2022 ALL MEMBER ADVOCACY MEETING

THE SHERATON GRAND
1230 J STREET, SACRAMENTO
MARCH 12-13

2022 PARTICIPANTS' HANDBOOK

CALIFORNIA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR CALIFORNIA

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Message to Delegates, Alternates and Participants – What the AMAM Is and Does

We are very pleased you have chosen to join your family medicine colleagues and friends at the 2022 CAFP All Member Advocacy meeting. At this important annual event, we will share, learn, advocate, be inspired, have fun and renew our spirits. The AMAM focuses on:

1. Advocacy: AMAM intends to develop successive waves of family physicians trained and dedicated to being the most effective advocates possible for their patients and specialty – whether in their own communities, in Sacramento or even in Washington, D.C.
2. Governance; AMAM delegates elect the Academy's leaders for the coming year and make important decisions related to CAFP dues and bylaws.
3. Policy: AMAM provides the opportunity for family physicians to bring policy issues of urgent concern to the Academy for its consideration and oversee the Academy's policy work.

Let us also mention what the AMAM is <u>not</u>:

1. AMAM is not primarily a clinical education opportunity – CAFP's Family Medicine Clinical Forum (April 22-24, 2022, in San Francisco) is CAFP's primary venue for excellent continuing professional development programming. The AMAM focuses on policy issues affecting the practice of medicine and care of patients. We very much hope to see you in San Francisco.
2. AMAM is not a partisan debating society – we are here to help find solutions and make certain CAFP's policies serve our members and their patients well. Opinions differ, of course, but discussion and dialogue are respectful and civil.

Aside from topical presentations on key health care issues, participants will have the opportunity to testify on policy resolutions submitted to the Board at this AMAM. The Delegates will also vote on CAFP's slate of officers and others for the coming year.

Thank you for being here!

Raul Ayala, MD, MBA, CAFP Speaker
Alex McDonald, MD, FAAFP, CAFP Vice Speaker

Detailed Schedule of Events

Raul Ayala, MD, MBA, CAFP Speaker
Alex McDonald, MD, FAAFP, CAFP Vice Speaker

All Member Advocacy Meeting — Saturday March 12, 2022	
Opening Session ● Camellia/Gardenia Room — 1:30 pm – 5:15 pm	
12:00 pm – 1:30 pm	**All Member Advocacy Meeting (AMAM) Registration**
1:30 pm – 1:55 pm	**Opening Session of the AMAM – Welcome** *Lisa Folberg, CAFP CEO and David Bazzo, MD, FAAFP, CAFP Immediate Past President* **What is the AMAM and What Will We Do During This Meeting** *Raul Ayala, MD – CAFP Speaker* • Certification of Delegates • Nominations from the floor, if any* • Presentation of Election Slate and vote by acclimation if no contested elections *Secretary/Treasurer Elected by the Board of Directors only
1:55 pm – 2:15 pm	**President's Address and Overview of the CAFP Strategic Plan** *Shannon Connolly, MD, FAAFP – CAFP President*
2:15 pm – 4:00 pm	**Resolutions Hearing – CAFP Board of Directors** *Raul Ayala, MD, CAFP Speaker and Alex McDonald, MD, FAAFP, CAFP Vice Speaker* • Presentation of testimony to the Board of Directors concerning proposed policies developed by members and chapters, and submitted via resolution. All members are invited to speak. • The CAFP Board hears all proposals, takes action on them over the course of the year and reports back to the members at the next AMAM.
4:00 pm – 4:15 pm	**BREAK**
4:15 pm – 4:45 pm	**Jasmeet Bains, MD, for Assembly District 35 2022** *Introduction by Lauren Simon, MD, FAAFP – CAFP President-elect*
4:45 pm – 5:00 pm	**FP-PAC Weekend Update** *Jay W. Lee, MD, MPH, FAAFP – FP-PAC Chair*
5:00 pm – 5:15 pm	**Election of Officers (If there are Contested Elections), AAFP Delegates and Alternates for 2022-24, Governance Committee Members 2022-2024** *Raul Ayala, MD – CAFP Speaker*
5:30 – 6:30 pm	**Special FP-PAC Donor Reception** Open to all 2022 FP-PAC contributors at no cost
7:00 pm	**Dine Around Dinners** Meet in the hotel lobby at 6:45 for 7:00 reservations.** Join your fellow delegates and alternates for Dutch treat dining at one of several previously reserved Sacramento restaurants.

All Member Advocacy Meeting — Sunday March 13, 2022 Session ● Camellia/Gardenia — 8:00 am – 12:45 pm; Training Tracks — 12:45 pm – 4:00 pm	
8:00 am – 9:00 am	**Registration and Continental Breakfast**
9:00 am – 9:05 am	**All Member Advocacy Meeting Reconvenes – Welcome Back and Preview of the Day** *Shannon Connolly, MD, FAAFP – CAFP President*
9:05 am – 9:15 am	**CAFP Foundation Announcement: Leadership Transition and AMAM Scholarship Winners** *Marianne McKennett, MD – CAFP Foundation Outgoing President* *Ronald Labuguen, MD, FAAFP – CAFP Foundation Incoming President*
9:15 am – 10:00 am	**Panel of Physician Leaders in Government** *Moderated by Alex McDonald, MD, FAAFP – CAFP Vice Speaker*
10:00 am – 11:15 am	**Investing in Primary Care and Discussing the NASEM Report** *Dr. Diane Rittenhouse – Senior Fellow, Mathematica* *Dr. Jennifer DeVoe – Chair of the Department of Family Medicine, Oregon Health Sciences University* *Christopher Koller – President, Milbank Memorial Fund*
11:15 am – 11:30 am	**Hero of Family Medicine Award Announcement** *Introduction by Raul Ayala, MD – CAFP Speaker*
11:30 pm – 11:45 am	**Champion of Family Medicine Presentation**
11:45 am – 11:50 am	**BREAK**
11:50 am – 12:45 pm	**Keynote Lunch ● Mike Madrid, Partner, GrassrootsLab** *Introduction by Shannon Connolly, MD, FAAFP – CAFP President*
12:45 pm – 1:45 pm	**Legislative Briefing on CAFP Priorities** *Carla Kakutani, MD, FAAFP – CAFP Legislative Affairs Committee Chair* *Catrina Reyes, Esq. – CAFP Vice President of Advocacy and Policy* *Tiyesha Watts – CAFP Legislative and Policy Advocate* *Bryce Docherty – CAFP Legislative Advocate*
1:45 pm – 2:00 pm	**BREAK**
2:00 pm – 4:00 pm	**Crafting Your Message, Telling Your Story, and Meeting with Your Legislator** *Catrina Reyes, Esq. – CAFP Vice President of Advocacy and Policy* *Tiyesha Watts – CAFP Legislative and Policy Advocate* *Bryce Docherty – CAFP Legislative Advocate*

Roster of 2022 Delegates and Alternates

County/Chapter	Delegates	Alternates
Alameda/Contra Costa (5)	Dr. C. Emily Lu Dr. Sarah McNeil	Dr. Taejoon Ahn Dr. Rusty Renner
Amador (1)		
Butte-Glenn-Tehama (1)		
Fresno-Kings-Madera (3)	Dr. Shruti Javali Dr. Maria Jerardi Dr. Jyothi Patri	
Humboldt-Del Norte (1)		
Imperial (1)		
Inyo-Mono-Alpine (1)		
Kern (2)	Dr. Bani Singh* Dr. Jacqueline Uy*	Dr. Jasmeet Bains Dr. Michelle Quiogue
Lassen-Plumas-Modoc-Sierra (1)		
Los Angeles (11)	Dr. Jerry Abraham Dr. Felix Aguilar Dr. Monique George Dr. Nzinga Graham Dr. Emma Hiscocks Dr. Po-Yin Samuel Huang Dr. Elizabeth Kalve Dr. Gregory Lewis Dr. Stacey Ludwig Dr. Divya Shenoy Dr. Lucila Tarin	Dr. Evan Bass Dr. Rebecca Bertin Dr. Phillip Brown Dr. Vivian Huang Chen Dr. Michael Core Dr. Michelle Crespo Dr. Mark Dressner Dr. Catherine Khoo Dr. Karen Martinez Dr. Daniel Pio Dr. Michelle Yim Tang
Mendocino-Lake (1)		
Merced-Mariposa (1)		
Napa (1)	Dr. Tessa Stecker	
North Bay (2)		
Orange (5)	Dr. Stephanie Chu Dr. Anupam Gupta Dr. Duy Nguyen Dr. William Woo Dr. Kim Yu	Dr. Thomas Badin Dr. Kara Cummins Dr. Christina Deckert Dr. Sofia Meraz
Placer-Nevada (2)	Dr. Glenn Gookin Dr. Karina Gookin	
Riverside-San Bernardino (6)	Dr. Moazzum Bajwa Dr. Liz Dameff Dr. Mary Hana Dr. Nadia Khan Dr. Shayne Poulin Dr. Mai-Linh Tran	Dr. Ecler Jaqua Dr. Ryan Ortizo Dr. Vivian Yang
Sacramento Valley (5)	Dr. Andy Brothers Dr. Bill Eng Dr. Susan Long Dr. Salma Shabaik Dr. Arlene Reyna	Dr. Kim Buss Dr. Sky Lee Dr. Toussaint Mears-Clarke Dr. Cynthia Mendez Dr. Ron Sprinkle
San Diego (6)	Dr. Lance Fuchs Dr. Anne Kaufhold	Dr. Cecilia Gutierrez Dr. Joseph F. Leonard

	Dr. Albert Ray Dr. Alan Shahtaji Dr. Randy Swartz Dr. Patrick Yassini	Dr. Merritt S. Matthews Dr. Lee Remington-Boone Dr. Daniel Slater Dr. Brad Stiles
San Francisco (2)	Dr. Clarissa Kripke*	
San Joaquin-Calavaras-Tuolomne (2)		
San Luis Obispo (2)		
San Mateo (2)		
Santa Barbara (2)		
Santa Clara (4)	Dr. Rajiv Kumra Dr. Diana Mokaya Dr. Margarette Shegog Dr. Meg Tabaka	Dr. Tamara Montacute Dr. Susan Wilturner
Santa Cruz – Monterey (3)	Dr. Blaire Cushing* Dr. Jeannine Rodems*	
Shasta-Trinity (2)		
Siskiyou (1)		
Solano (2)	Dr. Francisco Dorado*	
Stanislaus (2)	Dr. Nicole McLawrence Dr. Joseph Provenzano	
Tulare (2)		
Ventura (3)	Dr. Helen Petroff Dr. Leslie-Lynn Pawson	
Yuba-Sutter-Colusa (1)		
Student and Resident Council (2 Students and 2 Residents)	Pranshul Goel (S) Caryssa Lim (S) Dr. Nadine Grace-Abraham (R) Dr. Susan Wang (R)	

CAFP Officers and Board of Directors – 2021-2022

Shannon Connolly, MD	President
Lauren Simon, MD	President-Elect
David Bazzo, MD	Immediate Past President
Raul Ayala, MD	Speaker
Alex McDonald, MD	Vice Speaker
Anthony "Fatch" Chong, MD	Secretary-Treasurer
Lee Ralph, MD	AAFP Delegate
Jay W. Lee, MD	AAFP Delegate
Lisa Ward, MD	AAFP Alternate Delegate**
Michelle Quiogue, MD	AAFP Alternate Delegate**
Ronald Labuguen, MD	CAFP-F President
Anthony "Fatch" Chong, MD	District I
Jorge Galdamez, MD	District II
Kevin Rossi, MD	District III
Arthur Ohannessian, MD	District IV
Maisara Rahman, MD	District V
Robin Janzen, MD	District VI
Grace Chen Yu, MD	District VII
Brent Sugimoto, MD	District VIII
Ron Labuguen, MD	District IX
Erika Roshanravan, MD	District X
Steven Harrison, MD	Rural Director
Rob Assibey, MD	New Physician Director
Brent Sugimoto, MD, MPH	*CFP* Editor**
Cristina Spandler, MD	Resident Co-Director***
Nadine Grace-Abraham, MD	Resident Co-Director***
Pranshul Goel	Student Co-Director***
Mohammed Rafae	Student Co-Director***

** Names submitted after deadline; must be approved by the Delegates of the AMAM.*

*** Non-voting position.*

**** One resident and one student Co-Director serve as Delegates at the AMAM.*

2022 Instructions to Delegates and Alternates

CAFP All Member Advocacy Meeting

It is important that all Delegates and Alternates read this section to learn about or refresh knowledge about their duties and responsibilities.

Introduction:

As a Delegate to the All Member Advocacy Meeting (AMAM), you are charged with important responsibilities. The following information is intended as a guide for members of the AMAM of the California Academy of Family Physicians (CAFP). Its purpose is to explain some of the major rules and procedures designed to promote effectiveness in the work of the AMAM. **In short, the duties of Delegates are: 1) Vote on proposals to increase dues or create special assessments; 2) Elect the officers of the Academy; 3) Review resolutions and policies adopted over the course of the year by the Board of Directors; 4) In appropriate circumstances, submit referenda to the members of the Academy; and 5) Propose policies or programs to the Board of Directors for discussion and consideration.**

Function: The CAFP AMAM proposes policies for consideration by the CAFP Board of Directors, reviews policies adopted by the Board of Directors at the time of the annual meeting and approves dues increases and special assessments for the members of the Academy. As a member of the AMAM, you are charged with the responsibility of seeing that the business of the CAFP is conducted in a manner that will best serve the interests of its members, the medical profession and the people of California.

Advance Preparation: In this Handbook, you will find information on how to access the Report of Actions of the 2021 AMAM and how to access 2021 reports about the CAFP and the CAFP Foundation. Please read the Report of Actions carefully so you will be familiar with the previous actions of the AMAM and the policies considered.

New policies for consideration by the Board of Directors may have citations from the CAFP Policy Digest referring to existing policy or to resolutions previously acted upon by the former Congresses of Delegates. The Policy Manual of the CAFP is posted on CAFP's website. Report of Actions for past resolutions are also posted on CAFP's website at 2021-Resolutions-Dashboard. Delegates are encouraged to visit familydocs.org, to review these documents. A copy of the CAFP Bylaws may be requested at cafp@familydocs.org. If you have any questions about the role of the AMAM or how the meeting is conducted, please contact Lisa Folberg, MPP, CAFP Chief Executive Officer at cafp@familydocs.org.

What to Do on Site:

1. **Registration:** Your first official responsibility as a delegate or alternate is to register with the CAFP AMAM staff prior to the meeting. **Registration for the AMAM will be open between 12:00 and 1:15 pm on March 12, 2022. All delegates must register during this window**, to establish quorum well before the meeting commences at 1:30 pm.
2. **Certification of Delegates:** CAFP bylaws require that Delegates to AMAM must be reported to the secretary/treasurer sixty (60) working days prior to AMAM (January 10, 2022). Names of Delegates and Alternates reported after that deadline must be accepted as the first action of the AMAM, by a two-thirds (2/3) vote.
3. **Seating:** When you register with the CAFP AMAM staff, your name will be placed on the roll of the AMAM. According to CAFP bylaws, to be seated, a Delegate must be in good standing in the Academy, i.e., dues paid, continuing education credits obtained, no licensure issues, etc. In the event that no certified Delegate or Alternate for a particular county is present at the meeting of the AMAM, a member or members of that county unit may be seated upon recommendation of the District Director, with a two-thirds (2/3) affirmative vote of the AMAM. If a Delegate is compelled to leave the session before adjournment, his or her seat may be filled by an Alternate or substitute only by registering with the staff.
4. **Voting:** Each Delegate member of the AMAM shall have one vote when electing CAFP officers. Alternate delegates may not vote unless they are standing in for a Delegate from their chapter. Please refer to the Governance Committee Report and Candidate Statements section of this handbook for information about this year's slate of candidates. Officer elections are conducted through acclamation or confidential ballot.

Standing Rules of the All Member Advocacy Meeting:

When AMAM Convenes: The AMAM will convene at 1:30 pm, Saturday, March 12, 2022 and again on Sunday, March 13, 2022 at 9:00 am at The Sheraton Grand Hotel, 1230 J Street, Sacramento, CA. The order of business will be as outlined in the Participants' Handbook and may be changed by the Speaker of the AMAM as necessary. Meeting rooms also are subject to change.

Parliamentary Procedure: *Sturgis Standard Code of Parliamentary Procedure* governs the AMAM. A summary of the *Code* is included in the handbook.

Submission of Resolutions: Resolutions to be submitted to the AMAM should have been submitted to the Academy or the Speaker of the AMAM at least sixty (60) days prior to the meeting during which they are to be considered (January 10, 2022). The Board of Directors will accept testimony on all resolutions except those regarding dues increases or special assessments; such resolutions will be considered by the voting Delegates of the AMAM under the direction of the Speaker or Vice Speaker.

Who May Speak or Testify? All CAFP members have the privilege to speak on the floor. If you wish to speak during the AMAM and the Speaker has recognized you, go to the nearest microphone and identify yourself. Please state clearly your name and chapter for the record. State whether you are for or against

the resolution, any conflicts and offer your testimony. No member may speak a second time during the discussion until all members have been given an opportunity to speak once. This will give as many Academy members as possible the opportunity to present his or her views.

Delegates and Alternate Delegates are also given the privilege of the floor to discuss matters pending on the floor, upon being recognized by the Speaker.

The Speaker may, with a simple majority vote of the AMAM, move to limit debate on the floor.

Voting: The Speaker and Vice Speaker may appoint a Tellers Committee of three from the alternate delegate roster of the AMAM and name one of the alternates to chair the Committee. The Tellers Committee is responsible for counting votes on the floor and for counting ballots in a contested election. Delegates vote on election of officers and resolutions concerning dues increases, special assessments and referenda to place before the membership.

Who May Speak at the Reference Committee Hearing? Any Academy member has the privilege of speaking at the reference committee hearing. Non-members may also be asked to provide additional information to clarify or present essential facts on an item during discussion. The amount of time individuals may speak may be limited at the discretion of the Speaker, Vice Speaker or President of the Academy.

Report of the Board of Directors Acting as the Reference Committee: Delegates at the AMAM will not vote on any resolution unrelated to dues increases, special assessments or referenda to place before the membership. The Board of Directors will take all resolutions, testimony provided, responses during a question-and-answer period, etc. under advisement and make a determination about what action to take on each resolution during the course of the year. The Board may refer a Resolution to a CAFP Committee or elsewhere for report back and recommendation. The Board will provide a report on its actions at the next AMAM and throughout the year via the CAFP website and member communications. The Board may decide to approve a resolution, approve as amended, or disapprove a resolution. It may determine that actions proposed by some resolutions are beyond the scope of the Academy.

Reaffirmation/Acclamation Calendars: Reaffirmation and/or acclamation also may be used by the Board when a resolution is determined to be either reaffirmation of CAFP policy or of an acclamation nature. These items will be noted in the Delegates Handbook.

Nominating Procedures: The Governance Committee consists of two members selected by and from the Board of Directors, three members elected by and from the AMAM, and the immediate past president, who serves as chair. The CAFP Nominating Committee nominated candidates for the following positions, to be elected by the AMAM (The Committee's report is found on page 43):

President-Elect	AAFP Delegate and Alternate
Speaker	Nominating Committee Member (two AMAM positions)
Vice Speaker	Nominating Committee Member (one Board position)*
Secretary-Treasurer *	

The Committee may also submit nominations for District Directors when nominations were not made by a District. In addition, the Committee submits nominations to the Board of Directors for Secretary/Treasurer and Editor. These individuals are elected at the AMAM, but ONLY by members of the Board of Directors.* Governance Committee members from the Board are also elected by the Board of Directors. Members of the Committee from the AMAM must be delegates and are elected by the AMAM and begin serving the same year (two-year terms).

Names of announced candidates for office are placed in nomination at AMAM. The floor is open for additional nominations. Should there be nominations from the floor or contested elections, nominating speeches of two minutes each may be given at AMAM, prior to the election. Confidential voting will be used in the case of contested elections.

**Voted upon only by the CAFP Board of Directors; Secretary-Treasurer must be a sitting member of the Board for the duration of his/her term. The Editor also is appointed by the Board and is a non-voting member.*

Knowledge-Based Decision Making Process

The CAFP adopted the knowledge-based decision-making process at the Board of Directors and committee levels in 2000. As part of that process, members are asked to consider the following questions:

1. What do we know about the needs, wants and preferences of our members, prospective members and customers relevant to this decision? = WHY?
2. What do we know about the current and evolving dynamics of our profession relevant to this decision? (Foresight) = WHY?
3. What do we know about the strategic position and internal capacity of our organization relevant to this decision? = HOW?
4. What are the ethical implications of our choices relevant to this decision? = RISKS

With regard to each decision the AMAM is asked to make, we must ask ourselves:

1. Do we know exactly what we are being asked to do?
2. What are the pros and cons of doing this?
3. What do we know about our members' environment that is relevant to this decision?
4. What do we know about our members' needs relevant to this decision?
5. What is our internal capacity for doing this?
6. What are the financial ramifications for doing this?
7. What are the risks and benefits of doing this?

By following this process, CAFP is certain to have even better outcomes based on CAFP's strategic plan and the surrounding environment.

Parliamentary Procedure

Sturgis Standard Code of Parliamentary Procedure

Order of Precedence	Requires Second?	Debatable?	Vote Required
Privileged Motions			
1. Adjourn	Yes	Yes	Majority
2. Recess	Yes	Yes	Majority
3. Question of Privilege	No	No	None
Subsidiary Motions			
4. Postpone Temporarily	Yes	No	Majority
5. Vote Immediately	Yes	No	2/3
6. Limit Debate	Yes	Yes	2/3
7. Postpone Definitely	Yes	Yes	Majority
8. Refer to Committee	Yes	Yes	Majority
9. Amend	Yes	Yes	Majority
10. Postpone Indefinitely	Yes	Yes	Majority
Main Motions			
11. a. The main motion	Yes	Yes	Majority
b. Specific main motions			
Reconsider	Yes	Yes	Majority
Rescind	Yes	Yes	Majority
Resume consideration	Yes	No	Majority

No Order of Precedence	Requires Second?	Debatable?	Vote Required
Incidental Motions			
a. Motions			
Appeal	Yes	Yes	Majority
Suspend rules	Yes	No	2/3
Object to consideration	Yes	No	2/3
b. Requests			
Point of order	No	No	None
Parliamentary inquiry	No	No	None
Withdraw a motion	No	No	None
Division of question	No	No	None
Division of assembly	No	No	None

Resolutions and Background Materials

Speaker's Notes and Fiscal Notes are provided by CAFP staff. All other information is provided by the resolution author.

List of Resolutions

1. Resolution A-01-22 - Investment in Public Health
2. Resolution A-02-22 - Support for free clinics in an era of increasing health care needs
3. Resolution A-03-22 - Address Minor Consent for Vaccines
4. Resolution A-04-22 - Medication Assisted Treatment Training in Graduate Medical Education
5. Resolution A-05-22 - Trauma Informed Care Curriculum Development for ACGME Training Programs
6. Resolution A-06-22 - CAFP Support for AB 1400, California Guaranteed Health Care for All Act (CalCare)
7. Resolution A-07-22 - A Better Health Care System is Possible
8. Resolution A-08-22 - Support California Fire Prevention, Safety, and Preparedness
9. Resolution A-09-22 - Provide post-graduate training in transgender and gender diverse health education

Resolution A-01-22

Policy Title: Investment in Public Health

Author: Laura Murphy, DO

Co-Authors: Caitlin MacMillen, DO

Endorsed by: N/A

Whereas, Public health has been chronically underfunded resulting in barriers to implementation of vital public health services such as identification and control of infection outbreaks, effective communication to the public, and timely implementation of public health policies and laws, and

Whereas, The quiet erosion of public health funding perpetuates the disconnect between primary care and public health despite significant overlap in population health goals, including increasing vaccination rates, improving cancer screening and earlier diagnosis, addressing healthcare inequalities, and chronic disease prevention and management, and

Whereas, The underinvestment of public health locally and nationally has been further magnified with the COVID-19 pandemic, and

Whereas, The COVID-19 pandemic has highlighted the need for primary care and public health workforces to work together to improve population health and be accountable for the health of the populations they serve, and

Whereas, California currently has 29 public health labs, down from nearly 40 before the 2008 recession, due to understaffing, and

Whereas, In California, the average annual salary for a registered nurse is more than $120,000 according to the Bureau of Labor and Statistics, while the average salary for a public health nurse job is reported to be around $85,000, further contributing to poor retention of qualified public health personnel, and

Whereas, The CAFP has existing policies advocating for the improvement of common public health issues, such as firearm safety and reproductive health access; therefore, further support of public health programs will put these policies in the best position to succeed, and therefore be it

RESOLVED: The CAFP support investment of resources in state and local public health departments as guided by the current needs of the communities, which may include, but are not limited to, pandemic preparedness, mitigation of climate change effects on health, increase in public health labs, and higher paying salaries for qualified personnel, with the purpose of improving population health outcomes, and be it further

RESOLVED: The CAFP support efforts to increase coordination between primary care teams and public health programs to improve population health and health equity in the face of evolving public health challenges, and be it further

RESOLVED: The CAFP support efforts to improve transparency of current public health funding and perform regular assessments of that funding to ensure the necessary amount of resources are available and distributed to the appropriate public health programs based on the current health climate.

Speaker's Notes:

CAFP does not have policy specific to coordination between primary care teams and public health programs, and transparency of public health funding, however, CAFP has policy related to efforts that improve public health such as combatting firearm violence (BoD 4.12-13.18). CAFP also has policy that supports a better understanding of issues that impact public health such as racism (BoD 06.09.21) and supporting crisis intervention in response to non-violent police calls in lieu of police officers (BoD 11.05.21).

In addition, CAFP has policy on the sustainability of the health care system. Specifically, CAFP policy states that, "A health system should be supported by financing and revenue provisions sufficient to account for the costs of providing universal, comprehensive, timely and high-quality health care." (BoD 7.15.17) CAFP's strategic goals and objectives do not directly address this, however, one of CAFP's strategic objectives is to contribute to the adoption of improved care models. Moreover, CAFP advocacy includes state budget advocacy, which includes the Department of Public Health.

AAFP's position paper, Integration of Primary Care and Public Health, states that the AAFP urges all national, state, federal, and private sector institutions to partner with primary care and public health entities to ensure a more integrated care delivery system that improves population health. AAFP does not have specific policy on investments in public health, however, has supported efforts that increase investments in public health. For instance, AAFP supported parts of Build Back Better, including public health investments in infrastructure.

Fiscal Note:

There would be minimal cost for supporting or opposing legislation sponsored by others that would fall within established procedures for updating and taking positions on proposed legislation and policy. There could be more significant costs if a greater level of engagement is required. The potential cost of sponsoring legislation would be significant and dependent on many factors over which CAFP has no control, such as the extent of external opposition or support for the proposal, communications and commitment of resources by opponents and proponents.

Problem Statement: The COVID 19 pandemic has highlighted the inefficiencies and inequities within our public health system due to its chronic underfunding and devaluation.

Problem Universe: Everyone

Specific Solution: This resolution aims to help address the root cause of this problem by asking the CAFP to play an active role in supporting our public health system through investment of resources and building relationships with our primary care teams.

Evidence: 1) Understaffing of local and state public health departments, closure of public health labs ; 2) morbidity and mortality rate from covid 19 pandemic, continued rise of other public health crises like the opioid epidemic

Citations:

https://www.latimes.com/california/story/2021-11-01/why-public-health-workers-are-fleeing-the-field-next-pandemic

https://www.bmj.com/content/375/bmj-2021-067510

https://blogs.bmj.com/bmj/2021/02/18/wheres-the-integration-between-public-health-and-primary-care-in-the-response-to-covid-19/

https://www.nejm.org/doi/full/10.1056/NEJMp2104881?query=clinical-medicine

https://www.aafp.org/about/policies/all/integration-primary-care.html

https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care

Resolution A-02-22

Policy Title: Support for free clinics in an era of increasing health care needs

Author: Susan Wang

Co-Authors: Quan Tran, Mohammed Rafae, Jahanzeb Ashraf, Jennica Kahkejian

Endorsed by: N/A

Whereas, a large proportion of the population (projected to be 3.2 million Californians, or about 9.5% of the population of California in 2022) will remain uninsured in 2022 despite the passing of the Affordable Care Act and expansion of MediCal that will allow undocumented Californians over the age of 50 to sign up for health insurance (5, 9),

Whereas, uninsured patients may often delay seeking care and fall behind on recommended health screenings, resulting in worsened outcomes including poor control of chronic conditions such as diabetes, cardiovascular disease, and cancer, leading to increased mortality (6),

Whereas, free clinics (or Free Medical Clinics), defined as health care community safety net[s] that [are] established, operated, and maintained for the purpose of providing primary health care to socioeconomically and geographically underserved patient populations, (AMA Free Medical Clinic Handbook) can be a way for uninsured patients to receive some care that they otherwise will not have access to (4),

Whereas, free clinics are generally run by volunteers, which can include community health care workers, trained medical assistants, and volunteer nurses and physicians,

Whereas, free clinics support[s] health as a basic human right for all people regardless of social and economic status, and are in line with the goals of primary care, and the AAFP currently supports free clinics through the Family Medicine Cares USA grant (2),

Whereas, student-run free clinics can provide excellent service to underserved community members and offer learning opportunities for undergraduate and medical students (8),

Whereas, free clinics can reduce the burden of emergency room visits on local hospital systems and thus result in potential monetary savings, as demonstrated by reduced repeat ED visits and admissions when patients are referred to a free clinic upon discharge (3, 10),

Whereas, free clinics can be greatly varied in size, scope, and services, and therefore have differing methods of operation and ways of raising funds that require a body of knowledge that not many providers are trained in or understand (4), and therefore be it
RESOLVED: That the CAFP partner with the American Medical Association (AMA) and other medical organizations to encourage providers to consider volunteering at a local free clinic, including after retirement,

RESOLVED: That the CAFP create a workshop or other educational session for parties who may want to start or support a free clinic,

RESOLVED: That the CAFP issue a formal statement encouraging hospital systems and other interested parties to partner with or support the existence of free clinics as this can reduce the burden of costs stemming from use of the emergency department for primary care.

Speaker's Notes:

CAFP does not have direct policy on the specific directives in this resolution related to free clinics, however, CAFP policy supports access to essential, effective health care regardless of a patient's ability to pay. (BoD 2-1-2017) CAFP policy also provides that:

- A health system should be supported by financing and revenue provisions sufficient to account for the costs of providing universal, comprehensive, timely and high-quality health care.
- Patients should incur no out-of-pocket or cost-sharing responsibilities for primary and preventive care services.
- The financing of health care must be affordable, not regressive, and not cause disproportionate barriers to health care access among poorer people. (BoD 7.15.17)

One of CAFP's strategic objectives is to contribute to the adoption of improved care models.

The Governor's proposed 2022-23 budget includes expansion of Medi-Cal to provide full-scope Medi-Cal coverage to all income-eligible adults aged 26 through 49 regardless of immigration status by January 1, 2024, which is in line with CAFP policy on access to health care.

AAFP policy states that, "Student-run free clinics often provide access to indigent and underserved populations who otherwise may not receive basic health care services. A student-run free primary care clinic is a service-learning, student driven outreach project that strives to enhance the health and wellbeing of a community through the provision of medical care. The AAFP supports the inclusion of family physicians within the student-run free clinic setting since a family physician can provide the following unique benefits:

- Provide comprehensive, community-based medical care
- Deliver basic, essential patient-centered health care services
- Expose medical students to the specialty of family medicine
- Provide clinical instruction for students" (July 2013 Board) (2018 COD)

In addition, the AAFP Foundation through Family Medicine Cares USA helps free clinics care for the uninsured in the United States by helping to establish new free clinics and providing grants to existing clinics for the purchase of medical equipment and instruments.

Fiscal Note:

There could be significant costs to add a specific topic to CAFP educational events and/or communication materials. There would be minimal cost for drafting a letter and releasing a statement. There could be more significant costs if a communication strategy is required.

Problem Statement: There are currently at least 2.2 million uninsured people in California as of 2020. The COVID-19 pandemic created a situation where many people lost health insurance in 2019 and 2020,

which increased the need for free clinics in some areas of the country. At the same time, some free clinics were unable to operate as they did before with decreases in funding and fundraising (1, 7, 11).

Free clinics need support so that they can continue to provide care to those who have barriers to accessible healthcare.

Problem Universe: At least 2.2 millions Californians who are uninsured, and an unknown number of Californians who are underinsured or still need to utilize free clinic services for other reasons.

Specific Solution: CAFP should take a strong stance on supporting free clinics with a supportive statement, and should encourage providers to learn about and support free clinics as well. CAFP should encourage hospital systems and other institutions to support free clinics, given that hospital systems may benefit from reduced repeat ED visits and hospital admissions if uninsured patients are able to follow up and seek care at free clinics.

Evidence: COVID-19 has resulted in new needs for uninsured folks and increased demands and struggles for free clinics. New policy is needed to address these needs.

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Resolution A-03-22

Policy Title: Address Minor Consent for Vaccines

Author: Alex McDonald, MD

Co-Authors: Riverside- San Bernardino Chapter

Endorsed by: Riverside- San Bernardino Chapter

Whereas, The onset of the COVID-19 pandemic has reinforced the importance of mass vaccination, while simultaneously impeding the delivery of recommended non-COVID-19 vaccines to children, and

Whereas, the schedule of pediatric vaccines recommended by the Centers for Disease Control and Prevention is accepted to be safe and effective, and

Whereas, there is a growing number of parents resistant to carrying out the recommended vaccine schedule for their children, resulting in alarming outbreaks of previously long-controlled infectious diseases (e.g., measles), that often disproportionately affect minority and low socioeconomic status communities, and

Whereas, California state law allow minors to receive certain types of medical care, such as treatment for mental health, sexually transmitted infections, infectious or communicable disease without parental consent at age twelve, and

Whereas, family physicians provide comprehensive medical services to their pediatric patients that are minors, as defined by being under 18 years of age, including access to recommended vaccines, now, therefore, be it

RESOLVED: That the California Academy of Family Physicians advocate that vaccines recommended by the Centers for Disease Control and Prevention be available to adolescents aged 12 years and older who desire vaccination without requiring consent from their legal guardians, and

RESOLVED: That the California Academy of Family Physicians advocate that SARS-Co-V2 vaccines be available to adolescents aged 12 years and older who desire vaccination without requiring consent from their legal guardians.

Speaker's Notes:

The CAFP Board adopted CAFP policy that would allow COVID-19 vaccines recommended by the Centers for Disease Control and Prevention to be available to adolescents aged 12 years and older who desire vaccination for COVID-19 without requiring consent from their legal guardians.
A similar resolution was introduced at AAFP COD 2021 related to minor consent for vaccines. Though the AAFP does not have direct policy on the broader issue of minor consent for any CDC recommended vaccine issue, similarly to CAFP, AAFP has policy on vaccine access. Moreover, AAFP reviews/approves all recommendations from the CDC's Advisory Committee on Immunization Practices and supports ACIP immunization recommendations for children and adolescents. AAFP issued a statement supporting the emergency use authorization of COVID-19 vaccine in adolescents.

AAFP also has policy on the role of the family physician in adolescent health care as well as policy on confidentiality in adolescent health care, which states in part:

- The AAFP believes that adolescents' access to confidential healthcare is important for their health and well-being, while also recognizing the benefit of supportive parental involvement.
- Family physicians should be aware of their community's standards regarding adolescent confidentiality. State laws vary, but in general, in areas of care where the adolescent has the legal right to give consent to health services, confidentiality must be maintained.
- The adolescent should be offered an opportunity for examination and counseling separate from parents/guardians, and the physician should encourage and assist the adolescent to involve parents or guardians in healthcare decisions.
- If communication between the adolescent and parent cannot be facilitated, every effort should be made by physicians and their staff to ensure confidentiality within the limits of legal and ethical standards.
- Ultimately, regarding confidentiality, the judgment by the physician regarding the best medical interest and safety of the patient should prevail.

CAFP has similar policy on confidentiality of minors in the areas of contraception, pregnancy, STDs and physical and/or sexual abuse. CAFP's policy quotes from a report of the Commission on Special Issues and Clinical Interests – "Adolescent Health Care—Confidentiality" (adopted in 1994): "One must attempt to achieve a balance between the rights of the parents and what is necessary to maintain and promote the health and well-being of the adolescent. It is proper and ethical for the family physician to protect an adolescent's confidentiality. Withholding information from third parties, including parents, may be appropriate when it pertains to but is not limited to contraception, pregnancy, sexually transmitted diseases and physical and/or sexual abuse by a parent. Parental involvement, consent, or notification should not be a barrier to care for the adolescent."

There is currently a bill in the California legislature (SB 866, Wiener) that is proposing to allow minors 12 years of age or older to consent to a vaccine that is approved by the United States Food and Drug Administration and meets the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention (ACIP) without the consent of the parent or guardian of the minor. An authorized vaccine provider may administer the vaccine, but the bill does not authorize a vaccine provider to provide any service that is otherwise outside the vaccine provider's scope of practice.

Fiscal Note:

There would be minimal cost for supporting or opposing legislation sponsored by others that would fall within established procedures for updating and taking positions on proposed legislation and policy. There could be more significant costs if a greater level of engagement is required. The potential cost of sponsoring legislation would be significant and dependent on many factors over which CAFP has no control, such as the extent of external opposition or support for the proposal, communications and commitment of resources by opponents and proponents.

Problem Statement: seeks to clarify cafp policy as to guidance for vaccinations without parental consent.

Problem Universe: unclear, but this could impact any family physician in the state.

Specific Solution: clarify policy position and advocate where appropriate for this issues.

Evidence: This is not wide spread, but there is a need to ensure adolescents are protected without repercussions for physicians.

Citations:

please see where as clauses

Resolution A-04-22

Policy Title: Medication Assisted Treatment Training in Graduate Medical Education

Author: Tricia Bautista

Co-Authors: N/A

Endorsed by: Fresno Kings Madera Chapter

Whereas, research shows an increasing opioid epidemic in which an estimated 10 million Americans (12yo+) misuse opioids, 2 million Americans have an opioid use disorder (SAMHSA's National Survey on Drug Use and Health in 2018) and >70,000 Americans died from drug overdoses including illicit and prescription opioids (CDC 2017 Report), and

Whereas, medication assisted treatment (MAT) is broadly recognized as a highly effective treatment approach for opioid use disorder (OUD) (1) but only approximately 11% of patients are prescribed FDA approved medications (naltrexone, buprenorphine and methadone)(2), and

Whereas, organizations including CDC, NIDA and SAMSHA all emphasize the importance of providers augmenting psychosocial interventions by expanding MAT for OUDs (1), and

Whereas, MAT with buprenorphine has been made more widely available to primary care practices in response to the current opioid epidemic (3), and

Whereas, most training programs have not adopted curriculum incorporating MAT training (In 2017, only one third of family medicine residencies required addiction medicine training with only 36% of faculty having a Buprenorphine waiver (4). Furthermore, a 2018 survey among FM, IM and psychiatry programs reported on 36% programs provided MAT and only 23% encouraged residents to obtain their waiver(5)), and

Whereas, research has shown a great need for MAT facilities in underserved areas, especially in rural communities (Per SAMHSA and NSDUH, optimal areas in California to address services gaps for opioid treatment are disproportionately higher in the Central Valley (namely Kings and Tulare counties), and

Whereas, MAT integration in residency training can increase the number of providers and patient access especially in underserved areas, and

Whereas, MAT training in residency is strongly associated with providing buprenorphine treatment in practice (6), and

Whereas, MAT delivery can provide varying clinical experiences sought in comprehensive primary care residency training in addition to addressing the community's unmet needs (3), now, therefore, be it

RESOLVED: That the CAFP/AAFP encourage ACGME to require substance use disorder curriculum, including medication assisted treatment (MAT) training, in family medicine residency programs.

Speaker's Notes:

CAFP has policy on promoting SUD training for family physicians. The policy states that the CAFP:

- use available grant funding to support the integration of addiction training into family medicine residency program curriculum through the California Primary Care Residency Program Collaborative.
- write a letter to the Accreditation Council on Graduate Medical Education (ACGME) encouraging increased training in substance use disorder treatment for residency. (11/20 BoD)

CAFP is currently engaged in providing education on medication assisted treatment (MAT) to residency programs, through the CAFP California Residency Program Collaborative and to individual family physicians and others through CAFP's one-stop education resource, Homeroom on the CAFP website. In addition, CAFP will be hosting education at the Clinical Forum with the goal of encouraging more providers to offer MAT services.

Fiscal Note:

There would be minimal cost for drafting a letter, advocating for substance use disorder curriculum, including MAT training, or sharing our current curriculum with the appropriate entities.

Problem Statement: In light of the increasing nationwide opioid epidemic, primary care access to medication assisted treatment (MAT), which has been proven effective for opioid use disorder, has been made more readily available. However, few primary care providers prescribe these FDA approved medications and few residency programs are incorporating this training into their curriculum.

Problem Universe: About 10 million Americans (12yo+) misuse opioids, 2 million Americans have an opioid use disorder (SAMHSA's National Survey on Drug Use and Health in 2018) and >70,000 Americans died from drug overdoses including illicit and prescription opioids (CDC 2017 Report).

In 2017, only 29% of family medicine residencies required addiction medicine training with only 36% of faculty having a Buprenorphine waiver. Furthermore, a 2018 survey among FM, IM and psychiatry programs reported on 36% programs provided MAT and only 23% encouraged residents to obtain their waiver.

Specific Solution: CAFP/AAFP encourage ACGME to require substance use disorder curriculum, including MAT training, in family medicine residency programs.

Evidence: CA 2016 Potential Areas For Addressing Service Gaps For Opioid Treatment
SAMHSA's (Substance Abuse and Mental Health Services Administration) NSDUH (National Survey on Drug Use and Health) in 2018

CDC 2017 Report

Citations:

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Resolution A-05-22

Policy Title: Trauma Informed Care Curriculum Development for ACGME Training Programs

Author: Jyothi Patri

Co-Authors: N/A

Endorsed by: Fresno Kings Madera Chapter

Whereas, trauma affects millions of people in the United States and can affect a person's mental, emotional, physical, spiritual, economic, and social well-being. More than 60 percent of Californians have experienced at least one ACE, and 16.7 percent have experienced four or more (1).

Whereas, Experiencing trauma, especially during childhood, significantly increases the risk of serious health problems including chronic lung, heart, and liver disease as well as depression, sexually transmitted diseases, tobacco, alcohol, and illicit drug abuse and can result in shortened lifespan (2)

Whereas, Childhood trauma is also linked to increases in social service costs (5). California currently spends $112.5 billion to treat the consequences of Adverse Childhood Experiences (ACEs), in what is known as ACE-Associated Health Conditions (9)

Whereas, ACEs and trauma are determinants of public health problems in the United States such as obesity, addiction, and serious mental illness; Whereas trauma-informed care is an approach that can bring greater understanding and more effective ways to support and serve children, adults, families, and communities affected by trauma (4)

Whereas, Implementing trauma-informed approaches to care may help health care providers engage their patients more effectively, thereby offering the potential to improve outcomes and reduce avoidable costs for both health care and social services (5).

Whereas, trauma-informed care has been promoted and established in communities across the United States

Whereas, the Substance Abuse and Mental Health Services Administration provides substantial resources to better engage individuals and communities across the United States to implement trauma-informed care; and (4)

Whereas, CAFP has integrated trauma-informed approaches into their programs and grants and could benefit from closer collaboration (6)

Whereas, CAFP has supported Trauma-informed Care to be part of ACGME training in programs
Whereas, most training programs have not adopted a curriculum incorporating TIC training (In 2018, only 27% of the FM programs reported TIC training in their curriculum) (8).

Whereas, most of the programs do not have TIC curricular elements for residents, and nearly all programs (>95%) reported room for improvement in meeting patients TIC-related needs. Lack of a local

champion and lack of time were barriers to TIC integration for more than 80% of programs; more than 70% also reported lack of recognition of need as implementation barriers (8).

Whereas, important gaps training in patients trauma-related needs, and therefore a need for greater attention and response to traumatic experiences and related symptoms among ACGME training programs including residents and faculty, and therefore be it

RESOLVED: That CAFP/AAFP encourages collaboration with AAFP/STFM/ACGME in developing and standardizing a trauma-informed care (TIC) curriculum, including mandatory ACEs training, in family medicine residency programs.

Speaker's Notes:

CAFP has policy on requiring trauma-informed care (TIC) and resilience training for family physicians. The policy states that the CAFP:

- Offers ongoing educational opportunities on trauma-informed care and ACEs, either through their own in person or online offerings, or by linking their website to appropriate trainings offered by other entities;
- Support the inclusion of Trauma Informed Care training as an ACGME requirement for residency programs;
- Support more research in how Trauma Informed Care improves patient outcomes and should be included as part of the standard of care. (BoD 07.24.21)

CAFP is currently engaged in the topic of trauma-informed care and has representatives on the Office of Surgeon General's Adverse Childhood Experiences (ACEs) Advisory Committees that are addressing TIC topics. In 2021, CAFP held a series of regionally-based, peer-to-peer learning workshops – Family Medicine Initiative on TIC (ACES FIT) through grant funding from the state, launched a website devoted to providing members with available resources on these topics (www.familydocs.org/FIT), is hosting enduring education on these topics through our education portal, *Homeroom* and will soon begin planning a Performance Improvement opportunity on ACES/TIC for our membership supported by ABFM Moreover, one of CAFP's strategic objectives is to apply a trauma-informed lens in all our work.

Fiscal Note:

There would be minimal cost for drafting a letter or sharing our current curriculum with the appropriate entities. Advocating for a standardized curriculum could have a significant cost. In addition, CAFP developing any new curriculum specific to residency training would result in unbudgeted costs.
Problem Statement: Lack of preparedness for residency training programs is a major setback for implementing the CAFP policy of including TIC in training programs. With this resolution, I propose that CAFP collaborates with AAFP/STFM/ACGME In developing and standardizing the TIC curriculum. Mandating ACEs training for all residents and faculty is a part of the solution.

Problem Universe: California spends $112.5 billion on treating ACE Associated Health Conditions.

Specific Solution: CAFP to work with AAFP/STFM in developing and standardizing a nationwide curriculum in ACGME Residency programs to include TIC in patient care. Also, mandate ACEs training in residency programs for faculty and residents.

Evidence: Evidence shows that though CAFP has adopted a policy to adapt TIC In residency programs, recent surveys show a lack of readiness in > 80% of programs due to lack of curriculum.

There is a need for revised policy to develop a standardized curriculum for TIC for all residency programs.

Citations:

Resources

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2. https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm

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4. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

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6. https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/

7. https://www.ncbi.nlm.nih.gov/books/NBK207195/

8. https://journals.stfm.org/familymedicine/2018/september/dichter-2018-001

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Discussion: Whereas Organizations and ACGME training programs wishing to implement a trauma-informed approach must provide steady leadership and a clear curriculum to support the transition to trauma-informed care; engage residents and faculty in planning; train and support all staff. Trauma-informed care must involve both organizational and clinical practices that recognize the complex impact trauma has on both patients and providers. Where there is a lack of understanding about the most effective way to standardize the curriculum across the state and the country to meet training needs. Physician readiness for TIC may be enhanced by the application of specific curricula including setting expectations for knowledge and skills, providing opportunities to practice newly acquired skills, and measuring learner outcomes.

Proposed solution: Collaboration is needed to identify gaps in the implementation of the TIC curriculum in ACGME residency programs, developing a curriculum, and mandating ACEs training for all residency programs.

Resolution A-06-22

Policy Title: CAFP Support for AB 1400, California Guaranteed Health Care for All Act (CalCare)

Author: Matthew Musselman

Co-Authors: Umer Waris, MD and Evelin GonzÃ¡lez, MD

Endorsed by: Thomas Bodenheimer, MD, Malavvika Kulashekar, DO, Miguel Lopez, DO, Walter Mills, MD, Melissa Nothnagle, MD, Alison Perry, DO

Whereas, AAFP policy states that The AAFP recognizes health as a basic human right for every person regardless of social, economic or political status, race, religion, gender, or sexual orientation [1]; and

Whereas, existing CAFP policy on health care reform states that â€œaccess to health care insurance should be universal and continuous [2]; and

Whereas, 26.1 million Americans lacked health insurance in 2019 [3]; and

Whereas, an estimated 2.7 million Californians remain uninsured [4], while millions more with coverage often delay or are unable to access necessary medications or health care services due to cost; and

Whereas, the last 40 years of corporate-friendly U.S. policies have caused our death rates to significantly diverge from other G7 nations so dramatically that 461,000 lives were lost unnecessarily in 2018 alone [5]; and

Whereas, the U.S. response to the COVID-19 pandemic highlighted the poor state of the nation's public health infrastructure [6] and the dangers posed by widespread lack of adequate health coverage [7]; and

Whereas, in 2019 the U.S. spent $3.8 trillion on health care, or 17.7 of GDP [8], twice as much per capita on health care as the average of wealthy nations that provide universal coverage [9], despite Americans using significantly less health care services than people in other industrialized countries [10]; and

Whereas, the severe economic recessions of 2008 [11] and 2020 [12] demonstrate that health coverage based on employment is not stable, affordable, or equitable; and

Whereas, illness and medical bills contribute to 66.5% of all bankruptcies, a figure that is virtually unchanged since before the passage of the Affordable Care Act (ACA), and 530,000 families suffer bankruptcies each year that are linked to illness or medical bills [13]; and

Whereas, administrative overhead and profit consumes 12.2% of private insurance premiums [14], while the overhead of fee-for-service Medicare is less than 2% [15]; and
Whereas, providers are forced to spend tens of billions more dealing with insurers billing and documentation requirements [16], bringing total administrative costs to 34.2% of U.S. health spending, compared to 17% in Canada [17]; and

Whereas, the U.S. could save over $500 billion annually on administrative costs with a single-payer system [18]; and

Whereas, billing-driven documentation that contributes to physician burnout would be greatly reduced under a single-payer reform [19]; and

Whereas, single-payer financing would reduce malpractice lawsuits and insurance costs because injured patients wouldn't have to sue for coverage of future medical expenses; and

Whereas, a single-payer system would dramatically reduce, although not eliminate, health disparities, just as the passage of Medicare in 1965 led to the rapid desegregation of 99.6% of U.S. hospitals [20]; and

Whereas, a single-payer system would allow patients to freely choose their doctors, give physicians a choice of practice setting, and protect the doctor-patient relationship; and

Whereas, on 1/6/22, Assemblymember Kalra introduced A.B. 1400 The California Guaranteed Health Care for All Act (CalCare), single-payer legislation in the California State Assembly [21], and therefore be it

RESOLVED: That the California Academy of Family Physicians expresses its support for universal access to comprehensive, affordable, high quality health care through a single payer health program at the national and/or state level; and

RESOLVED: That the California Academy of Family Physicians will engage in lobbying and any other necessary efforts to ensure that AB 1400 The California Guaranteed Health Care for All Act is enacted into law.

Speaker's Notes:

CAFP has developed policies to guide health system reform. (See page 68 of the CAFP Policy Handbook). Additionally, one of CAFP's strategic goals is to advance payment reform and system transformation.

AAFP has policy on health care for all, which is a framework for moving to a primary-care based health care system and to provide advocacy flexibility to consider all options that might come before federal and state governments and the American people in working to achieve the goal of health care coverage for all – a goal based upon AAFP policy which recognizes that health is a basic human right for every person and that the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.
AB 1400, the California Guaranteed Health Care for All Act, was introduced last year, but it was held in the Assembly Health Committee. It passed out of the Assembly Health Committee this year, however, in order to move forward, it needed to pass the Assembly Floor by January 31. The Assembly declined to take a vote on AB 1400 on January 31, which means AB 1400 will not move forward. The Governor's proposed 2022-23 budget, however, includes expansion of Medi-Cal to provide full-scope Medi-Cal coverage to all income-eligible adults aged 26 through 49 regardless of immigration status by January 1, 2024.

Fiscal Note:

There would be a minimal cost for supporting or opposing legislation sponsored by others that would fall within established procedures for updating and taking positions on proposed legislation and policy.

There could be significant costs if a greater level of engagement is required. The potential cost of sponsoring legislation would be significant and dependent on many factors over which CAFP has no control, such as the extent of external opposition or support for the proposal, communications, and commitment of resources by opponents and proponents. Lastly, providing input on proposed regulations could incur minimal to moderate costs depending on the level of engagement that is required.

Problem Statement: see resolved statements

Problem Universe: all

Specific Solution: see resolved statements

Evidence: see whereas statements

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Resolution A-07-22

Policy Title: A Better Health Care System is Possible

Author: Helen Petroff

Co-Authors: Leslie-Lynn Pawson, Parker Duncan

Endorsed by: Ventura CAFP chapter

Whereas, The American College of Physicians (ACP) in Jan 2020 released its Better is Possible call to action for systemic change for the US healthcare system, which recommends transitioning to a system of universal coverage through either a single payer system, or a public choice to be offered along with regulated private insurance, in order to achieve 10 Vision statements, and

Whereas, Resolution 506 from the 2020 Congress of Delegates, which called upon the American Academy of Family Physicians (AAFP) to align its Health Care for All (HCA) policy with that of the American College of Physicians (ACP) was adopted as current policy, even though the HCA policy has subsequently not been changed, and still includes five approaches, among them single-payer and a public option, and

Whereas, AAFP and ACP are the two largest organizations in the Group of Six along with the American Osteopathic Association, American Psychiatric Association, American Academy of Pediatrics, and American College of Obstetricians and Gynecologists, a coalition representing over 560,000 members who themselves represent the nation's frontline physicians who provide the overwhelming majority of care to our nation's children, pregnant women, adults, and elderly for a full-range of physical, mental, and behavioral health conditions, and

Whereas, the Group of Six has produced foundational documents of joint principles and recommendations, including Priorities for Coverage, dated September 2019, which does not incorporate the ACP's subsequent Vision Statement and so therefore is now out of alignment with a members principles, now, and therefore be it

RESOLVED: That CAFP advocate for and bring a resolution to the AAFP Congress of Delegates that the American Academy of Family Physicians revise and clarify the list of five Health Care for All approaches to include just the following two: a single-payer model approach that is clearly defined in its organization, financing, and model of delivery of health care services that would be publicly financed and publicly or privately administered, with the government collecting and providing the funding to pay for health care provided by physicians and other clinicians who work independently or in private health systems; and a public option approach that is a publicly administered plan offered alongside regulated private insurance in a Bismarck-type model, a system of statutory health insurance involving multiple nonprofit payers that are required to cover a government-defined benefits package.

Speaker's Notes:

CAFP has developed policies to guide health system reform. (See page 68 of the CAFP Policy Handbook). Additionally, one of CAFP's strategic goals is to advance payment reform and system transformation.

AAFP has policy on health care for all, which is a framework for moving to a primary-care based health care system and to provide advocacy flexibility to consider all options that might come before federal and state governments and the American people in working to achieve the goal of health care coverage for all – a goal based upon AAFP policy which recognizes that health is a basic human right for every person and that the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.

Fiscal Note:

There would be minimal cost for referring for national action.

Problem Statement: Our current health care system does not provide adequate health care coverage for our patients. We physicians are experiencing moral injury every day because we can't provide medically appropriate and necessary care for our patients in a system based on making profits for giant insurance companies. We need to advocate for our patients and ourselves to transform our system to one that is evidence based, equitable and that we can be proud of being part of.

Problem Universe: this affects all CAFP members and their patients

Specific Solution: revise and clarify AAFP's list of five Health Care for All approaches to include just the following two: a single-payer model approach; and a public option approach

Evidence: I think we all know there is a serious problem here

Citations:

https://www.acpjournals.org/doi/10.7326/M19-2407

Resolution A-08-22

Policy Title: Support California Fire Prevention, Safety, and Preparedness

Author: Susan Wang

Co-Authors: Quan Tran, Mohammed Rafae, Jahanzeb Ashraf, Jennica Kahkejian

Endorsed by: N/A

Whereas, California is a wildfire prone state due to its generally dry, arid climate,

Whereas, wildfires are also becoming more prevalent in areas across the country, such as the recent Colorado fires that have been the most damaging in the state's history, 12

Whereas, wildfire severity, size, and incidence are increasing in California due to climate change, with 2020 being the worst wildfire year in history (1, 2, 3)

Whereas, wildfires cause significant harm to human life and health, resulting in worsening of medical conditions such as asthma and COPD, cardiovascular disease, and death by wildfire (4, 5, 8),

Whereas, experiencing wildfires increase psychological stress and trauma, resulting in both immediate and chronic increases in depression, anxiety, and PTSD (6, 7),

Whereas, wildfires cause loss of homes and property, resulting in displacement of communities, and making accessing basic health needs difficult, including access to home oxygen, transportation, medications (10, 11),

Whereas, wildfires result in billions of dollars of economic losses (9),

Whereas, the most marginalized communities will be severely affected, such as those with people who are experiencing homelessness becoming further displaced and lacking access to safe shelter from heat and smoky air (13, 14), and therefore be it

RESOLVED: That the CAFP support the production of educational materials to prepare citizens for wildfires, such as on creating evacuation and meet-up plans, preparing fire preparedness kits, and prevention of wildfires,

RESOLVED: That the CAFP support both local and state legislation that addresses wildfire prevention,

RESOLVED: That the CAFP continue to support and advocate for legislation that overall decreases the effects of climate change, including the impact of the healthcare system on carbon emissions,
RESOLVED: That CAFP refer this to AAFP for national action as other states are also increasingly affected by wildfires.

Speaker's Notes:

The Governor`s 2022-23 State Budget proposed $1.2 billion over two years, including $800 million in new funding to implement various efforts to improve forest health and make communities more resilient to future wildfires. While CAFP does not have direct policy related to wildfires, CAFP does have policy to engage in efforts to address climate change and environmental issues (see page 56 of the CAFP Policy Handbook). AAFP also does not have direct policy related to wildfires but does have a policy on environmental health and climate change:

The American Academy of Family Physicians (AAFP) recommends strong action on the part of all public and private institutions to reduce pollution of our land, atmosphere, and water. Pollution, human greenhouse gas emissions, and ozone depletion lead to numerous severe consequences, including climate change and poor health outcomes. Those consequences more often affect vulnerable populations. (See link).

Fiscal Note:

The costs of developing new educational material are significant, including research, staff time for developing content, and potentially engaging a consultant as this issue is outside of CAFP's expertise.

There would be a minimal cost for supporting or opposing legislation sponsored by others that would fall within established procedures for updating and taking positions on proposed legislation and policy. There could be more significant costs if a greater level of engagement is required. The potential cost of sponsoring legislation would be significant and dependent on many factors over which CAFP has no control, such as the extent of external opposition or support for the proposal, communications, and commitment of resources by opponents and proponents.

Advocating on issues outside of CAFP's expertise would be significant, as it would include significant staff time, research, and potentially hiring outside expertise. It could also require hiring advocates as it may be outside the parameters of our current lobbying contract. Providing input on proposed regulations could incur minimal to moderate costs depending on the level of engagement that is required.

There would be minimal cost for referring for national action.

Problem Statement: This resolution seeks to address the increasing impact wildfires have on the lives of all Californians and the relative lack of preparedness the state has demonstrated toward wildfires.

Problem Universe: All CAFP members, patients, and all Californians can be affected by wildfires in California. This could include all 39.5 million Californians. Some will be more directly affected by wildfires encroaching on their areas of living or causing smoke in their immediate area; others will be more indirectly affected by increased stress from fears and news of spreading wildfires.

Specific Solution: We propose that CAFP help better prepare Californians for wildfires. This could include actions such as producing educational materials for patients on wildfire prevention and preparedness (e.g. developing an escape plan, what local sources to follow for up to date information about nearby wildfires, what materials to pack in case fleeing is required), hosting workshops to educate primary care providers on the importance of wildfire prevention and how to talk to patients about wildfires, and advocating to the state legislature to make fire prevention and preparedness a priority. CAFP lobbyists should advocate for bills that address wildfires and climate change.

Evidence: There has been data to show that wildfires have been increasing in frequency and intensity, and research shows that they will only worsen with continuing climate change (Gutierrez A, et al, 2021). The 2020 California wildfire season set records with over 4.2 million acres burned, and the first gigafire with the August Complex Fire that became California's largest wildfire on record. Fires are also affecting other states, such as the recent Colorado fires 12. These fires have significant health effects, as demonstrated by research showing effects on respiratory and cardiovascular health, mental health, access to healthcare, and more.

Citations:

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Resolution A-09-22

Policy Title: Provide post-graduate training in transgender and gender diverse health education

Author: Susan Long

Co-Authors: Susan Long, DO, Toussaint Mears-Clarke, MD, Muhammad Daud, MD, Brea Bondi-Boyd, MD

Endorsed by: Chapter Endorsement, Sacramento Valley

Whereas, Transgender persons continue to experience health inequalities, including access to culturally sensitive care.

Whereas, As of 2010, half of gay and lesbian patients and 70% of transgender patients reported discrimination in their care.

Whereas, A 2015 US Transgender Survey reported that 33% of transgender respondents had a negative experience with their care, and 23% avoided doctors for fear of discrimination. Approximately 25% of transgender patients also had to educate their physicians on the care that they needed.

Whereas, Health care professionals have limited access to education on the care of transgender and gender diverse patients.

Whereas, Family physicians care for patients of every age, cultural and socioeconomic backgrounds, and often serve as advocates for their patients. Family physicians have an opportunity to improve attitudes and practices within the medical community.

Whereas, The CAFP supports transgender education for all levels of medical providers and supports the provision of comprehensive care for the transgender community.

Whereas, The AMA Foundation has launched a National LGBTQ+ Fellowship for healthcare professionals as a part of their commitment to empowering physicians to care for gender diverse patients, and therefore be it

RESOLVED: That the CAFP will work with the California Medical Board and the American Board of Family Medicine to establish a minimum number of required educational hours on transgender and gender diverse care for continued physician licensure.

RESOLVED: That the CAFP will collaborate with the AAFP, and the ABFM, to create new, innovative, interactive sources of education on transgender and gender diverse care. This can include support for the creation of LGBTQIA+ fellowships for family medicine physicians, knowledge self-assessment activities, and live/virtual CME on core topics such as gender identity, implicit bias, mental health, hormone therapy, and gender-affirming surgery.

Speaker's Notes:

Both the AAFP and the CAFP have existing policy opposing all mandates on CME curriculum, regardless of topic, stating that physicians should select and engage in CME based on their own needs and professional practice gaps.

CAFP has existing policy encouraging development and incorporation of educational materials, tools, and training into medical schools and graduate medical education programs, that would allow physicians to provide knowledgeable and respectful care to transgender and gender-expansive patients.

Both CAFP and AAFP have offered education on the topic of transgender care. ABFM recently updated their KSA offerings and have no plans to include this topic in their next round of KSAs (which have already been approved by their Board). They do, however, currently include clinical stems with various types of content related to gender identity in their assessment questions. CAFP currently has a session in Homeroom, offering enduring education on implicit bias. In addition, the February 2022 issue of *California Family* Physician magazine includes several articles addressing transgender care. AAFP recently updated their LGBTQ Toolkit that includes links to more than 20 relevant journal articles, blogs, policies and educational offerings, providing members with access to dozens of LGBTQ+-related resources in one convenient location. The toolkit also links to the National LGBTQIA+ Health Education Center's Learning Resources/Modules that offer education on Transgender Care.

One of CAFP's current strategic objectives is to "Apply a Trauma-informed Lens in All Our Work." One activity currently being planned is an educational session at the 2022 Family Medicine Clinical Forum on this topic. Since the transgendered community disproportionately experiences trauma, this education will help equip providers to serve this patient population better.

The development and offering of accredited education require both member and staff time and resources. As an ACCME provider, the accredited education CAFP offers must be based on identified needs and gaps in practice, must meet state laws around cultural competency and implicit bias and must be evidence-based and free from commercial influence. The Committee on Continuing Professional Development (CCPD) takes these elements, along with the wide breadth of potential clinical topics, into consideration as it develops CME activities and initiatives.

Fiscal Note:

There would be minimal cost to begin discussions with ABFM and AAFP about the topic of providing additional education that addresses Transgender care. There would be limited costs associated with developing and placing this CME content at future educational venues including CME accreditation fees, staff time and faculty honoraria.
Problem Statement: Advance post graduate opportunities for engagement and education regarding gender diversity and health challenges. While measures are being incorporated to address this issue in medical school and boards, post graduates also face a knowledge gap in providing sensitive, informed care.

Problem Universe: all members

Specific Solution: 1) create innovative means of post graduate education in the area of transgender and gender diverse medicine

2) creation of LGBTQIA+ fellowships for family medicine physicians, knowledge self-assessment activities, and live/virtual CME on core topics such as gender identity, implicit bias, mental health, hormone therapy, and gender-affirming surgery.

Evidence: 1. American Geriatrics Society Care of Lesbian, Gay, Bisexual and Transgender Older Adults Position Statement, American Geriatrics Society Ethics Committee, Journal of the American Geriatrics Society, pp 423-426, Vol 63, Issue 3, Mar 2015

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Citations:

as above

Elections

CALIFORNIA ACADEMY OF FAMILY PHYSICIANS
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Report of the 2021 Governance Committee/Election Slate

The role of the CAFP Governance Committee is to identify and nominate individuals for the positions shown below, to be elected by the Delegates and the Board of Directors at the 2022 All Member Advocacy Meeting (AMAM) and Board of Directors meeting. The 2021 committee members are Drs. Monique George, Robin Linscheid Janzen, Steven Harrison, Toussaint Mears-Clarke and Anjana Sharma. David Bazzo, Immediate Past President, chairs the committee. The Governance committee met in October 2021 and presented this slate of officers, which was approved by the Board of Directors at its November 2021 meeting.

Elected by Delegates at the All Member Advocacy Meeting

President-elect	Raul Ayala	2022
Speaker	Alex McDonald	2022
Vice Speaker	Anthony "Fatch" Chong	2022
AAFP Delegate	Lee Ralph	2022-24
AAFP Alternate Delegate	Michelle Quiogue	2022-24
Governance Committee * (from AMAM)	Ecler Jaqua	2022-24
Governance Committee * (from AMAM)	Tipu Khan	2022-24

Elected or appointed by and from the Board

Governance Committee * (from the BOD)	Grace Yu	2022-2024
Secretary/Treasurer	Brent Sugimoto	2022

* The All Member Advocacy Meeting (AMAM) nominates and elects a total of three members of the Governance Committee from the AMAM Delegates; two are elected for two-year terms in one year, and one is elected for a two-year term the next year. Nominations may be made from the floor as well. The Secretary/Treasurer position must be elected from among eligible Board members, e.g., those whose terms are not expiring during the proposed term of office.

Candidates' Statements

For the Office of President-elect – Raul Ayala MD, MBA

It is an honor to be nominated for the next CAFP President-elect and to have the opportunity to voice the value of the Family Physician. We represent the best specialty of medicine that provides care in all settings and all ages. Furthermore, through this pandemic we have shown that a family physician is an integral member of the community wellbeing. The love for our patients, colleagues, and families is the driving force behind all of our efforts. My desire is to continue to voice our value in advocacy, education, practice transformation, leadership, and emphasize the need for physician wellbeing. I have served with CAFP and AAFP in various positions for the last 10 years and it is here where I have met some of the most brilliant and giving individuals on earth. It would be an honor to serve as the CAFP President-elect and continue to tell our story of the greatest specialty, Family Medicine. – *Raul Ayala, MD, MBA*

For the Office of Speaker – Alex McDonald, MD, FAAFP

It is an honor to be nominated for CAFP Speaker and have truly enjoyed the journey thus far within CAFP, starting as a resident and then New Physician director. I have been a privilege to serve on the executive committee and helping to shepherd our organization through the tumultuous covid pandemic, in particular helping share our new strategic plan. I have enjoyed working to broaden the impact I can have not only within CAFP, but also within the California Medical Association having just been elected Young Physician Section trustee, as well as serving as a delegate to The House of Delegates to advocate for Family Medicine beyond the borders of CAFP. Leadership is not about a position or title, it's about a passion for inspiring and organizing others to make a difference, not just individually for our patients, but collectively for our specialty and all of the communities we serve, locally, statewide, and nationally. Servant leadership is about leaving things better than you find them and that's my goal for my year as speaker within the CAFP and bring a hybrid or virtual option to expand AMAM to more people and family doctors. Thank you for your consideration. – *Alex McDonald, MD*

For the Office of Vice Speaker – Anthony F. Chong, MD, FAAFP

I am honored to be nominated for CAFP Vice Speaker. Family medicine is critical for delivering high quality care for our patients. Since 2007, I have had a tremendous opportunity to work with colleagues on the CAFP Foundation to strengthen our family medicine pipeline. Now, over the last 5 years, I am furthermore fortunate to have had the opportunity to support family medicine while serving on the CAFP Board of Directors and as Secretary-Treasurer. In my regular day job as Chief Medical Officer of a large primary care group, I have seen the struggles of family physicians, particularly over the last two years of the COVID-19 pandemic. We have seen a disruption to the strong bond between family physicians and our patients. We have seen patients question our mission and purpose as we struggled to be on the frontline taking care of our patients. We have seen an increase in physician burnout and a decrease in our members' wellness. CAFP has always stood up for our patients and our members. We are stronger because of our family in the academy - from medical students to practicing physicians. My goals during my year as vice speaker and throughout my continued involvement with organized medicine are not only to improve our patients' health, but also improve all aspects of being a family physician - from compensation to wellness to recognition of the vital role we plan in healthcare. Thank you for the opportunity and for your consideration. - *Anthony F. Chong, MD, FAAFP*

For the Office of AAFP Delegate 2022-2024 – Lee Ralph, MD, FAAFP

I am honored that the Nominating Committee has put my name forward to serve another term as the CAFP Delegate to the AAFP Congress of Delegates. I have enjoyed serving the CAFP in this position the

past two years, although the virtual meetings have not been as exciting as the in-person Congress. Hopefully, things will return to normal soon as we move our way out of this pandemic. In my statement two years ago, I addressed the concerns of physician burnout, increasing administrative burdens and financial challenges facing family physicians. Unfortunately, we are still facing these issues, and many have been exacerbated by the Covid crisis. It has been my privilege representing CAFP and I would like to continue the journey to help fight for any issues that are most relevant to you, the members of CAFP. I have been a member of the AAFP for over 30 years dating back to my time in medical school at the University of Virginia and have been active in the San Diego AFP and CAFP ever since. I have previously served as a family medicine faculty member, pre-doctoral director and now in a medium-sized group private practice. Each of these positions has given me insight into the complexities of the problems that we face every day. The CAFP has been a thought leader at the national level. As a Delegate I pledge to continue promoting resolutions and policies that are important to all of us. Finally, I anxiously look forward to helping elect, our colleague Dr. Jay Lee as an AAFP Board of Directors position this fall. Thank you for your consideration. - *Lee P. Ralph, MD*

For the Office of AAFP Alternate Delegate 2022-2024 – Michelle Quiogue, MD, FAAFP

I request your consideration to represent the CAFP as one of our Alternate Delegates to the AAFP Congress of Delegates. As a result of over 10 years of experience at our own policy making meetings (previously COD and now AMAM), I have excellent knowledge of our policies. My years of service on the Board of Directors and as CAFP President gave me an appreciation of the broad diversity of values held by our membership. It would be my honor to continue to bring all of this to the AAFP COD and work together with senior delegates towards advancing national policy towards more inclusive and compassionate health policy. – *Michelle Quiogue, MD, FAAFP*

For the Office of Governance Committee Member 2022-2024– Ecler Jaqua, MD

It is an honor to be nominated for CAFP Governance Committee. As a member of CAFP since my family medicine residency, I have gained valuable experience and built a vast network with family medicine colleagues around our state. This past year as president-elect of the CAFP Riverside-San Bernardino chapter, I had the opportunity to provide strong structural support to engage our members, incorporate a strong leadership pipeline, and be a resource for physician wellness, advocacy, and scholarships. In addition, as a family physician working in an FQHC, I immediately know the pressure that the healthcare system currently places on physicians and medical staff in the various training steps. My goal is to continue advocating for change in our healthcare system and engage physicians from different career stages and settings to become future leaders in our community. Thank you for this opportunity and your consideration. – *Ecler Jaqua, MD*

For the Office of Governance Committee Member – 2022-2024 – Tipu Khan, MD, FAAFP

Thank you for considering me for the position of governance committee member. I started with the CAFP as a resident leader in 2009 and state delegate to the AAFP in 2010. Since then I have focused my CAFP work mostly on professional development as a member of the CCPD; helping to plan our annual conference and other learning opportunities. As an academic physician, I pride myself on advocating for our specialty within my own healthcare system and outside of it including having represented family physicians in the state of California to the CMQCC Executive Committee and other stakeholders. I see the governance committee as another opportunity for advocacy by helping to ensure our bylaws and elected officials actively reflect the dynamic face of family medicine in the 2020s. – *Tipu Khan, MD, FAAFP*

Organizational Information

CAFP Annual Report – available on request to cafp@familydocs.org
CAFP Foundation Annual Report – available on request to cafp@familydocs.org
CAFP Year-end Financial Report – available on request to cafp@familydocs.org