



Commission on Federal and State Policy 2021 Annual Report

COMMISSION ON FEDERAL AND STATE POLICY

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We the resident and student member to the Commission on Federal and State Policy (CFSP) have been honored to serve in this position. We have enjoyed being a part of the AAFP and advocating for our field, colleagues, and patients on the national and state stage. It is exciting to see how the ideas of a few members can work through the AAFP and be key issues we discuss with state and national leadership. From the individual meetings to the offices of national leadership, we have enjoyed working with stakeholders on important topics like telehealth, policing standards, buprenorphine accessibility, and vaccines. It is our hope we represented our resident and student constituents well. While our terms on CFSP end this year, we have gained so much insight into the Academy and know we will take this experience to continue to advocate for family physicians and our patients.

Scope of Work

Key Discussions and Activities

Winter Cluster:

The Winter Cluster was held in February of 2021. We met virtually to discuss resolutions from the 2020 Congress of Delegates, learn about AAFP work nationally through our legislative staff, and get reports from FamMedPAC, Academic Family Medicine Advocacy Committee (AFMAC), Working Group on Rural Health, Single Payer Member Interest Group, Subcommittee on Health Equity, Working Group on Primary Care and Public Health Integration, and Report of the Board Liaisons. Unfortunately, with the ongoing Covid-19 pandemic, the National Congress of Family Medicine Residents (NCFMR) and National Congress of Student Members (NCSM) did not occur in 2020 but the Commission is looking forward to exciting resolutions from both congresses for the 2021 year.

The breadth of topics covered in the resolutions from the 2020 Congress of Delegates reflect the broad scope of family medicine. We discussed ongoing support and reimbursement of telehealth services as a tool to provide primary care, the deregulation of buprenorphine administration, public health implications of climate change, preserving public trust in vaccines, policing standards, and many other topics.

An exciting part of the Commission is hearing about the work AAFP is doing in Washington, D.C. We learned how lobbying had to turn virtual and how we have stayed engaged on topics like Medicare fee schedules, COVID-19 stimulus funding, and other regulatory issues like telehealth. With the change of administration in 2021, we also heard how AAFP was working to engage with the new national leadership.

Some resolutions of interest that were discussed include:

- **Congress of Delegates (COD) Resolution No. 509 “Support Deregulating Buprenorphine Administration- X the X Waiver”** This resolution was amended on the Floor of the Congress and adopted. Prior to January 2021, physicians were required to complete 8 hours of training (X waiver) prior to prescribing buprenorphine and other forms of medication-assisted treatment (MAT). On January 14, 2021, HHS announced the elimination of the X waiver requirement for physicians treating less than 30 patients a year. In April 2021, it was expanded for Advanced Practice Providers (APPs). The AAFP was excited by this progress and will continue to advocate for access to MAT.
- **COD Resolution No. 406 “Policing Standards and Reinvesting in Public Health”** At the Congress of Delegates, it was decided that the AAFP will develop a position paper. The Subcommittee on Health Equity is working to enhance AAFP’s stance on policing. We the resident and student members both volunteered to serve on the work group and are participating in development of the position paper.
- **COD Resolution No. 304 “Telehealth Deregulation, Patient Safety and Payment Parity”** This resolution accepted by the 2020 COD called to streamline AAFP’s stance on telehealth. We are working jointly with the Commission of Quality and Practice (CQP) and created a work group to finalize and implement the resolution. Our discussion called to continue advocacy for Rural health Clinics, elimination of geographic restriction of telehealth coverage, and encourage adequate payment for all telehealth services including audio-only visits. Issues to be included in the position also called for adequate reimbursement in line with in-person visits and ensuring advocacy beyond the scope of COVID-19 pandemic. We want to build on the growth of telehealth during the pandemic to ensure it remains a viable and accessible tool for all patients in years and decades to come.

Family Medicine Advocacy Summit:

Family Medicine Advocacy Summit (FMAS) usually is an annual event where AAFP leadership and family physicians across the country meet in Washington D.C. to discuss key issues pertaining to the specialty. This year, the event was held virtually in May 2021. Each state Academy of Family Physician chapters met to connect with their Congress members.

This year, AAFP identified three key issues that were advocated for with legislators and their staff:

1. **Protecting Access to Primary Care for High Deductible Health Plan Enrollees During COVID-19.** AAFP advocates for waiving the deductible for primary care services for patients with high-deductible health plans. This is to make primary care services are more accessible and ensure patients are not disincentivized to see their PCP in person due to fear of costs.
2. **Medicaid Payment for Primary Care.** Today, on average, Medicaid payment is 66% of the Medicare rate for primary care services. The AAFP advocates for increasing Medicaid payment for primary care services to at least those of Medicare rates. By increasing payment, the AAFP hopes to see reduced barriers for care for the 75 million Americans who received Medicaid.
3. **Preserving Access to Telehealth Beyond COVID-19.** The AAFP supports permanent expansions of telehealth that supports the physician-patient relationship and promotes high-quality and comprehensive care.

Across the country, state chapters engaged in meetings with their Senators and Representatives on May 19, 2021. While the in-person atmosphere was missed, many people found it extremely

accessible and rewarding to talk with their representatives virtually. It allowed many more people to engage in advocacy on the national scale.

Summer Cluster:

The Summer Cluster meeting for the Commission on Federal and State Policy was held on June 5th, 2021. There were many things discussed during this meeting which include policy updates, work that the commission has done, and some of the more broad work that the AAFP has done over the last year. More specifically we had an update from the Center for State Policy, FamMedPAC/ Political Advocacy report. With both of these reports the Commission was informed on upcoming tasks that we as AAFP members and Commission members could partake in, and also policy that the AAFP currently is working on. Below more information from these groups are outlined. In addition to this, we were briefed on key topics such as advancements that the AAFP has made regarding daylight savings and the need to abandon the practice of turning back the clocks as we have done for so long.

Commission members were also informed of the AAFP second quarter priorities which include but are not limited to Medicaid pay parity, high deductible health plans, the expansion of telehealth during COVID-19 and how this can be used effectively in a post COVID-19 world.

To further expand on the AAFP Center for State Policy priorities, discussion was had on prior authorization reform to limit the barriers to prescribing medications for our patients, spending on primary care which is lagging in the US as compared to other developed nations. We were informed on scope of practice battle which includes physician encroachment that can threaten team-based care. Other big topics of discussion were vaccine exemptions, which include removing religious and/or philosophical objections to vaccines considering recent outbreaks such as measles. Direct primary care which is expanding and is allowing for more flexibility for overburden physicians legislation has deemed direct primary care to not be insurance but to ensure physician independence outside of the scope of regulation.

During the Summer Cluster meeting resolutions were discussed for the COD. A few that were discussed are outlined below.

- **Resolution 404 Climate Change Policy**
 - Resolved, that the AAFP developer position paper on climate change and health. Steps this committee is taking is to have committee members discuss the general outline of a paper that will then be baseline for the AAFP to work off of.
- **Resolution 406 Policing Standards**
 - Resolved that the AAFP issue a position paper regarding standards for practice of policing. There is a working group that is focusing on these policing standards, and by early fall of 2021 should have a paper for the AAFP to reference.
- **Resolution 507 Preserving Public Trust in Vaccines**
 - Resolved that AAFP advocate that COVID-19 vaccines be made widely available for all. A step that has been taken is a joint letter to the FDA on vaccine development and authorization processes.

- **Resolution 509 Support Deregulating Buprenorphine Administration X the X waiver**
 - AAFP supports deregulating buprenorphine prescribing by removing the X waiver and drug addiction treatment ACT of 2000. Next steps are supporting the Mainstream Addiction Treatment act (MAT) which was introduced in 02/21 that would eliminate the X waiver. AAFP released a statement in support of new prescribing guidelines and called for additional policy changes to improve access to MAT.

Resident Reflections and Lessons Learned

I've had the opportunity to serve in many leadership roles throughout many different organizations, and this was one of the best. I wanted to gain more insight into what Family Medicine Physicians are doing across the board in regard to policy and legislation. I was honored to serve on the Commission for Federal and State Policy this year as a PGY-1 resident. I plan to continue to partake in advocacy and hopefully one day enter public office. I also hope to continue to work with the AAFP during the remainder of my residency, and beyond.

I would encourage this position to anyone who has an interest in working on policy issues. In Family Medicine maybe more than any other field you can very often see how your hands are tied by policies, and legislation both at the state and federal levels. The AAFP has a big voice and with this voice you can make a great change. I would like to challenge anyone who has identified something that they think is wrong in terms of how patients are treated, health disparities that they have seen to apply for this commission because you may be able to make a change. In fact, one of the things that I enjoyed the most about this commission is the ability to use my voice and to feel like I was listened to.

In my humble opinion no longer can a physician in any field simply just practice medicine and feel as though that is all they have to do. I feel as though every physician should be involved in advocacy/policy/legislation in some shape or form. This is a great opportunity for a young physician to lay the groundwork for what they can continue to do when they move on from residency and are practicing as an attending physician. I also believe it is an experience such as this that could lead to some individuals wanting to step out and potentially get even more involved in policy and legislation. I believe the system that we see now in healthcare for the United States of America is broken, and it takes people that are working in the trenches to make the change. The AAFP has done quite a wonderful job putting together this Commission. The individuals that you will have the opportunity to work with are going to equip you with the tools to be a physician advocate.

Student Reflections and Lessons Learned

Fulfilling a term as the student member to the Commission on Federal and State Policy has been one of my greatest privileges and joys of my medical education experience. I entered this position wanting to explore what it means to be an advocate, and I am concluding my position with a collection of experiences and network of people who have helped me explore advocacy further.

During our Winter Cluster meeting, there was a discussion on ensuring access for telehealth services. Physician members of the commission shared personal anecdotes of patient experiences and barriers they faced. It helped me see the power of the family physician voice. Our stories fuel us to push for a better system and our voices allow us to implement that change.

During our Family Medicine Advocacy Summit, I had the privilege of meeting with Pennsylvania Senator Bob Casey's office. When discussing our talking points on telehealth, I was reminded of the

physician stories I heard during Winter Cluster and saw how they reached the offices of our nation's legislators. Our experiences as students, residents, and soon-to-be physicians carry power whether it is within our clinics, our state AFP chapter, the AAFP, or even the national stage.

I encourage any student to seek out position within the AAFP. The Academy truly values the student and resident voice, and you will have incredible opportunities to see how the AAFP shapes our vision and voice for the specialty. You will gain an incredible opportunity to explore advocacy and policy within the Academy and national government. I am so grateful for this experience and all the wonderful mentors I have met through the AAFP.

Note: This report was prepared by the resident or student representative(s) listed and includes their account(s) of the business conducted during their term. This is not an official record of business proceedings from the AAFP or any other entity. To find out more about the business of the AAFP, its congresses, commissions, and current policies visit aafp.org.