



2021 Agenda for the Reference Committee on Advocacy

National Conference of Constituency Leaders

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 1001	Expansion of Mental Health Coverage
2. Resolution No. 1002	Promote Equitable Distribution of COVID-19 Vaccine for People Detained in ICE Detention Center
3. Resolution No. 1003	Oppose Restrictions on Funding for Abortion
4. Resolution No. 1004	Parity in Telehealth and Telemedicine for New Patient Visits
5. Resolution No. 1005	Oppose 17 States' Bills to Outlaw Adolescent Transgender Care and Offer Advocacy Tool Kit
6. Resolution No. 1006	AAFP Advocates for Priority Processing of Permanent Residency for Front-Line Primary Care Physicians on Visa Amidst COVID-19 Pandemic
7. Resolution No. 1007	AAFP Support for Passage of Resident Physician Shortage Reduction Act of 2021
8. Resolution No. 1008	Addressing Type II Patient-Related Violence Against Physicians
9. Resolution No. 1009	Increasing the Power of FamMedPAC



Resolution No. 1001

2021 National Conference of Constituency Leaders

1 Expansion of Mental Health Coverage

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3 Submitted by: Benjamin "Tate" Hinkle, MD, MPH, FAAFP, New Physician
4 Tonya Shea, DO, New Physician

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6 WHEREAS, There is a shortage of mental health professionals in many areas of the United States
7 of America, and

8
9 WHEREAS, there has been an increasing amount of mental health issues including anxiety,
10 depression, bipolar disorder, and schizophrenia, and

11
12 WHEREAS, it is well documented that counseling, cognitive behavioral therapy and other non-
13 medication therapies for mental health disorders is beneficial in treating these conditions, and

14
15 WHEREAS, the "American Academy of Family Physicians (AAFP) supports parity of health
16 insurance coverage for patients, regardless of medical or mental health diagnosis. Health care
17 plans should cover mental health care under the same terms and conditions as that provided for
18 other medical care, and payment for licensed behavioral health providers should be part of a
19 patient's medical benefits when those services are delivered by licensed behavioral health
20 providers under the supervision of a primary care physician in an integrated behavioral health
21 model.", and

22
23 WHEREAS, the current Center for Medicare and Medicaid Services (CMS) rules for coverage of
24 mental health services are limited to physicians, clinical psychologists, clinical social workers,
25 clinical nurse specialist, nurse practitioners, physician assistants, certified nurse midwives, and

26
27 WHEREAS, many insurers also limit their coverage to behavioral health services to a limited
28 number of professionals similar to CMS, and

29
30 WHEREAS, 24 states allow licensed mental health practitioners such as Licensed Professional
31 Counselors, Licensed Professional Clinical Counselor, and Licensed Mental Health Counselors to
32 provide mental health services such as counseling, cognitive behavioral therapy, etc., and

33
34 WHEREAS, many commercial insurers provide coverage for mental health services provided by
35 mental health professionals such as Licensed Professional Counselors, Licensed Professional
36 Clinical Counselor, and Licensed Mental Health Counselors, now, therefore be it

37
38 RESOLVED, That the American Academy of Family Physicians advocate the Center for Medicare
39 and Medicaid Services to expand their eligible professional list for Part B providers able to furnish
40 mental health diagnostic and/or behavioral health treatment to include additional mental health
41 professionals including, but not limited to, Licensed Professional Counselors, Licensed
42 Professional Clinical Counselor, and Licensed Mental Health Counselors, and be it further
43

44 RESOLVED, That the American Academy of Family Physicians advocate commercial insurers to
45 expand their eligible professional list for providers able to furnish mental health diagnostic and/or
46 behavioral health treatment to include additional mental health professionals including, but not
47 limited to, Licensed Professional Counselors, Licensed Professional Clinical Counselor, and
48 Licensed Mental Health Counselors.



Resolution No. 1002

2021 National Conference of Constituency Leaders

1 Promote Equitable Distribution of COVID-19 Vaccine for People Detained in ICE Detention Center

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3 Submitted by: Selim Sheikh, DO, MBA, Minority
4 Maya Bass, MD, MA, FAAFP, Women
5 Catherine Romanos, MD, FAAFP, Women
6 Roma Amin, MD, General Registrant
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8 WHEREAS, U.S. Immigration and Customs Enforcement (ICE) detained more than 175,000 people
9 immigrating to the U.S. in 2020, and

10
11 WHEREAS, individuals detained at immigration centers have a higher burden of communicable
12 diseases including COVID-19 compared to the non-detained population, and

13
14 WHEREAS, individuals detained in ICE facilities have not consistently been included in federal or
15 state level COVID-19 vaccination plans, and

16
17 WHEREAS, all COVID-19 vaccinations widely available in the U.S. have been shown to decrease
18 rate of transmission as well as rates of severe infection and death in vaccinated individuals, and

19
20 WHEREAS, the American Academy of Family Physicians has stated that all individuals held at
21 immigration detention facilities should be provided immunizations from communicable diseases,
22 now, therefore be it

23
24 RESOLVED, That the American Academy of Family Physicians send a letter to U.S. Immigration
25 and Customs Enforcement (ICE) calling for the creation and implementation of a plan for equitable
26 distribution of COVID-19 vaccines for people detained in ICE detention centers, and be it further

27
28 RESOLVED, That the American Academy of Family Physicians develop a toolkit and messaging
29 for state chapters to advocate for equitable distribution of COVID-19 vaccines for people detained
30 in Immigration and Customs Enforcement detention centers at the state level, and be it further

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



Resolution No. 1003

2021 National Conference of Constituency Leaders

1 Oppose Restrictions on Funding for Abortion

2

3 Submitted by: Martha Simmons, MD, FAAFP, Women

4 Maya Bass, MD, MA, FAAFP, Women

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6 WHEREAS, In 1976 the Hyde Amendment was passed in order to cut off federal funding for
7 abortions except for those performed in cases of rape, incest and endangerment of the patient's
8 life, and is reaffirmed annually through the appropriations bill, and

9

10 WHEREAS, in 2010, Executive Order 13535 was signed to reinforce a commitment to preservation
11 of the Hyde Amendment's policy restricting federal funds for abortion within the context of recent
12 health care legislation, particularly around the Patient Protection and Affordable Care Act, and

13

14 WHEREAS, people with childbearing potential who are black, indigenous, and people of color are
15 more likely to receive health care coverage through federal and state funding, making the Hyde
16 Amendment inherently discriminatory, racist and classist, and

17

18 WHEREAS, in addition to low-income women on Medicaid, Native American women, federal
19 employees and their dependents, Peace Corps volunteers, low-income residents of Washington,
20 D.C., military personnel and their dependents, and federal prisoners have all been denied abortion
21 coverage in their health care, and

22

23 WHEREAS, people with financial hardship who are denied access to abortion services have worse
24 financial hardship and poorer economic outcomes compared to those who were able to obtain
25 abortion services, further demonstrating the Hyde Amendment's discrimination, and

26

27 WHEREAS, in 2017 American Academy of Family Physicians (AAFP) endorsed the principle that
28 women receiving health care paid for through health plans funded by state or federal governments
29 who have coverage for continuing a pregnancy also should have coverage for ending a pregnancy,
30 and

31

32 WHEREAS, the AAFP Policy Statement on Comprehensive Care states that the AAFP, "supports
33 the concept of access to essential health care to all people regardless of social and economic
34 state", now, therefore be it

35

36 RESOLVED, That the American Academy of Family Physicians write a letter to the Biden-Harris
37 Administration advocating for Executive Order 13535 (Patient Protection and Affordable Care Act's
38 Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion), which
39 reaffirmed a commitment for the Hyde Amendment, to be rescinded, and be it further

40

41 RESOLVED, That the American Academy of Family Physicians publicly oppose the Hyde
42 Amendment and any current or future restrictions on funding for full contraceptive care including
43 abortion, using avenues such as independent statements, statements with the Group of Six and
44 advocacy to the American Medical Association via the AAFP delegation, and be it further

45 RESOLVED, That the American Academy of Family Physicians support policies that provide full
46 funding for options to end pregnancy wherever pregnancy coverage options exist.



Resolution No. 1004

2021 National Conference of Constituency Leaders

1 Parity in Telehealth and Telemedicine for New Patient Visits

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3 Submitted by: Kyle Leggott, MD, New Physician

4 Raghuvver Vedala, MD, New Physician

5

6 WHEREAS, The COVID-19 pandemic has served as a catalyst for accelerating telehealth and
7 telemedicine (TH/TM) as a standard component of healthcare access and services, and

8

9 WHEREAS, currently, state laws have varied parity and reimbursement policies regarding TH/TM,
10 which differ depending on the sub-type and encounter type of TH/TM, and

11

12 WHEREAS, this creates a complex and shifting environment which discourages family physicians
13 from investing in and adopting TH/TM, and

14

15 WHEREAS, reimbursement of TH/TM will drive how these tools are adopted and innovated upon in
16 clinical practice, and

17

18 WHEREAS, individual states have adopted policies ensuring insurance coverage for TH/TM
19 services regardless of an established patient-physician relationship, and

20

21 WHEREAS, the American Academy of Family Physicians (AAFP) current stance on patient
22 services, supporting patient's freedom of choice, and copays not forcing the patient to a specific
23 modality, and

24

25 WHEREAS, the AAFP's current stance on payment policies, stating variability among payers leads
26 to administrative complexity and burden for physicians and patients, now, therefore be it

27

28 RESOLVED, That the American Academy of Family Physicians advocate in support of state and
29 federal policies which promote payment parity between telehealth and in-person care for new
30 patient encounters, and be it further

31

32 RESOLVED, That the American Academy of Family Physicians advocate in support of policies that
33 prohibit insurance carriers from requiring a covered person to have a previously established
34 patient-clinician relationship with a specific clinician in order to receive medically necessary
35 telehealth services from the clinician.



Resolution No. 1005

2021 National Conference of Constituency Leaders

1 Oppose 17 States' Bills to Outlaw Adolescent Transgender Care and Offer Advocacy Tool Kit

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3 Submitted by: Susan Osborne, DO, FAAFP, LGBT

4 Bruce Echols, MD, FAAFP, LGBT

5 Tiffany Ho, MD, MPH, General Registrant

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7 WHEREAS, Family physicians are providing an important amount of adolescent care in rural and
8 underserved areas and transgender care has become a subject families can discuss in a safe
9 environment, and

10

11 WHEREAS, in 2019, the National Conference of Constituency Leaders adopted Resolution No.
12 3014 to reaffirm the policy supporting child and adolescent gender-affirming care, and

13

14 WHEREAS, in 2019, seven states' Medicaid policy explicitly excluded transgender care for
15 adolescents, and

16

17 WHEREAS, currently 17 states are introducing bills to restrict transgender youth's access to
18 gender-affirming care, now, therefore be it

19

20 RESOLVED, That the American Academy of Family Physicians continue to actively oppose these
21 bills, sending information and guidance to these state legislatures, to preserve these adolescents'
22 access to affordable and accessible health care, and be it further

23

24 RESOLVED, That the American Academy of Family Physicians offer an advocacy toolkit for family
25 physicians to educate legislators and constituents.



Resolution No. 1006

2021 National Conference of Constituency Leaders

1 AAFP Advocates for Priority Processing of Permanent Residency for Front-Line Primary Care
2 Physicians on Visa Amidst COVID-19 Pandemic

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4 Submitted by: Rashmi Rode, MD, FAAFP, IMG
5 Ani Saryan Kopf MD, FAAFP, IMG
6 Krishna Syamala MD, MBBS, IMG
7 Rachel Carter MD, IMG

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9 WHEREAS, International Medical Graduates (IMGs) are a vital part of the health care system in
10 the United States, representing one-fourth of the United States physician workforce, and

11

12 WHEREAS, IMGs are twice as likely to practice primary care, and

13

14 WHEREAS, all IMG residents of non-US origin come to pursue residency in the United States on
15 either J1 (exchange visitor) or H1-B (Employment based) visa, and

16

17 WHEREAS, most of the IMGs who transition to work in the health care system will require a H1-B
18 visa sponsorship from their employer, and

19

20 WHEREAS, based on the country of origin, the wait time for adjustment of immigration status can
21 extend up to decades, and

22

23 WHEREAS, the COVID-19 pandemic has introduced instability and health risks amongst
24 physicians who have been the frontline workers during the COVID-19 pandemic, and

25

26 WHEREAS, the COVID-19 pandemic also affected small practices and caused layoffs of
27 physicians, forcing physicians on visa to either find another employer who would sponsor their visa
28 or return to their home country, and

29

30 WHEREAS, the visa processing time at United States Citizenship and Immigration Services has
31 been anywhere from 5 months to 17 months, and

32

33 WHEREAS, if the physician exposed to COVID-19 was to die from COVID-19, their families who
34 are on a dependent visa could be deported, now, therefore be it

35

36 RESOLVED, That the American Academy of Family Physicians advocate for priority processing of
37 the permanent residency application for physicians on H1-B visa during the current COVID-19
38 pandemic, thereby providing the frontline physicians of non-US origin a stable life, an ability to
39 work without restrictions and prevent further shortfalls in primary care due to manpower loss
40 affected by a visa.



Resolution No. 1007

2021 National Conference of Constituency Leaders

1 AAFP Support for Passage of Resident Physician Shortage Reduction Act of 2021

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3 Submitted by: Avinash Mantha, MD, IMG

4 Muhammad Deen, MD, New Physician

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6 WHEREAS, Evidence demonstrates that the health and wellness of a society is directly
7 proportional to access to primary care physicians, and

8

9 WHEREAS, the American Academy of Family Physicians (AAFP) projects a shortage of 52,000
10 primary care physicians by 2025, and

11

12 WHEREAS, a deficiency of family medicine residency positions further exacerbates the primary
13 care physician shortage, and

14

15 WHEREAS, due to a shortage of residency positions, thousands of qualified physicians are unable
16 to secure residencies each year, and

17

18 WHEREAS, a significant increase in residency positions is required to begin to address the
19 shortage of primary care physicians, and

20

21 WHEREAS, the Resident Physician Shortage Reduction Act of 2021, introduced in the United
22 States Senate, would create 14,000 graduate medical education residency positions over seven
23 years, with an emphasis on rural and underserved areas, now, therefore be it

24

25 RESOLVED, That the American Academy of Family Physicians support the Resident Physician
26 Shortage Reduction Act of 2021 and help to secure its passage in the United States Congress
27 through work with physician advocacy organizations from all medical specialties, and be it further

28

29 RESOLVED, That the American Academy of Family Physicians encourage its membership to
30 communicate with elected officials to ensure the passage of the Resident Physician Shortage
31 Reduction Act of 2021, which would represent an important step to address the family physician
32 shortage, improve healthcare access in underserved communities, and improve the overall health
33 of American society.



Resolution No. 1008

2021 National Conference of Constituency Leaders

1 Addressing Type II Patient-Related Violence Against Physicians

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3 Submitted by: Cybill Oragwu, MD, New Physician
4 Prashant Gupta, MD, IMG

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6 WHEREAS, The National Institute for Occupational Safety and Health defines workplace violence
7 as physical assault, threatening behavior or verbal abuse directed towards persons at work or on
8 duty, and

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10 WHEREAS, the Joint Commission describes workplace violence as not merely the heinous, violent
11 events that make the news, but also the everyday occurrences such as verbal abuse that are often
12 overlooked, and

13
14 WHEREAS, according to data from Occupational Safety and Health Administration, approximately
15 75% of the nearly 25,000 workplace assaults reported each year occur in healthcare related
16 settings, and

17
18 WHEREAS, due to the changes in healthcare and prescribing practices in response to the opioid
19 epidemic and other substance use disorders, there has been a noted rise in patients seeking
20 prescription opioids who often express their anger and discontentment toward physicians, and

21
22 WHEREAS, family physicians often manage patients with mental health disorders and substance
23 use disorders who may be prone to violence, and

24
25 WHEREAS, workplace violence is a key factor and has significant negative impact on physician
26 wellness, often leading to physician burnout, and

27
28 WHEREAS, patients are often adversely affected collaterally by the violent acts of other patients
29 against physicians and other healthcare workers, and

30
31 WHEREAS, the American Academy of Family Physicians condemns violence and other illegal acts
32 against physicians and other health professionals and urges prompt enforcement of laws
33 prohibiting such activities, now, therefore be it

34
35 RESOLVED, That the American Academy of Family Physicians encourage legislation in the United
36 States Congress that will impose more severe legal penalties for patients who commit threats and
37 acts of violence against physicians and other healthcare workers and classify such actions as a
38 special class of violent offense, and be it further

39
40 RESOLVED, That the American Academy of Family Physicians support H.R. 1195 “Workplace
41 Violence Prevention for Health Care and Social Service Workers Act” sponsored by Rep. Joe
42 Courtney in February 2021, and be it further

43
44 RESOLVED, That the American Academy of Family Physicians assign a commission to study the
45 viability of establishing a family physician advocate to handle cases of workplace violence,

46 especially for those whose institutions fail to address them or act in a retaliative manner towards
47 family physicians who report them, and be it further

48
49 RESOLVED, That the American Academy of Family Physicians assign a commission to investigate
50 the benefit and feasibility of creating a recommendation report to the Joint Commission about
51 establishing requirements for workplace violence prevention and resolution.



Resolution No. 1009

2021 National Conference of Constituency Leaders

1 Increasing the Power of FamMedPAC

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3 Submitted by: Anita Ravi, MD, MPH, FAAFP, General Registrant

4 Gail Guerrero-Tucker, MD, MPH, FAAFP, Minority

5 Keasha Guerrier, MD, New Physician

6 Rupal Bhingradia, MD, FAAFP, IMG

7 Ivonne McLean, MD, LGBT

8

9 WHEREAS, An existing question on the FamMedPAC board candidate questionnaire includes
10 asking candidates to disclose contribution, year, and amount contributed to the FamMedPAC, and

11

12 WHEREAS, FamMedPAC has consistent, thoughtful, messaging that any amount of a donation is
13 welcome, and

14

15 WHEREAS, evidence shows that women and minority physicians face pay inequities in medicine,
16 and certain practice types may not be as financially lucrative, resulting in limited donation
17 capability, and

18

19 WHEREAS, the AAFP Foundation has a history of removing criteria from the board application
20 asking members to disclose the amount of their contribution to the Foundation to improve the
21 nomination process and,

22

23 WHEREAS, the events of January 6th at the Capital highlight the need for diversity and equity on
24 all levels, including advocacy-based leadership and fundraising initiatives, now, therefore be it,

25

26 RESOLVED, That the American Academy of Family Physicians write a letter to FamMedPAC
27 recommending removal of the criteria that requires applicants to disclose the amount of their
28 contribution to the FamMedPAC.