



2019 Report of the Reference Committee on Advocacy

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

1 **The Reference Committee on Advocacy has considered each of the items referred to it and**
2 **submits the following report. The committee's recommendations on each item will be**
3 **submitted as a consent calendar and voted on in one vote. Any item or items may be**
4 **extracted for debate.**

5
6 **ITEM NO. 1: RESOLUTION NO. 1001: ACHIEVE FAMMEDPAC FREE OF CONFLICT OF**
7 **INTEREST/TRANSPARENCY**

8
9 RESOLVED, That the American Academy of Family Physicians requires that the
10 FamMedPAC examine the campaign contributions of the National Rifle Association and
11 other related groups as well as pharmaceutical and biotechnology companies in
12 determining whether or not funds should be directed toward candidates, and be it further
13

14 RESOLVED, That the American Academy of Family Physicians requires that the
15 FamMedPAC review the candidates' voting records to ensure that they align with American
16 Academy of Family Physicians' commitment to Health Care for All, affordable prescription
17 drugs, and gun violence prevention in determining whether or not funds should be allocated
18 for such a candidate, and be it further
19

20 RESOLVED, That the American Academy of Family Physicians requests the FamMedPAC
21 to prepare an annual report outlining their rationale for providing or withholding donations to
22 candidates, politicians, and committees that would be available on American Academy of
23 Family Physicians website for membership to ensure transparency and accountability of
24 such funds collected from student, resident, and physician members, and be it further
25

26 RESOLVED, That the American Academy of Family Physicians ensures the publication of
27 the minutes of the proceedings of the FamMedPAC on their website to be available for all
28 American Academy of Family Physicians members, and be it further
29

30 RESOLVED, That this resolution be sent to the American Academy of Family Physicians
31 Congress of Delegates.
32

33 The reference committee heard testimony in support of and in opposition to the resolution. One
34 delegate testified about the need to know where PAC dollars were being spent. The delegates
35 opposed to the resolution acknowledged the value of transparency but suggested that in this
36 difficult political environment the AAFP should position itself to be able to communicate with
37 legislators who do not necessarily agree with all of family medicine's policies.
38

1 The reference committee agreed that FamMedPAC contribution records are reportable to the
2 Federal Election Commission and publicly available. The committee raised concerns that additional
3 disclosure might inappropriately reveal the AAFP's political strategy. The committee also noted that
4 FamMedPAC has a separate governing board. There were concerns raised that the list of
5 organizations and businesses which FamMedPAC would have to examine could be so expansive
6 as to be a burden and that refraining from contributing to certain legislators could limit the voice of
7 family medicine. The reference committee agreed that politics is multifaceted and requires strategic
8 partnerships.

9
10 **RECOMMENDATION: The reference committee recommends that Resolution No. 1001 not**
11 **be adopted.**

12
13 **ITEM NO. 2: RESOLUTION NO. 1002: PROMOTING SAFETY IN SCHOOLS**

14
15 RESOLVED, That the American Academy of Family Physicians expand its current firearm
16 policy to support red flag laws, waiting periods, and gun-free school zones, and be it further

17
18 RESOLVED, That the American Academy of Family Physicians promote the equitable and
19 nondiscriminatory application of gun safety laws.

20
21 The reference committee heard testimony from three speakers, all in support of the resolution. The
22 need to do more to promote gun safety and keep guns out of the hands of those who can kill many
23 was emphasized, while another speaker praised the AAFP's existing policy on gun violence and
24 framed the resolution as a continuation of existing action grounded in evidence-based practices.

25
26 The reference committee discussed existing advocacy efforts to address gun violence, and in
27 particular red flag legislation, including a 2/24/19 [letter](#) to Representative Mike Thompson (D-CA).
28 The committee affirmed the first resolved clause, which was in line with existing advocacy on gun
29 violence, including red flag legislation. The committee also affirmed the second resolved clause,
30 citing AAFP policy on [Mental Health Care Services by Family Physicians \(Position Paper\)](#) to
31 ensure that individuals with mental illness would not be discriminated against.

32
33 **RECOMMENDATION: The reference committee recommends that Resolution No. 1002 be**
34 **reaffirmed as current policy.**

35
36 **ITEM NO. 3: RESOLUTION NO. 1003: MEDICAL STUDENT DEBT RELIEF (EXPANDED)**

37
38 RESOLVED, That the American Academy of Family Physicians seek to collaborate with
39 financial institutions to offer loan consolidation programs geared toward lowering the
40 interest rate on privately funded student loans once a physician enters the United States
41 work force or qualifying non-governmental organization as a practicing family medicine
42 primary care provider, and be it further

43
44 RESOLVED, That the American Academy of Family Physicians seek to advocate legislation
45 to support that federal loan agencies offer loan consolidation programs geared toward
46 lowering the interest rate on government funded student loans once a physician enters the
47 United States work force or qualifying non-governmental organization as a practicing
48 primary care provider (Family Medicine, Internal Medicine, Pediatrics, etc.) to offset the
49 financial burden that high debt places on our primary care providers, and be it further

50
51 RESOLVED, That the American Academy of Family Physicians collaborate with the Group
52 of Six (American Academy of Pediatrics, American Osteopathic Association, American

1 College of Physicians, American Congress of Obstetricians and Gynecologists, American
2 Psychiatric Association) to advocate legislation to support that federal loan agencies offer
3 loan consolidation programs geared toward lowering the interest rate on government
4 funded student loans once a physician enters the United States work force or qualifying
5 non-governmental organization as a practicing primary care provider (Family Medicine,
6 Internal Medicine, Pediatrics, etc.) to offset the financial burden that high debt places on our
7 primary care providers.

8
9 The reference committee heard many speakers in support of medical student debt relief. There
10 was broad agreement that debt limits family physicians' career choices and that the AAFP should
11 take steps to reduce the burden of medical student debt. A member suggested that capping
12 interest rates as the military did for their physicians is a good precedent. Another delegate
13 highlighted debt as a potential hinderance to achieving the goal of 25x2030, and another said that
14 her monthly payment in residency scarcely covers the accumulating interest.

15
16 The reference committee agreed that student debt was a serious issue for AAFP members. They
17 discussed the AAFP's collaboration with insurance companies to offer affordable products to
18 members and agreed that there might be an opportunity for the AAFP to work with financial
19 institutions to offer loan consolidation programs through similar strategic partnerships.

20
21 **RECOMMENDATION: The reference committee recommends that Resolution No. 1003 be**
22 **adopted.**

23
24 **ITEM NO. 4: PAID FAMILY LEAVE**

25
26 **RESOLUTION NO. 1004**

27
28 RESOLVED, That the American Academy of Family Physicians support a minimum of 12
29 weeks paid leave for parents of a newly born or newly adopted child [of any age], including
30 family physicians and residents, and support an optional extension of this leave as unpaid
31 time off, and be it further

32
33 RESOLVED, That the American Academy of Family Physicians advocate actively for
34 national legislation to support Paid Family Leave, and be it further

35
36 RESOLVED, That the American Academy of Family Physicians partner with the
37 Accreditation Council for Graduate Medical Education to update the Common Program
38 Requirements to include specific language endorsing paid family leave, and be it further

39
40 RESOLVED, That this resolution should be sent to the Congress of Delegates.

41
42 **RESOLUTION NO. 1014**

43
44 RESOLVED, That the American Academy of Family Physicians support a minimum of 12
45 weeks paid leave for primary caregivers for a newly born or adopted child, including family
46 physicians and residents, and support an optional extension of this leave as unpaid time off.

47
48 The reference committee heard testimony from speakers in favor of the resolution on paid family
49 leave, citing the need for physicians and the general public to bond with their children. Another
50 member informed the committee how she had to leave her three children early because her office
51 did not have a comprehensive paid family leave policy. Additional testimony highlighted how all
52 citizens would benefit from a national paid family leave standard.

1
2 Reference committee members spoke at length and recommended combining the resolution with
3 Resolution No. 1014, "AAFP Supports Family Leave" as they are similar. Recognizing that the
4 AAFP cannot compel the Accreditation Council for Graduate Medical Education (ACGME) to
5 update Common Program Requirements to include paid family leave, the committee recommended
6 revising the second resolved clause to "communicate" with the ACGME a recommendation to
7 update the Common Program Requirements. Additionally, the committee added that the AAFP
8 communicate with the Review Committee for Family Medicine within ACGME to promote paid
9 family leave within family medicine specifically. The committee also included clarifying language in
10 the second resolved clause to ensure that the family paid leave under consideration include the
11 "birth of a child or adoption of a child of any age with optional extension of this leave as unpaid
12 time off."

13
14 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
15 **1004 be adopted in lieu of Resolution Nos. 1004 and 1014 as printed below:**
16

17 **RESOLVED, That the American Academy of Family Physicians support a minimum of**
18 **12 weeks paid leave for parents of a newly born or newly adopted child [of any age],**
19 **including family physicians and residents, and support an optional extension of this**
20 **leave as unpaid time off, and be it further**
21

22 **RESOLVED, That the American Academy of Family Physicians advocate actively for**
23 **national legislation to support paid family leave, for parents of a newly born or newly**
24 **adopted child [of any age], and be it further**
25

26 **RESOLVED, That the American Academy of Family Physicians communicate with the**
27 **Accreditation Council for Graduate Medical Education (ACGME) to recommend**
28 **updating the Common Program Requirements to endorse paid family leave and**
29 **include covering birth of a child or adoption of a child of any age with optional**
30 **extension of this leave as unpaid time off and communicate with the Family Medicine**
31 **Residency Committee within ACGME to promote same paid family leave.**
32

33 **RESOLVED, That this resolution be referred to the Congress of Delegates.**
34

35 **ITEM NO. 5: RESOLUTION NO. 1005: SUPPORT OF A SUSTAINABLE HEALTH CARE**
36 **SYSTEM**
37

38 RESOLVED, That the American Academy of Family Physicians support a system of health
39 care that is financially sustainable regardless of politics and free from undue influence from
40 commercial entities, and be it further
41

42 RESOLVED, That this resolution be referred to American Academy of Family Physicians
43 Congress of Delegates.
44

45 The reference committee heard testimony from one speaker in favor of the resolution. One
46 delegate referenced the [Health Care for All](#) document as evidence of the AAFP's support for
47 affordable health care coverage.
48

49 The reference committee members discussed the Health Care for All policy document and
50 determined that it satisfied the resolution's goals of financial sustainability and independence from
51 special interests.
52

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 1005 be**
2 **reaffirmed.**

3
4 **ITEM NO. 6: RESOLUTION NO. 1006: HEALTH CARE COVERAGE SHOULD EQUATE TO**
5 **HEALTH CARE ACCESS**

6
7 RESOLVED, That the American Academy of Family Physicians support a system of
8 universal health care in which coverage equates to access, and be it further

9
10 RESOLVED, That this resolution be referred to American Academy of Family Physicians
11 Congress of Delegates.

12
13 The reference committee heard from delegates in support of the resolution. The LGBT delegate
14 said that despite having health care coverage, patients continue to face the same difficult choices
15 between food, medications, and transportation costs because they continue to lack health care
16 access.

17
18 The reference committee agreed that the AAFP should and does support a system of universal
19 health care in which coverage equates to access and voted to reaffirm the resolution as current
20 policy.

21
22 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 be**
23 **reaffirmed.**

24
25 **ITEM NO. 7: RESOLUTION NO. 1007: AFFIRMING THE SAFETY AND LEGALITY OF**
26 **ABORTION**

27
28 RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v.
29 Wade in the form of a policy statement, and be it further

30
31 RESOLVED, That the American Academy of Family Physicians partner with the American
32 College of Obstetricians and Gynecologists and related stakeholders in position papers to
33 defend access to safe and legal abortion across the United States, and be it further

34
35 RESOLVED, That the American Academy of Family Physicians will support the right of
36 family physicians to provide medication abortions with mifepristone in their general family
37 practices and oppose legislation restricting access, and be it further

38
39 RESOLVED, that the NCCL will instruct its delegates to submit resolution "Affirming the
40 Safety and Legality of Abortion" to the AAFP Congress of Delegates.

41
42 The reference committee heard testimony, mostly in support of the resolution. Several speakers,
43 including one abortion provider, spoke in support, with one suggesting that the resolution isn't
44 necessarily supportive of abortion, but rather a recognition that it is a safe procedure. A member
45 agreed, saying that the resolution is asking to affirm a procedure already in existence. Another
46 member – an abortion provider – agreed, saying that she's spoken with many fellow family
47 physicians reluctant to join the AAFP because of its lack of advocacy on abortion rights. Speakers
48 opposing the resolution encouraged the AAFP to take a neutral stance, given that abortion is a
49 personal decision.

50
51 The reference committee members discussed whether the AAFP has the ability to affirm an
52 existing legal decision – it does – but ultimately declined to adopt the first resolved clause because

1 they didn't feel compelled to affirm the decision's legality. The committee concurred with the
2 recommendations in the last three resolved clauses.

3
4 **RECOMMENDATION: The reference committee recommends that for Substitute Resolution**
5 **No. 1007, be adopted in lieu of Resolution No. 1007 as printed below:**

6
7 **RESOLVED, That the American Academy of Family Physicians partner with the**
8 **American College of Obstetricians and Gynecologists and related stakeholders in**
9 **position papers to defend access to safe and legal abortion across the United States,**
10 **and be it further**

11
12 **RESOLVED, That the American Academy of Family Physicians will support the right**
13 **of family physicians to provide medication abortions with mifepristone in their**
14 **general family practices and oppose legislation restricting access, and be it further**

15
16 **RESOLVED, That this resolution be referred to the AAFP Congress of Delegates.**

17
18 **ITEM NO. 8: RESOLUTION NO. 1008: DECLARATION OF PUBLIC HEALTH EMERGENCIES**
19 **FOR REFUGEE, MIGRANT AND ASYLUM-SEEKER CARE**

20
21 RESOLVED, That the American Academy of Family Physicians enlist other professional
22 organizations and advocate that when federal and/or state governments declare an
23 emergency which involves foreign-born individuals coming into the United States that they
24 also declare a public health emergency to allow for emergency licensure of physicians to
25 provide medical care to those individuals in affected states, and be it further

26
27 RESOLVED, That the American Academy of Family Physicians adopt the California
28 Academy of Family Physicians Toolkit on immigration called "Healthy Harbors for All
29 Californians" to assist family physicians in caring for immigrant families and families
30 separated at borders, and be it further

31
32 RESOLVED, That the American Academy of Family Physicians work with other
33 professional organizations to submit another joint public statement decrying current
34 administration policies on immigrant care, detention, and family separation.

35
36 Members in favor of the resolution reflected both compassion for refugees and other immigrants
37 and personal experience as war refugees. One speaker urged the committee to reaffirm the work
38 in California to support the needs of immigrating families on the U.S.-Mexican border. Another
39 addressed the importance of supporting the network of local physicians who are struggling to
40 provide care to immigrating families. Several spoke of the urgency to address the public health
41 emergency.

42
43 The reference committee agreed that the region was facing a public health emergency but did not
44 see that such a declaration would permit emergency licensure exceptions. The Secretary of the
45 Department of Health and Human Services may, under section 319 of the Public Health Service
46 Act, determine that: a) a disease or disorder presents a public health emergency; or b) that a public
47 health emergency, including significant outbreaks of infectious disease or bioterrorist attacks,
48 otherwise exists. While such a declaration provides authority for grants and contracts; and
49 conducting and supporting investigations into the cause, treatment, or prevention of the disease or
50 disorder, it does not waive state licensure requirements. The reference committee recommends a
51 substitute be adopted.

1 **RECOMMENDATION: The reference committee recommends that for Substitute Resolution**
2 **No. 1008 be adopted in lieu of Resolution No. 1008 as printed below:**

3
4 **RESOLVED, That the American Academy of Family Physicians adapt the California**
5 **Academy of Family Physicians Toolkit on immigration called "Healthy Harbors for All**
6 **Californians" to assist family physicians nationally in caring for immigrant families**
7 **and families separated at borders.**

8
9 **ITEM NO. 9: RESOLUTION NO. 1009: OPPOSE CRIMINALIZATION OF PHYSICIANS**
10 **PROVIDING ABORTION CARE**

11
12 RESOLVED, That the American Academy of Family Physicians publicly oppose any law
13 which would criminalize physicians for providing abortion care, and be it further

14
15 RESOLVED, That this resolution opposing the criminalization of physicians providing
16 abortion care will be sent to the American Academy of Family Physicians' Congress of
17 Delegates.

18
19 The reference committee heard testimony from members both in support of this resolution. One
20 delegate, speaking on behalf of the women's constituency, was an abortion provider herself and
21 emphasized that abortion care is within the scope of family medicine and a very common
22 procedure. A co-author of the resolution mentioned that policies like the criminalization of abortion
23 providers keeps physicians from choosing family medicine as a specialty.

24
25 The reference committee recognized that the AAFP cannot compel chapters to take action and
26 chose to add the word "federal" to the first resolved clause in recognition of this and add clarifying
27 language to ensure that the AAFP would consult with a state prior to any advocacy in opposition to
28 any legislation in that state that would criminalize abortion providers.

29
30 **RECOMMENDATION: The reference committee recommends that Resolution No. 1009 be**
31 **adopted.**

32
33 **ITEM NO. 10: RESOLUTION NO. 1010: FAIRNESS FOR FAMILY PHYSICIANS OF NON-US**
34 **ORIGIN AND THEIR FAMILIES**

35
36 RESOLVED, That the American Academy of Family Physicians advocate for the elimination
37 of per country numerical limitation of permanent residency status for highly skilled
38 employment-based immigrants, and be it further

39
40 RESOLVED, That the American Academy of Family Physicians work with the American
41 Medical Association and the Society of Hospital Medicine in the elimination of the country
42 specific employment-based immigration limits.

43
44 The reference committee heard testimony in support of the resolution. Delegates stated that the
45 limitation on employment-based green cards caused a huge processing backlog and unfairly
46 threatened the families of family physicians. One speaker said that green card wait times could
47 result in non-citizen children of physicians being sent home after turning 21.

48 The reference committee found the testimony compelling but believed that they did not have
49 enough information on this issue and the impact that the reforms could have on global health and
50 the brain drain from other nations.

1 **RECOMMENDATION: The reference committee recommends that Resolution No. 1010 not**
2 **be adopted. EXTRACTED AND ADOPTED**

3
4 **ITEM NO. 11: RESOLUTION NO. 1011: KEEP LEGISLATORS FROM PRACTICING MEDICINE**
5 **WITHOUT A LICENSE**

6
7 RESOLVED, That the American Academy of Family Physicians condemns any interference
8 by state or federal government that mandates a physician to present non-evidence based
9 information to a patient, and be it further

10
11 RESOLVED, That the American Academy of Family Physicians advocate against state laws
12 that restrict the privacy of physician-patient-family relationships and/or that violate the First
13 Amendment rights of physicians in their practice of the art and science of medicine, unless
14 a substantial public health justification exists, by partnering with other organizations,
15 formally releasing a statement and/or mobilizing state chapters to take action, and be it
16 further

17
18 RESOLVED, That the AAFP will advocate against state interference in the teaching and
19 training of medical students and residents in the practice of evidence-based medical
20 services.

21
22 The reference committee heard testimony, all in support of the resolution. A number of state
23 policies that ultimately restricted physicians' ability to practice abortion care and other forms of care
24 were shared. A delegate speaking in support of the resolution recalled a story in which the state
25 threatened to pull money from a grant program once it found out it was funding trans youth care.
26

27 The reference committee recognized the first resolved clause is current policy when they reviewed
28 the existing AAFP policy on [Infringement on Patient Physician Relationship](#), which opposes
29 legislation that infringes on the content or breadth of information exchanged within the patient
30 physician relationship. Regarding resolved clause two, it also recognized that the AAFP cannot
31 compel chapters to take action against a specific policy, but recommended accommodations in the
32 last resolved clause to encourage the AAFP to collaborate with relevant chapters to oppose
33 problematic legislation.

34
35 **RECOMMENDATION: The reference committee recommends that for Substitute Resolution**
36 **No. 1011 be adopted in lieu of Resolution No. 1011 as printed below:**

37
38 **RESOLVED, That the AAFP will collaborate with the chapter, if requested, to**
39 **advocate against state interference in the teaching and training of medical students**
40 **and residents in the practice of evidence-based medical services.**
41

1 **ITEM NO. 12: RESOLUTION NO. 1012: SINGLE PAYER AS THE SYSTEM THAT PROVIDES**
2 **EQUITY AND HEALTH CARE AS A HUMAN RIGHT**

3
4 ~~RESOLVED, That single payer is the only system amongst those studied by the American~~
5 ~~Academy of Family Physicians that ensures an equitable system and delivers health care~~
6 ~~as a human right for all, and be it further~~
7

8 RESOLVED, That single payer be the preferred system amongst others studied by of the
9 American Academy of Family Physicians in efforts for health care reform, and be it further
10

11 RESOLVED, That this resolution be referred to Congress of Delegates.

12 **ADOPTED AS AMENDED**

13
14 The reference committee heard testimony from one speaker in support of the resolution. A member
15 referenced the [Health Care for All](#) universal coverage document and stated that single payer will
16 perform the best of all options cited in the framework. He made special note to emphasize that no
17 one will lose their physician under a single payer system.
18

19 The reference committee recognized the importance of the AAFP's Health Care for All policy
20 statement. After discussion, the committee recommended that this resolution not be adopted.
21

22 **RECOMMENDATION: The reference committee recommends that Resolution No. 1012 not**
23 **be adopted.**

24
25 **ITEM NO. 13: RESOLUTION NO. 1013: SUPPORT BREASTFEEDING MOTHERS IN THE**
26 **WORKPLACE**

27
28 RESOLVED, That the American Academy of Family Physicians advocate for the
29 enforcement of current legislation as well as additional legislation that supports the ability of
30 working mothers to breastfeed, and be it further
31

32 RESOLVED, That the American Academy of Family Physicians advocate for amendments
33 to current legislation to remove exclusions for specific fields.
34

35 The reference committee heard testimony from members in support of strengthening the laws
36 which call for support and clean accommodations for breastfeeding mothers in the workplace and
37 ending exceptions for certain professions including teachers, nurses, retail, sales and others. One
38 speaker urged the reference committee to revise the resolved clause to change "working mothers"
39 to "working parents" and breastfeeding to include chestfeeding.
40

41 The committee concurred with the testimony heard and recommended adopting a substitute to
42 clarify intent and add working parents who chestfeed.
43

44 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
45 **1013 be adopted in lieu of Resolution No. 1013 as printed below:**

46
47 **RESOLVED, That the American Academy of Family Physicians advocate for**
48 **amendments to and enforcement of the "Break Time for Nursing Mothers" law to**
49 **remove exclusions for specific employment fields and include all breast or chest**
50 **feeding parents.**
51

1 **ITEM NO. 14: RESOLUTION NO. 1015: RESOLUTION TO PREVENT NUCLEAR WAR**

2
3 RESOLVED, That the American Academy of Family Physicians advocate for the United
4 States government to lead a global effort to prevent nuclear war by renouncing the option of
5 using nuclear weapons first, ending the sole, unchecked authority of any president to
6 launch a nuclear attack, taking United States nuclear weapons off hair-trigger alert,
7 cancelling the plan to replace its entire arsenal with enhanced weapons, and actively
8 pursuing a verifiable agreement among nuclear-armed states to eliminate their nuclear
9 arsenals.

10
11 The reference committee heard testimony from a delegate in support of the resolution to prevent
12 nuclear war. The reference committee discussed the current AAFP Nuclear Disarmament policy
13 adopted by the 2015 Congress of Delegates which reads as follows: "The American Academy of
14 Family Physicians support the elimination of nuclear weapons." They also read the policy on
15 Nuclear, Biological and Chemical (NBC) Warfare adopted in 1987 and reaffirmed in 2016 which
16 states: The American Academy of Family Physicians endorses the concept of worldwide, verifiable
17 moratorium on testing, production and deployment of nuclear, biological, and chemical weapons.
18 After considering whether to revise the resolution's resolved clause, the reference committee
19 decided to recommend a substitute.

20
21 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
22 **1015 be adopted in lieu of Resolution no. 1015 as printed below:**

23
24 **RESOLVED, That the American Academy of Family Physicians advocate for the**
25 **United States government to lead a global effort to prevent nuclear war.**

26
27 **I wish to thank those who appeared before the reference committee to give testimony and**
28 **the reference committee members for their invaluable assistance. I also wish to commend**
29 **the AAFP staff for their help in the preparation of this report.**

1 Respectfully Submitted,
2
3
4
5
6

Hershey Jayasuriya, MD – CHAIR
7
8 Noreen Akbar, MD – IMG
9 Laura Kaplan-Weisman, MD – LGBT
10 Jessica Richmond, MD, FAAFP– New Physicians
11 Nicole Shields, MD – Women
12 Srikala Yedavally-Yellayi, DO – Minority
13 Lauren Williams, MD (Observer)