



AAFP

2021 Consent Calendar for the Reference Committee on Advocacy

National Conference of Constituency Leaders

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. An item or items may be**
4 **extracted for debate.**

5
6 **RECOMMENDATION: The Reference Committee on Advocacy recommends the following**
7 **consent calendar for adoption:**

8
9 **Item 1:** Adopt Resolution No. 1001 “Expansion of Mental Health Coverage.”

10
11 **Item 2:** Adopt Substitute Resolution No. 1002 “Promote Equitable Distribution of COVID-19
12 Vaccine for People Detained in ICE Detention Center” in lieu of Resolution No. 1002.

13
14 **Item 3:** Adopt Resolution No. 1003 “Oppose Restrictions on Funding for Abortion.”

15
16 **Item 4:** Adopt Substitute Resolution No. 1004 “Parity in Telehealth and Telemedicine for New
17 Patient Visits” in lieu of Resolution No. 1004.

18
19 **Item 5:** Reaffirm Resolution No. 1005 “Oppose 17 States' Bills to Outlaw Adolescent Transgender
20 Care and Offer Advocacy Tool Kit.”

21
22 **Item 6:** Adopt Substitute Resolution No. 1006 “AAFP Advocates for Priority Processing of
23 Permanent Residency for Front-Line Primary Care Physicians on Visa Amidst COVID-19
24 Pandemic” in lieu of Resolution No. 1006.

25
26 **Item 7:** Not Adopt Resolution No. 1007 “AAFP Support for Passage of Resident Physician
27 Shortage Reduction Act of 2021.”

28
29 **Item 8:** Not Adopt Resolution No. 1008 “Addressing Type II Patient-Related Violence Against
30 Physicians.”

31
32 **Item 9:** Adopt Substitute Resolution No. 1009 “Increasing the Power of FamMedPAC” in lieu of
33 Resolution No. 1009.



2021 Report of 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. Any item or items may be extracted for debate.

ITEM NO. 1: RESOLUTION NO. 1001: EXPANSION OF MENTAL HEALTH COVERAGE

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

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

The reference committee heard testimony, all in support of the resolution. Testimony emphasized the value that licensed professional counselors have in providing vital care for patients. Members discussed the shortage of mental health professionals around the country and that the providers listed in the resolution are trained and credible professionals that are capable of providing such care. Several members shared stories about the uptick in mental health disorders because of the pandemic and how a lack of proper payment for these providers can be a barrier to care for vulnerable patients.

The reference committee believed the sentiment of the resolution was consistent with prior policy and felt that patients would benefit from this policy initiative. There was some minor concern that this resolution may not be within the scope of AAFP advocacy efforts, but the reference committee supported the resolution, understood its importance, and therefore recommended the resolution be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 1001 be adopted.

1 **ITEM NO. 2: RESOLUTION NO. 1002: PROMOTE EQUITABLE DISTRIBUTION OF COVID-19**
2 **VACCINE FOR PEOPLE DETAINED IN ICE DETENTION CENTER**

3
4 RESOLVED, That the American Academy of Family Physicians send a letter to U.S.
5 Immigration and Customs Enforcement (ICE) calling for the creation and implementation of
6 a plan for equitable distribution of COVID-19 vaccines for people detained in ICE detention
7 centers, and be it further

8
9 RESOLVED, That the American Academy of Family Physicians develop a toolkit and
10 messaging for state chapters to advocate for equitable distribution of COVID-19 vaccines
11 for people detained in Immigration and Customs Enforcement detention centers at the state
12 level, and be it further

13
14 RESOLVED, That this resolution be sent to the American Academy of Family Physicians
15 Congress of Delegates.
16

17 The reference committee heard testimony in support of the resolution. Several constituency groups
18 supported the resolution, citing that individuals in these centers have a higher burden of disease
19 and that the conditions of these centers are optimal for transmission of COVID-19. Members also
20 cited that these patients may face difficulties getting the vaccine when they are integrated into the
21 community. A question was raised about how distribution of vaccines to these centers will be
22 funded but no opposition to the resolution was voiced.
23

24 The reference committee agreed with the testimony heard and concluded that the funding of this
25 initiative is not the primary concern of the AAFP. The committee cited existing Academy policy on
26 the [Health Impacts of Immigration](#), in which the AAFP recommends timely access to healthcare for
27 immigrant persons in detention facilities. The committee also referenced a October 22, 2020 joint
28 [letter](#) to the U.S. Department of Health and Human Services calling for those at high risk for
29 complications and death to receive the COVID-19 vaccine, no matter their insurance status,
30 immigration status, language ability, and more. Given the time sensitive nature of this issue, the
31 committee recommended adopting a substitute resolution that removes the third resolved clause
32 and implores the Board to act urgently on this resolution.
33

34 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
35 **1002 which reads as follows below be adopted in lieu of Resolution 1002:**

36
37 **RESOLVED, That the American Academy of Family Physicians send a letter to U.S.**
38 **Immigration and Customs Enforcement (ICE) calling for the creation and**
39 **implementation of a plan for equitable distribution of COVID-19 vaccines for people**
40 **detained in ICE detention centers, and be it further**

41
42 **RESOLVED, That the American Academy of Family Physicians develop a toolkit and**
43 **messaging for state chapters to advocate for equitable distribution of COVID-19**
44 **vaccines for people detained in Immigration and Customs Enforcement detention**
45 **centers at the state level.**
46

47 **ITEM NO. 3: RESOLUTION NO. 1003: OPPOSE RESTRICTIONS ON FUNDING FOR**
48 **ABORTION**

49
50 RESOLVED, That the American Academy of Family Physicians write a letter to the Biden-
51 Harris Administration advocating for Executive Order 13535 (Patient Protection and
52 Affordable Care Act's Consistency with Longstanding Restrictions on the Use of Federal

1 Funds for Abortion), which reaffirmed a commitment for the Hyde Amendment, to be
2 rescinded, and be it further

3
4 RESOLVED, That the American Academy of Family Physicians publicly oppose the Hyde
5 Amendment and any current or future restrictions on funding for full contraceptive care
6 including abortion, using avenues such as independent statements, statements with the
7 Group of Six and advocacy to the American Medical Association via the AAFP delegation,
8 and be it further

9
10 RESOLVED, That the American Academy of Family Physicians support policies that
11 provide full funding for options to end pregnancy wherever pregnancy coverage options
12 exist.

13
14 The reference committee heard testimony in favor of and against the resolution. Members in
15 support referred to the Hyde Amendment as a discriminatory policy against communities of color
16 and that it perpetuates poverty, inequities in health care, and systemic racism that women of color
17 experience. Several members shared personal stories with the conclusion that abortion care is
18 evidence-based medicine and medical decisions should be made between patients and
19 physicians, without legislative interference. Two members testified in opposition; one stated that
20 many Americans oppose federal funding for abortion and the other stated that same-sex couples
21 are more likely to adopt children.

22
23 The reference committee recognized that this is a divisive issue that is not supported by all AAFP
24 members, yet most of the testimony was in favor of the resolution. The reference committee
25 expressed some concern about mentioning support for a specific executive order but understands
26 that the resolution is subject to further review and action by the Board. With references to AAFP
27 policy on [Coverage for Reproductive Decisions](#) and [Reproductive and Maternity Health Services](#),
28 as well as a 2017 Congress of Delegates resolution referred to the Board of Directors urging the
29 AAFP to advocate for overturning the Hyde Amendment, the reference committee recommended
30 to adopt the resolution.

31
32 **RECOMMENDATION: The reference committee recommends that Resolution No. 1003 be**
33 **adopted.**

34
35 **ITEM NO. 4: RESOLUTION NO. 1004: PARITY IN TELEHEALTH AND TELEMEDICINE FOR**
36 **NEW PATIENT VISITS**

37
38 RESOLVED, That the American Academy of Family Physicians advocate in support of state
39 and federal policies which promote payment parity between telehealth and in-person care
40 for new patient encounters, and be it further

41
42 RESOLVED, That the American Academy of Family Physicians advocate in support of
43 policies that prohibit insurance carriers from requiring a covered person to have a
44 previously established patient-clinician relationship with a specific clinician in order to
45 receive medically necessary telehealth services from the clinician.

46
47 The reference committee heard testimony, all in support of the resolution, but there were some
48 concerns. Members expressed the importance of policies that protect physician payment after
49 temporary policies during the pandemic conclude. A member voiced concern that while the
50 Centers for Medicare and Medicaid Services continues to provide pay parity, private insurers are
51 decreasing reimbursement which varies by contract and state, making it difficult for family
52 physicians to continue offering telemedicine. Many members shared personal stories in which

1 patients are only able to receive care through telemedicine during the pandemic. Several
2 attendees raised the point that the resolution would benefit from more descriptive language
3 regarding payment parity, and availability for all patients, not just new patients. More distinct
4 language on the parties involved in the second resolved clause is needed, with specific mention of
5 Teladoc companies.
6

7 The reference committee agreed with the testimony provided and shared the concern about the
8 second resolved clause. Ultimately, the reference committee concluded that the resolution was in
9 line with existing AAFP advocacy efforts. The committee discussed the AAFP policy on "Payment
10 for Non Face-to-Face Physician Services" which supports physician payment for electronic
11 communication and evaluations provided through telehealth, as well as a July 13, 2020 letter to the
12 Centers for Medicare and Medicaid Services advocating for the continuation of coverage and
13 payment for new and established telehealth patients. The committee recommended adopting a
14 substitute resolution to add a third resolved clause to direct the AAFP to study potential
15 telemedicine reimbursement policies.
16

17 **RECOMMENDATION: The reference committee recommends that for Resolution No. 1004**
18 **which reads as follows be adopted in lieu of Resolution 1004:**
19

20 **RESOLVED, That the American Academy of Family Physicians advocate in support of**
21 **state and federal policies which promote payment parity between telehealth and in-**
22 **person care for new patient encounters, and be it further**
23

24 **RESOLVED, That the American Academy of Family Physicians advocate in support of**
25 **policies that prohibit insurance carriers from requiring a covered person to have a**
26 **previously established patient-clinician relationship with a specific clinician in order**
27 **to receive medically necessary telehealth services from the clinician, and be it further**
28

29 **RESOLVED, That the American Academy of Family Physicians study telemedicine**
30 **reimbursement policies that would encourage and bolster continuity of care.**
31

32 **ITEM NO. 5: RESOLUTION NO. 1005: OPPOSE 17 STATES' BILLS TO OUTLAW**
33 **ADOLESCENT TRANSGENDER CARE AND OFFER ADVOCACY TOOL KIT**
34

35 RESOLVED, That the American Academy of Family Physicians continue to actively oppose
36 these bills, sending information and guidance to these state legislatures, to preserve these
37 adolescents' access to affordable and accessible health care, and be it further
38

39 RESOLVED, That the American Academy of Family Physicians offer an advocacy toolkit for
40 family physicians to educate legislators and constituents.
41

42 The reference committee heard testimony in support of the resolution. Member testimony noted the
43 sharp increase in anti-transgender legislation across the states and discussed how these bills are a
44 direct interference in evidence-based care and the denial of gender-affirming care is linked to
45 adverse outcomes. Many members supported this resolution with the concern that these bills seek
46 to penalize and criminalize physicians for medically necessary care. The absence of specific bills
47 was noted in the first resolved clause and the lack of specificity in the reference to a toolkit and
48 education for legislators in the second resolved clause.
49

50 The reference committee agreed with the testimony, discussing that transgender youth should
51 have access to comprehensive gender-affirming and appropriate health care. The reference
52 committee acknowledged the lack of specificity in the resolved clauses but understands the

1 intention of the resolution. The committee reviewed AAFP policies on Infringement on the Patient-
2 Physician Relationship, Care for the Transgender and Gender Nonbinary Patient, and Health Care
3 is a Right; the AAFP backgrounder on LGBT health; AAFP Center for State Policy assistance to
4 state chapters; and an April 2, 2021 joint statement opposing bills restricting the delivery of gender-
5 affirming care for gender-diverse patients. Given these existing materials and efforts, the
6 committee voted to reaffirm the resolution as current policy.

7
8 **RECOMMENDATION: The reference committee recommends that Resolution No. 1005 be**
9 **reaffirmed as current policy.**

10
11 **ITEM NO. 6: RESOLUTION NO. 1006: AAFP ADVOCATES FOR PRIORITY PROCESSING OF**
12 **PERMANENT RESIDENCY FOR FRONT-LINE PRIMARY CARE PHYSICIANS ON VISA**
13 **AMIDST COVID-19 PANDEMIC**

14
15 RESOLVED, That the American Academy of Family Physicians advocate for priority
16 processing of the permanent residency application for physicians on H1-B visa during the
17 current COVID-19 pandemic, thereby providing the frontline physicians of non-US origin a
18 stable life, an ability to work without restrictions and prevent further shortfalls in primary
19 care due to manpower loss affected by a visa.

20
21 The reference committee heard minimal testimony on this resolution, but all testimony was in
22 support. Physicians of non-US origin have been on the frontlines of the COVID-19 pandemic in
23 areas with some of the highest proportions of COVID-19 cases and are experiencing the added
24 burden of seeking permanent residency status. The author of the resolution shared a personal
25 experience with the uncertainty international medical graduates face in employment, especially
26 during the pandemic.

27
28 The reference committee agreed with the testimony and discussed that these physicians are
29 undoubtedly essential workers, placing their lives on the line to care for patients. The reference
30 committee believed that this resolution builds on Academy support for H-1B family physicians,
31 particularly as mentioned in a March 3, 2021 letter to the United States Department of Homeland
32 Security in which H-1B family physicians are described as vital to the primary care workforce. The
33 reference committee expressed concern with the use of the word “manpower” and thus
34 recommended a substitute resolution with more gender-inclusive language.

35
36 **RECOMMENDATION: The reference committee recommends that Resolution No. 1006 which**
37 **reads as follows be adopted in lieu of Resolution No. 1006:**

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

44
45 **ITEM NO. 7: RESOLUTION NO. 1007: AAFP SUPPORT FOR PASSAGE OF RESIDENT**
46 **PHYSICIAN SHORTAGE REDUCTION ACT OF 2021**

47
48 RESOLVED, That the American Academy of Family Physicians support the Resident
49 Physician Shortage Reduction Act of 2021 and help to secure its passage in the United
50 States Congress through work with physician advocacy organizations from all medical
51 specialties, and be it further

1 RESOLVED, That the American Academy of Family Physicians encourage its membership
2 to communicate with elected officials to ensure the passage of the Resident Physician
3 Shortage Reduction Act of 2021, which would represent an important step to address the
4 family physician shortage, improve healthcare access in underserved communities, and
5 improve the overall health of American society.
6

7 The reference committee heard testimony only in opposition to the resolution. Many members
8 voiced support with the spirit of the resolution but disagreed with this legislation as it will not fix the
9 primary care physician shortage. One member discussed the strength of existing AAFP policy and
10 advocacy on graduate medical education, but this resolution does not effectively build on existing
11 efforts. Several individuals expressed concern with supporting a specific bill because it can be
12 amended or added to with language that is contradictory to the AAFP's goals.
13

14 The reference committee concurred with the testimony given, discussing that the legislation
15 referenced in the resolution will not address the maldistribution of residency slots. Previous
16 attempts to similarly increase the cap were ineffective and this legislation only accounts for 10
17 percent of slots towards rural areas. The committee referred to the AAFP Graduate Medical
18 Education Financing Policy, the Academy's January 29, 2021 recommendations to President Biden
19 on building a robust primary care workforce, and a March 4, 2021 joint letter to the Centers for
20 Medicare and Medicaid Services regarding GME implementation recommendations.
21

22 **RECOMMENDATION: The reference committee recommends that Resolution No. 1007 not**
23 **be adopted.**
24

25 **ITEM NO. 8: RESOLUTION NO. 1008: ADDRESSING TYPE II PATIENT-RELATED VIOLENCE**
26 **AGAINST PHYSICIANS**
27

28 RESOLVED, That the American Academy of Family Physicians encourage legislation in the
29 United States Congress that will impose more severe legal penalties for patients who
30 commit threats and acts of violence against physicians and other healthcare workers and
31 classify such actions as a special class of violent offense, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians support H.R. 1195
34 "Workplace Violence Prevention for Health Care and Social Service Workers Act"
35 sponsored by Rep. Joe Courtney in February 2021, and be it further
36

37 RESOLVED, That the American Academy of Family Physicians assign a commission to
38 study the viability of establishing a family physician advocate to handle cases of workplace
39 violence, especially for those whose institutions fail to address them or act in a retaliative
40 manner towards family physicians who report them, and be it further
41

42 RESOLVED, That the American Academy of Family Physicians assign a commission to
43 investigate the benefit and feasibility of creating a recommendation report to the Joint
44 Commission about establishing requirements for workplace violence prevention and
45 resolution.
46

47 The reference committee heard mixed testimony on this resolution. Many members supported the
48 sentiment of the resolution that intends to protect physicians' safety and provided personal
49 experiences. One member shared a situation in which she did not provide a patient with opioids
50 and had her life and her family's lives threatened by the patient. However, others had concerns
51 with the intensification of penalties and how increased reliance on law enforcement in these

1 situations can disproportionately affect people of color and other communities already at increased
2 risk of incarceration and poor health outcomes.

3
4 The reference committee agreed that physicians should feel safe, but shared concerns with the
5 AAFP supporting stricter legal or criminal penalties for patients. After discussing and reviewing the
6 AAFP policy on “Violence, Illegal Acts Against Physicians and Other Health Professionals”, the
7 committee understood the resolution but disagreed with harsh language regarding more severe
8 legal penalties, the mention of specific legislation to support, and language recommending activity
9 to the Joint Commission.

10
11 **RECOMMENDATION: The reference committee recommends that Resolution No. 1008 not**
12 **be adopted.**

13
14 **ITEM NO. 9: RESOLUTION NO. 1009: INCREASING THE POWER OF FAMMEDPAC**

15
16 RESOLVED, That the American Academy of Family Physicians write a letter to
17 FamMedPAC recommending removal of the criteria that requires applicants to disclose the
18 amount of their contribution to the FamMedPAC.

19
20 The reference committee heard limited testimony, all in support of the resolution. Members raised
21 that asking FamMedPAC Board applicants to disclose the amount they have previously donated
22 can be a barrier and disincentive for individuals to apply, especially for women and people of color
23 who may be at a financial disadvantage. One member discussed how the PAC consistently
24 messages that any amount of donation is welcome and the AAFP Foundation has evolved to not
25 ask this question. A Board member of the FamMedPAC testified that she supports the resolution
26 going to the Board for consideration.

27
28 While recognizing the desire to have FamMedPAC Board members contribute to the PAC
29 themselves, the reference committee shared concerns that this question can turn
30 underrepresented groups away. The reference committee appreciated information from AAFP staff
31 on the reasoning behind including this question on the application but ultimately decided to agree
32 with the resolution’s intention to remove the question to maintain diversity on the FamMedPAC
33 Board in future years. Reference committee members believed that if the Board deems it
34 necessary to keep this question, there should be a clear rationale provided. Despite other political
35 action committees asking this question, FamMedPAC is not obligated to do the same if it may
36 hinder individuals from applying. The committee recommended a substitute resolution for the sake
37 of clarity.

38
39 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
40 **1009 which reads as follows be adopted in lieu of Resolution No. 1009:**

41
42 **RESOLVED, That the American Academy of Family Physicians write a letter to the**
43 **FamMedPAC Board recommending removal of the criteria that requires applicants to**
44 **the FamMedPAC Board to disclose the amount of their contribution to the**
45 **FamMedPAC.**

46
47 **I wish to thank those who appeared before the reference committee to give testimony and the**
48 **reference committee members for their invaluable assistance. I also wish to commend the**
49 **AAFP staff for their help in the preparation of this report.**

1 Respectfully Submitted,

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5

6

 Danny Neghassi, MD– CHAIR

7

8 Tate Hinkle, MD, MPH, FAAFP – New Physicians

9 Po-Yin Samuel Huang, MD – Minority

10 Beth Oller, MD, FAAFP – LGBT

11 Martha Ayre Simmons, MD, FAAFP – Women

12 Krishna Chaitanya Syamala, MD, MBBS – IMG