NHAFP Delegates’ Report: Major Resolutions
- from the -
2022 AAFP Congress of Delegates
Washington, DC
NHAFP Delegates and Alternate Delegates

- Louis A. Kazal, Jr., MD, FAAFP, Delegate (Served on Rules Committee)
- Hilary Alvarez, MD, Delegate (Served on Reference Committee for Health of the Public and Science)
- Marie Ramas, MD, Alternate Delegate
- Douglas Phelan, DO, MPH, FAAFP, Alternate Delegate
AAFP DELEGATES NEW LEADERS 2022-23
Tochi Iroku-Malize, MD, MPH, MBA, FAAFP, serves as founding chair and professor of family medicine for the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell in Hempstead, New York, and senior vice president and chair of the family medicine service line for Northwell Health. In this role, she oversees four family medicine residency programs, three fellowships, with more than 100 residents, 380 medical students and 500 family physicians spread across 23 hospitals.

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STEVEN P. FURR, MD, FAAFP
PRESIDENT-ELECT

Steven P. Furr, MD, FAAFP, is a family physician in Jackson, Alabama. He is the co-founder of Family Medical Clinic of Jackson, which also supports a small rural hospital and a local nursing home. Furr has cared for patients for more than 35 years, including obstetrics care for more than 25 years. He is a certified medical director, as well as a certified medical examiner.

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Sterling N. Ransone, Jr., MD, FAAFP, is a family physician in Deltaville, Virginia. He currently serves as the physician practice director at Riverside Fishing Bay Family Practice in Deltaville. In addition to his office practice, Ransone is an assistant clinical professor of family medicine and population health at Virginia Commonwealth University in Richmond.

Sterling Ransone, MD, Board Chair
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Russell W. Kohl, MD, FAAFP, is a family physician living in Stilwell, Kansas, and a member of the Oklahoma Academy of Family Physicians. He is Chief Medical Officer with TMF Health Quality Institute, a Medicare quality improvement organization serving Arkansas, Nebraska, Mississippi, Texas, Puerto Rico, and the US Virgin Islands.

Russell Kohl, MD, Speaker
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Daron W. Gersch, MD, FAAFP, is a family physician with CentraCare hospital in Long Prairie, Minnesota. He works full-time as the ER medical and trauma director and provides ER care at CentraCare - Long Prairie hospital. He also currently serves as the medical director at Mother of Mercy nursing home in Albany, Minnesota. He is on the PROTECT Initiative for the CDC and served on the medical review panel for familydoctor.org.

Daron Gersch, MD, Vice Speaker
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KISHA DAVIS, MD, MPH, FAAFP
DIRECTOR

Kisha Davis, MD, MPH, FAAFP, is vice president of Health Equity at Aledade in Maryland. She is also vice chair of the Medicaid and CHIP Payment and Access Commission (MACPAC), advising Congress, the Secretary of Health and Human Services, and states on Medicaid policy. Davis has served numerous roles within the AAFP notably as new physician director, and later convener of the National Conference of Constituency Leaders. She is a past president of the Maryland Academy of Family Physicians.

Kisha Davis, MD, MPH, Director
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Jay Lee, MD, MPH, FAAFP, is chief medical officer at Share Our Selves, a federally qualified health center in Orange County, California. Lee co-founded the Family Medicine Revolution, a grassroots social media brand (#FMRevolution) giving the power of telling family medicine’s story to family physicians. He has been recognized by the California Academy of Family Physicians and the Primary Care Collaborative for his contributions to family medicine.

Jay W. Lee, MD, MPH, Director
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Teresa L. Lovins, MD, FAAFP, is currently a physician owner at Lovin My Health DPC in Columbus, Indiana. Lovins has worked in a variety of practice settings and helped to get both an employer-based clinic and a group practice off the ground. During the COVID-19 pandemic, Lovins opened her own hometown direct primary care practice - Lovin My Health DPC.

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Rupal B. Bhingradia, MD, FAAFP, FCUCM, is the new physician member of the board of directors. Bhingradia is chief medical officer at Medexcel USA, where she oversees more than 25 urgent care offices in New York, New Jersey and Connecticut. In addition, she serves as an urgent care physician at New York Doctors Urgent Care and on the advisory council for Master Clinicians, a CME company focused on education in urgent care, telemedicine and hospital medicine.

Rupal B. Bhingradia, MD, *New Physician*
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Chase Mussard, MD, is the resident member of the board of directors. He is a third-year family medicine resident at Oregon Health and Science University. As a medical student, Mussard was active in East Tennessee University's Family Medicine Interest Group and has served in multiple national leadership positions for the AAFP.

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Richard Easterling is the student member of the board of directors. He is a fourth-year medical student at the University of Mississippi Medical Center. Easterling serves on the Mississippi Academy of Family Physicians Board of Directors as well as on the AAFP Commission on Federal and State Policy.

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NEW HAMPSHIRE DELEGATION

2021

Resolution 305 (Hawaii B) - Limitation on the Cost of Insulin
NEW HAMPSHIRE DELEGATION

2022

Res. 301 (New Hampshire) - Medical Acupuncture for Chronic Low Back Pain

Res. 507 (New Hampshire) - Opposing and Eliminating All Types of Restrictive Covenants on the Practice of Family Medicine
Resolutions of Particular Interest are in the Following Format:

Reference *number* followed by *title*

Adoption status

Adopted RESOLVE clause

*(My summary/interpretation)*
RESOLVED, That the American Academy of Family Physicians direct its delegation to the Relative Value Scale (RUC) Update Committee to explore a resurvey of the Current Procedural Terminology codes used to report acupuncture

*(Medicare only “covers” acupuncture when performed by a physician specifically for low back pain. The amount is woefully inadequate for the cognitive and procedure skill required. This resolutions seeks to remedy this.)*
RESOLVED, That the American Academy of Family Physicians, in conjunction with stakeholders, develop metrics, similar to those developed by CMS to evaluate physicians and practices, that evaluate the collaboration, communication, and service of health insurance companies with physicians, nonphysician healthcare providers in the healthcare team, and patients, and be it further,

RESOLVED, That the American Academy of Family Physicians advocate for all health insurance companies to be required to report their performance of those metrics annually consistent with the CMS requirements for “customer service surveys of physicians and practices” be published, and be it further,
RESOLVED, That the American Academy of Family Physicians assist states in advocacy with their state insurance commissions, to incentivize insurance company performance.

Fiscal Note: None

(Physicians are held to standard insurance companies are not; this resolution seeks even treatment.)
RESOLVED, That the American Academy of Family Physicians advocate for the reduction of prior authorization requirements of health insurance companies through the creation of and adoption of standardized prior authorization criteria. Fiscal Note: None

(This resolution calls for national standardized prior auth criteria.)
RESOLVED, That the American Academy of Family Physicians advocate for the development of International Classification of Diseases, Tenth Revision, Clinical Modification codes for gender affirming care that are reflective of the patient experience. Fiscal Note: none

(This resolution calls for modernization of disease classification with regards to gender affirming care commensurate with care experience.)
Board Report H

Reproductive Decisions, Promoting Access to Medication and Aspiration Terminations by Family Physicians

Adopted

The AAFP supports family physicians who have the training, experience, and demonstrated competence in providing medication and aspiration terminations. (July 2022 BOD)

(Reaffirms support and specifies AAFP policy on family physicians providing abortion care.)
RESOLVED, That the American Academy of Family Physicians advocate for continued research into the influence of forest management strategy, especially but not limited to old growth forests, on population health, and consider that research when developing Academy environmental health policy positions. Fiscal Note: $7,500

*(Encourages the AAFP to take a leadership role in understanding population health implications from environmental degradation.)*
RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the transition away from using petroleum-based products or natural gas for cooking, water heating, and building heating and towards use of electric heat and appliances, while considering the equity and socio-economic impact of any policies or incentives advocated for by the AAFP. Fiscal Note: None

(This resolution encourages renewable energy transition of building while assessing the impact of such a conversion on social equity.)
Reference Committee on Health of the Public and Science

409 **Oppose Residency Collaboration with Crisis Pregnancy Centers**

**Extracted, divided, Resolved #1 not adopted, Resolved #2 adopted**

RESOLVED, That the American Academy of Family Physicians issue a statement opposing residency collaboration with Crisis Pregnancy Centers (CPCs), specifying that collaborating with CPCs is contrary to the AAFP's policy on reproductive decisions, which states that residents and medical students should learn to provide counseling that includes the full range of reproductive options as part of their medical training, and be it further

RESOLVED, That the American Academy of Family Physicians provide guidance to program directors and other relevant stakeholders on the investigation of Non-Profit women's health centers to determine whether or not they are a CPC and/or not practicing evidence based medicine.
Reference Committee on Advocacy

502: Increase Funding to Safety Net Hospitals

Substitute:

RESOLVED, That the American Academy of Family Physicians advocate for increased funding for safety net hospitals and hospitals that serve predominantly low-income populations
505: Providing Recommended Vaccines Under Medicare Parts B and C

RESOLVED, That the American Academy of Family Physicians amend its current policy on immunization coverage to read: The AAFP believes that all public and private insurers should include as a covered benefit immunizations recommended for routine use by the AAFP and ACIP without copayments or deductibles within all plans, including Medicare Parts B and C.
RESOLVED, That the American Academy of Family Physicians strengthen its existing policy against restrictive covenants to include non-compete activities that interfere with the physician-patient relationship and patient access to care, and be it further,

RESOLVED, That the American Academy of Family Physicians advocate with federal lawmakers and relevant federal entities (e.g., Federal Trade Commission) to eliminate non-compete clauses and non-compete activities for family physicians and educate lawmakers on the impact that these clauses and activities have on patient access to and quality of care, physician well-being, and physician shortages.
RESOLVED, That the American Academy of Family Physicians, in conjunction with stakeholders, develop metrics, similar to those developed by CMS to evaluate physicians and practices, that evaluate the collaboration, communication, and service of health insurance companies with physicians, nonphysician healthcare providers in the healthcare team, and patients, and be it further,

RESOLVED, That the American Academy of Family Physicians advocate for all health insurance companies to be required to report their performance of those metrics annually consistent with the CMS requirements for “customer service surveys of physicians and practices” be published, and be it further,

RESOLVED, That the American Academy of Family Physicians assist states in advocacy with their state insurance commissions, to incentivize insurance company performance. Fiscal Note: None

(Physicians are held to standard insurance companies are not; this resolution seeks even treatment.)
Reference Committee on Practice Enhancement

301 Medical Acupuncture for Chronic Low Back Pain (New Hampshire)

Substitute adopted

RESOLVED, That the American Academy of Family Physicians direct its delegation to the Relative Value Scale (RUC) Update Committee to explore a resurvey of the Current Procedural Terminology codes used to report acupuncture

(Medicare only “covers” acupuncture when performed by a physician specifically for low back pain. The amount is woefully inadequate for the cognitive and procedure skill required. This resolutions seeks to remedy this.)
RESOLVED, That the American Academy of Family Physicians advocate for the reduction of prior authorization requirements of health insurance companies through the creation of and adoption of standardized prior authorization criteria. Fiscal Note: None

(This resolution calls for national standardized prior auth criteria.)
307 Advocating for New ICD Codes for Genderaffirming Care

Substitute adopted
RESOLVED, That the American Academy of Family Physicians advocate for the development of International Classification of Diseases, Tenth Revision, Clinical Modification codes for genderaffirming care that are reflective of the patient experience. Fiscal Note: none

(This resolution calls for modernization of disease classification with regards to genderaffirming care commensurate with care experience.)

Board Report H Reproductive Decisions, Promoting Access to Medication and Aspiration Terminations by Family Physicians

Adopted

The AAFP supports family physicians who have the training, experience, and demonstrated competence in providing medication and aspiration terminations. (July 2022 BOD)

(Reaffirms support and specifies AAFP policy on family physicians providing aborting care.)
Reference Committee on Health of the Public and Science

401 Protecting Old-Growth Forest as an Environmental Health Strategy

Adopted

RESOLVED, That the American Academy of Family Physicians advocate for continued research into the influence of forest management strategy, especially but not limited to old growth forests, on population health, and consider that research when developing Academy environmental health policy positions. Fiscal Note: $7,500

(Encourages the AAFP to take a leadership role in understanding population health implications from environmental degradation.)
RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the transition away from using petroleum-based products or natural gas for cooking, water heating, and building heating and towards use of electric heat and appliances, while considering the equity and socio-economic impact of any policies or incentives advocated for by the AAFP. Fiscal Note: None

(This resolution encourages renewable energy transition of building while assessing the impact of such a conversion on social equity.)
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Resolution ideas???