminatory ban, and 16 17 WHEREAS, the FDA, amid the coronavirus pandemic, relaxed its previous discriminatory policy 18 allowing members of the LGBTQI+ community to donate blood after three months of abstinence 19 to help address the blood supply shortage noticing no reported increase in transmissible 20 disease, and 21 22 WHEREAS, multiple calls to end the discriminatory blood donation policy have been demanded 23 from the California Insurance Commissioner, LGBTQI+ advocacy groups, the Massachusetts 24 Medical Society, the Fenway Institute, and the American Medical Association, and 25 26 WHEREAS, the American Academy of Family Physicians (AAFP) has a policy opposing efforts 27 to further restrict or limit eligibility of potential blood donors through a deferral period based upon 28 non-evidence-based reasons, now, therefore, be it 29 30 RESOLVED, That the American Academy of Family Physicians advocate to remove the three 31 month deferral period restricting the ability of sexual and gender minority people to donate blood 32 products.