



Commission on Governmental Advocacy 2018 Annual Report

Commission on Governmental Advocacy (CGA)

Resident

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Class of 2019

Student

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Class of 2019

Purpose & Scope of Work

The CGA is composed of a chair and 11 active members, one resident member, one student member, and a chapter executive. The purpose of the CGA is to guide the AAFP's advocacy efforts before the federal government and to assist the constituent chapters in their advocacy efforts before state governments.

Working with AAFP executives and staffers, the CGA discusses resolutions passed by the Congresses, weighs those and other initiatives with current AAFP policy and goals, and gives recommendations to the Board on what actions the AAFP should take with regard to political stances on various issues and advocacy efforts. The scope of work of the CGA includes health system reform and expansion of health care coverage, state and federal legislation, public policy, governmental regulations and regulatory agencies, FamMedPAC, grassroots efforts, and governmental workforce programs.

Activities:

As the resident and student representatives on the CGA, we attend Winter Cluster, the Family Medicine Advocacy Summit (FMAS), and the National Conference of Family Medicine Residents and Students. Additionally, we participate in the Bimonthly CGA phone conferences, endorse scholarship candidates for students and residents to attend the FMAS, and stay current with discussion boards. The two CGA meetings occur during the Winter Cluster and the day following the FMAS.

At the Winter Cluster, Dr. Williams and Mr. Markuson presented resolutions that had been brought forth at the National Congress of Constituency Leaders (NCCL). Examples of these resolutions included Care of Women and Children in Family Immigration Detention and Removing Barriers to Access to Office-Based Buprenorphine Therapy for Opiate Dependence. We represented resident and student interests through discussion and specific actions recommended for the resolutions in route to the AAFP's Board. Our representation continued as we participated in discussions surrounding resolutions from the Congress of Delegates such as Support Housing Access for All, Support Paid Sick Leave for Employees, etc.

In late May, we attended the FMAS in Washington, DC. On the first day, we learned about current political and policy centered updates from AAFP staff, leaders in national policy, journalism experts, and even Senator Cory Gardner. Topics included a bill to fund additional rural resident experiences, opioid and alternative pain therapies research funding, and reducing barriers to access primary care visits. On the second day of the FMAS, Dr. Williams and Mr. Markuson joined their state delegations to meet with their respective national legislators during 'Family Medicine Day of Action'. We shared first hand experiences with our legislators so as to inform them about the current and upcoming bills, possible actions, and committees to join. We found they valued the student and resident experiences greatly.

At the summer CGA meeting following FMAS, Dr. Williams presented resolutions from the National Conference including Make a Statement Opposing Department of Health and Human Services Department Cuts to the Reproductive Health Programs and Funding and The Medicare and Medicaid Funding Shortage-Impact for Puerto Rico. This discussion was timely as the AAFP released a statement supporting title X and physician-patient relationship in conjunction with other professional groups shortly after this meeting. She heard additional briefings on policies for review, state advocacy efforts, and a report from the board.

Finally, we will give verbal report and assist with business of the National Resident and Student Congresses at the National Conference of Family Medicine Residents and Students in August of 2018.

Resident Lessons Learned

As resident member of CGA, I have seen how intertwined the roles of physician and advocate truly are. The AAFP is clearly dedicated to supporting its members in the midst of major changes in medicine and the healthcare system: it was incredibly enlightening to see firsthand how the AAFP balances responding to urgent legislative concerns while maintaining a consistent, long-term vision for how to improve family medicine and healthcare in this country. This has made me even more grateful for the AAFP and more determined to continue advocating for strong primary care for patients around the country.

Participation in FMAS and visits with many legislative staffers were also eye opening. It was clear that our voices as family physicians are respected and valued, and I believe that we have both the privilege and the obligation of making them heard, to the benefit of our patients. The legislative staffers were also able to give good insight into their priorities and how we as an organization can support them in their goals to improve our healthcare system.

I strongly encourage any interested resident to apply for this commission position. You will learn an incredible amount about legislative issues and ways that we together can create change. Participation in a commission also allows you to connect with colleagues, mentors, and friends -- strengthening our family medicine family!

Student Lessons Learned

As the student member of the CGA, a plethora of opportunities presented themselves for learning. These included how one can advocate for patients through organized medicine at the state and national level, provide valued perspective to a commission, and interact with legislators to help them understand the needs of patients. The physicians on the CGA impressed me as they displayed their passion for their patients and communities. I was impressed by the AAFP Members who have a wealth of experience and are willing to teach and mentor students and residents along the way.

Organized medicine allows one to gather ideas and share experiences amongst others with similar challenges. The CGA meetings allowed me to interact with Family Physicians who were advocating for similar issues in other places. I learned strategies and methods to implement with state and national legislators from peers. Such conversations and events, including the Family Medicine Advocacy Summit, exposed the realities of the current political assignment. Throughout this year, the importance of a Family Medicine specific Political Action Committee to impact policy affecting patients and patient care is essential in today's political climate. In addition to this, I saw that there was immense variability in legislators understanding of health care systems, medicine, and even the basic sciences. It was fascinating to see some folks did not understand graduate medical education, while others were drafting legislation to expand alternate funding for GME.

This student position provided ample opportunity for learning and engagement surrounding advocacy. I found that legislators were fascinated to hear about my story and experiences working with patient far more than my senior physician mentors. I did not expect this, but they feel we are without great bias. I encourage all students to contact their state and national legislators. I was flabbergasted by my clout despite being in the adolescence of my medical career. As such, it is without hesitation or reservation recommend this

position to interested students. Please reach out at the National Conference if you have questions about this position.

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.