Preview: 116th Congress
Advocacy Agenda & Priorities

Working Party
January 2018
Important Notice

• At the time this presentation was submitted, the Federal government remained in a partial shut-down. The information and strategic objectives contained in this presentation will be impacted and influenced by the negotiations associated with funding the government.

• Therefore, please be mindful that the content of this presentation is subject to change based on the outcome of pending legislative matters from the 115th Congress.
2018 Mid-Term Congressional Elections
Key Takeaways

• Partisan divisions deepened – driven by geography and economic/demographic factors
• Turn out was high – 51% of eligible voters, voted
• Women – especially suburban women
• Health care was major issue for most, but for different reasons
• President Trump – 60% of voters listed POTUS as a reason for their vote (pro & con)
• The 116th Congress will be the most diverse in the history of the country.
• The South
EXIT POLLS, BY THE NUMBERS

Top Election Issue

- Health Care: 41%
- Immigration: 14%
- Economy: 11%
- Gun policy: 21%
- Other: 23%

Who Would Best Protect Coverage for Pre-Existing Conditions

- Republicans: 58%
- Democrats: 34%
- Other: 8%

Nearly 6 in 10 voters said it should be the responsibility of the federal government to make sure that all Americans have health care coverage.

Trump Effect

- 45 percent of voters approve of Trump’s job performance — a finding that is largely consistent with recent polling
- Nearly two-thirds of voters said Trump was a reason for their vote, while about a third said he was not.
- Nearly 4 in 10 voters said they cast their ballots to express opposition to the president, while a quarter of voters said they voted to express support for Trump.

SOURCE: NBC exit polls, Nov 6, 2018

SOURCE: AP VoteCast
https://apnews.com/222fd1571d744aec903604542eb11b70

In the end, Dem candidates focusing on health care -- more than Trump -- paid off for them.
The 116th Congress represents the biggest jump in women members since the 1990s

Women representatives, by party

House of Representatives

24% women
(106 of 441 members)

Senate

25% women
(25 of 100 senators)


PEW RESEARCH CENTER

AMERICAN ACADEMY OF FAMILY PHYSICIANS
Composition of the 116th Congress: Senate

Partisan makeup of the Senate compared to the previous Congress

- Seats flipped R to D (Total: 2)
- Seats flipped D to R (Total: 4)

*Independents Sanders and King, who caucus with the Democrats, have been included in the Democratic tally

<table>
<thead>
<tr>
<th></th>
<th>115th</th>
<th>116th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republican</td>
<td>51</td>
<td>53</td>
</tr>
<tr>
<td>Democrat</td>
<td>49</td>
<td>47</td>
</tr>
<tr>
<td>Not yet called</td>
<td>0</td>
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</tr>
</tbody>
</table>

50 votes for majority

60 votes for supermajority
### Senate Committee Chairs & Ranking Members

<table>
<thead>
<tr>
<th>Committee</th>
<th>Ranking Member</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging</td>
<td>Bob Casey, Jr. (D-PA)</td>
<td>Susan Collins (R-ME)</td>
</tr>
<tr>
<td>Agriculture, Nutrition, &amp; Forestry</td>
<td>Debbie Stabenow (D-MI)</td>
<td>Pat Roberts (R-KS)</td>
</tr>
<tr>
<td>Appropriations</td>
<td>Patrick Leahy (D-VT)</td>
<td>Richard Shelby (R-AL)</td>
</tr>
<tr>
<td>Armed Services</td>
<td>Jack Reed (D-RI)</td>
<td>Jim Inhofe (R-OK)</td>
</tr>
<tr>
<td>Banking, Housing, &amp; Urban Development</td>
<td>Sherrod Brown (D-OH)</td>
<td>Mike Crapo (R-ID)/</td>
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<tr>
<td></td>
<td></td>
<td>Pat Toomey (R-PA)</td>
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<tr>
<td>Budget</td>
<td>Bernie Sanders (I-VT)</td>
<td>Mike Enzi (R-WY)</td>
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<tr>
<td>Commerce, Science, &amp; Transportation</td>
<td>Maria Cantwell (D-WA)</td>
<td>John Thune (R-SD)</td>
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<tr>
<td>Energy &amp; Natural Resources</td>
<td>Maria Cantwell (D-WA)/</td>
<td>Lisa Murkowski (R-AK)</td>
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<tr>
<td></td>
<td>Ron Wyden (D-OR)</td>
<td></td>
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<tr>
<td>Environment &amp; Public Works</td>
<td>Tom Carper (D-DE)</td>
<td>John Barrasso (R-WY)</td>
</tr>
<tr>
<td>Ethics</td>
<td>Christopher Coons (D-DE)</td>
<td>Johnny Isakson (R-GA)</td>
</tr>
</tbody>
</table>
# Senate Committee Chairs & Ranking Members

<table>
<thead>
<tr>
<th>Committee</th>
<th>Ranking Member</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>Ron Wyden (D-OR)</td>
<td>Chuck Grassley (R-IA)</td>
</tr>
<tr>
<td>Foreign Relations</td>
<td>Bob Menendez (D-NJ)</td>
<td>Jim Risch (R-ID)/ Marco Rubio (R-FL)</td>
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<tr>
<td>Health, Education, Labor, &amp; Pensions</td>
<td>Patty Murray (D-WA)</td>
<td>Lamar Alexander (R-TN)</td>
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<tr>
<td>Homeland Security &amp; Government Affairs</td>
<td>Tom Carper (D-DE)</td>
<td>Ron Johnson (R-WI)</td>
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<tr>
<td>Indian Affairs</td>
<td>Tom Udall (D-NM)</td>
<td>John Hoeven (R-ND)</td>
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<tr>
<td>Intelligence</td>
<td>Mark Warner (D-VA)</td>
<td>Richard Burr (R-NC)</td>
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<tr>
<td>Judiciary</td>
<td>Dianne Feinstein (D-CA)</td>
<td>Lindsay Graham (R-SC)</td>
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<tr>
<td>Rules &amp; Administration</td>
<td>Amy Klobuchar (D-MN)</td>
<td>Roy Blunt (R-MO)</td>
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<tr>
<td>Small Business &amp; Entrepreneurship</td>
<td>Jeanne Shaheen (D-NH)</td>
<td>Jim Risch (R-ID)/ Marco Rubio (R-FL)</td>
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<tr>
<td>Veterans’ Affairs</td>
<td>Jon Tester (D-MT)</td>
<td>Johnny Isakson (R-GA)</td>
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</table>
Control of Congress over time: Senate

Partisan makeup of the US Senate over time
1981-2019; COMPOSITION AT BEGINNING OF TERM

*Independents Sanders and King, who caucus with the Democrats, have been included in the Democratic tally.
Composition of the 116th Congress: House

Partisan makeup of the House compared to the previous Congress

- Seats flipped R to D (Total: 42)
- Seats flipped D to R (Total: 3)
- Not yet called (color outline is incumbent’s party)

<table>
<thead>
<tr>
<th></th>
<th>115th</th>
<th>116th</th>
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</thead>
<tbody>
<tr>
<td>Republican</td>
<td>236</td>
<td>199</td>
</tr>
<tr>
<td>Democrat</td>
<td>195</td>
<td>234</td>
</tr>
<tr>
<td>Not yet called</td>
<td>4</td>
<td>2</td>
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</tbody>
</table>

218 votes needed to pass
2018 U.S. House of Representatives

Republican won
Democrat won
Election not yet called

- Republican: 199
- Democrat: 234
- Independent: 0
- Not yet called: 2
# House Committee Chairs & Ranking Members

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair</th>
<th>Ranking Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Zoe Lofgren (D-NY)</td>
<td>Rodney Davis (R-IL)</td>
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<tr>
<td>Agriculture</td>
<td>Collin Peterson (D-MN)</td>
<td>Mike Conaway (R-TX)</td>
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<td>Appropriations</td>
<td>Nita Lowey (D-NY)</td>
<td>Robert Aderholt (R-AL)</td>
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<td>Armed Services</td>
<td>Adam Smith (D-WA)</td>
<td>Mac Thornberry (R-TX)</td>
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<tr>
<td>Budget</td>
<td>John Yarmuth (D-KY)</td>
<td>Steve Womack (R-AR)</td>
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<td>Education and the Workforce</td>
<td>Bobby Scott (D-VA)</td>
<td>Virginia Foxx (R-NC)</td>
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<td>Energy and Commerce</td>
<td>Frank Pallone (D-NJ)</td>
<td>Greg Walden (R-OR)</td>
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<tr>
<td>Ethics</td>
<td>Ted Deutch (D-FL)</td>
<td>Susan Brooks (R-IN)</td>
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<tr>
<td>Financial Services</td>
<td>Maxine Waters (D-CA)</td>
<td>Peter King (R-NY)</td>
</tr>
<tr>
<td>Foreign Affairs</td>
<td>Eliot Engel (D-NY)</td>
<td>Chris Smith (R-NJ)</td>
</tr>
<tr>
<td>Committee</td>
<td>Chair</td>
<td>Ranking Member</td>
</tr>
<tr>
<td>----------------------------------</td>
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</tr>
<tr>
<td>Homeland Security</td>
<td>Bennie Thompson (D-MS)</td>
<td>Mike Rogers (R-AL)</td>
</tr>
<tr>
<td>Intelligence</td>
<td>Adam Schiff (D-CA)</td>
<td>Devin Nunes (R-CA)</td>
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<tr>
<td>Judiciary</td>
<td>Jerry Nadler (D-NY)</td>
<td>Steve Chabot (R-OH)/</td>
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<tr>
<td></td>
<td></td>
<td>Doug Collins (R-GA)</td>
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<tr>
<td>Natural Resources</td>
<td>Raul Grijalva (D-AZ)</td>
<td>Rob Bishop (R-UT)</td>
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<tr>
<td>Oversight &amp; Government Reform</td>
<td>Elijah Cumming (D-MD)</td>
<td>Jim Jordan (R-OH)</td>
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<tr>
<td>Rules</td>
<td>Jim McGovern (D-MA)</td>
<td>Tom Cole (R-OK)</td>
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<td>Science, Space &amp; Technology</td>
<td>Eddie Bernice Johnson (D-TX)</td>
<td>Frank Lucas (OK-3)</td>
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<tr>
<td>Small Business</td>
<td>Nydia Velázquez (D-NY)</td>
<td>Steve Chabot (R-OH)/</td>
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<td></td>
<td></td>
<td>Steve King (R-IA)</td>
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<tr>
<td>Transportation &amp; Infrastructure</td>
<td>Peter DeFazio (D-OR)</td>
<td>Sam Graves (R-MO)</td>
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<td>Veterans’ Affairs</td>
<td>Mark Takano (D-CA)</td>
<td>Phil Roe (R-TN)</td>
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<tr>
<td>Ways &amp; Means</td>
<td>Richard Neal (D-MA)</td>
<td>Kevin Brady (R-TX)</td>
</tr>
</tbody>
</table>
Control of Congress over time: House of Representatives

Partisan makeup of the US House over time
1981-2019; COMPOSITION AT BEGINNING OF TERM

- Republicans
- Democrats
- Not yet called
Change in Governorships

- Democratic gain (7)
- Democratic hold (9)
- Republican gain (1)
- Republican hold (19)
Governorships

- Democratic governor (23)
- Republican governor (27)
Control of Executive & Legislative Branches of Government

- Dem legislature, Dem governor
- Dem legislature, GOP governor
- Split legislature, Dem governor
- GOP legislature, GOP governor
- GOP legislature, Dem governor
- Non-partisan legislature, GOP governor
Medicaid Expansion

- Medicaid Expansion
  - Expanded Medicaid
  - Not expanded Medicaid

State Ballot Measure Result

<table>
<thead>
<tr>
<th>State</th>
<th>Ballot Measure</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID</td>
<td>Medicaid expansion</td>
<td>Pass</td>
</tr>
<tr>
<td>NE</td>
<td>Medicaid expansion</td>
<td>Pass</td>
</tr>
<tr>
<td>MT</td>
<td>Permanent extension of Medicaid expansion</td>
<td>Fail</td>
</tr>
<tr>
<td>UT</td>
<td>Medicaid expansion with funding provision</td>
<td>Pass</td>
</tr>
</tbody>
</table>
Vision, Mission, & Member Value Statement

• The Vision of the American Academy of Family Physicians (AAFP) is to **transform health care to achieve optimal health for everyone**.

• The Mission of the American Academy of Family Physicians is to **improve the health of patients, families, and communities** by serving the needs of members with professionalism and creativity.

• The AAFP provides value to its members by advancing the specialty of family medicine, **strengthening members’ collective voice**, and providing solutions to enhance the patient care members provide.
The Defining Issue: Health Care Costs
The Economics of Health Care

• We think about health care as a human issue.
• We legislate on health care as an economic issue.
A Bigger Bite

Middle-class families’ spending on health care has increased 25% since 2007. Other basic needs, such as clothing and food, have decreased.

Percent change in middle-income households’ spending on basic needs (2007 to 2014)

Health care
-3.6
-6.0
-6.3
-6.4
-7.6
-18.8

Food at home
Housing
Total
Transportation
Total food
Food away from home
Clothing

24.8%

Sources: Brookings Institution analysis of Consumer Expenditure Survey, Labor Department
THE WALL STREET JOURNAL.
What did health spending pay for?

Another way to visualize this spending is to consider what kinds of services and products were paid for.

The vast majority of health spending pays for personal health care — medical goods and services that prevent or treat a specific disease for a specific person. Of this spending, most goes to hospitals and physicians.

Approximately 8 percent of health spending pays for the administrative costs associated with public and private insurance. Seven percent pays for long-term investments in public health, research, structures and non-research medical equipment.

IN BILLIONS OF DOLLARS, 2017

$2,951  PERSONAL HEALTH CARE

Hospital care  $1,143

Physician and clinical services  $694

Dental services  $120

Other professional services  $97

Nursing care facilities and continuing care retirement communities  $166

Home health care  $97

Other health, residential and personal care  $183

Retail prescription drugs  $334

Other non-durable retail equipment  $61

Retail durable medical equipment  $54

PUBLIC AND PRIVATE ADMIN.

PUBLIC ADMIN.  $275

Private admin.  $230

Government public health activities  $89

Structures and equipment  $116

Research  $51

PUBLIC HEALTH & INVESTMENT  $256


By Tucker Doherty, POLITICO Pro DataPoint
National health care spending has increased by $3,000 per person since 1980

Per capita health care spending
1980-2016

Hospital spending makes up almost 35% of total national health expenditures

Retail drug spending represents 10% of U.S. health care spending

National health expenditures, $3,337
Personal health care, $2,834
Hospital care, $1,083
Physician and clinical services, $665
Prescription drugs, $329

Sources: Health Expenditures, Centers for Medicare & Medicaid Services.
Prices for medical care started rising significantly faster than overall inflation in the mid-1960s. Prices have been the driver, not the amount of care, for the increase in U.S. spending compared with other countries, according to many economists.

Drug prices have risen the most of the three largest components of health spending since 2000, followed by hospital care and physician services.
One reason prices are rising: Hospitals are becoming more consolidated and are using their market clout to negotiate higher prices from insurers.

Percentage of population in metropolitan areas' with high market concentrations

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</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>60%</td>
<td>65%</td>
<td>70%</td>
<td>75%</td>
<td>80%</td>
<td>85%</td>
<td>90%</td>
</tr>
<tr>
<td>Insurers</td>
<td>40%</td>
<td>45%</td>
<td>50%</td>
<td>55%</td>
<td>60%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Specialist physicians</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>40%</td>
<td>45%</td>
<td>50%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: Nicholas C. Petris Center on Health Care Markets and Consumer Welfare, School of Public Health, University of California, Berkeley. With fewer than three million people.

This consolidation contributes to the overall increase in health costs, research suggests. Hospitals with a monopoly in a geographic market charge significantly more for procedures than those in markets with four or more competing hospitals.
Drug prices have risen the most of the three largest components of health spending since 2000, followed by hospital care and physician services.

Source: Labor Department

Price growth since 2000

- Prescription drugs: +69%
- Hospital care: +60%
- Physician and clinical services: +23%

Source: Centers for Medicare & Medicaid Services
Health Care Coverage & Financing
Health Care Coverage Trends

• About 60 percent of all adults aged 18-64 obtain health insurance through their workplace.
• From 2007 to 2017, the percentage of employees choosing a traditional plan fell from 85 percent to 57 percent.
• Over the same period, the percentage opting for a plan with a higher deductible rose from 15 percent to 44 percent.
• Higher-educated and more affluent employees are most likely to skip the traditional plan for a higher deductible with an HSA.
Figure 4.
Uninsured Rate by Single Year of Age: 2013, 2016, and 2017
(Civilian noninstitutionalized population)

Percent

For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2017.pdf>.

Figure 7. Uninsured Rate by State: 2017 (Civilian noninstitutionalized population)
Medicaid Expansion Had A Positive Impact on Reducing the Number of Uninsured

Figure 5.
Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2013, 2016, and 2017
(Civilian noninstitutionalized population)
### Type of coverage by family income, 2017

**AMONG ADULTS AGED 18-64 WITH EMPLOYMENT-BASED PLAN**

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Traditional Plan</th>
<th>HDHP, No HSA</th>
<th>HDHP + HSA</th>
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</thead>
<tbody>
<tr>
<td>138% of federal poverty level or less</td>
<td>59.9%</td>
<td>32.2%</td>
<td>7.9%</td>
</tr>
<tr>
<td>138%-250% FPL</td>
<td>60.6%</td>
<td>27.2%</td>
<td>12.2%</td>
</tr>
<tr>
<td>250%-400% FPL</td>
<td>58.1%</td>
<td>26.1%</td>
<td>15.8%</td>
</tr>
<tr>
<td>400%+ FPL</td>
<td>55.5%</td>
<td>22.6%</td>
<td>22.0%</td>
</tr>
</tbody>
</table>

*Note: Totals do not sum to 100 percent because of independent rounding.*
<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Traditional Plan</th>
<th>HDHP, No HSA</th>
<th>HDHP + HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than HS</td>
<td>61.1%</td>
<td>28.2%</td>
<td>10.7%</td>
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<tr>
<td>HS diploma or GED</td>
<td>59.5%</td>
<td>27.1%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Some college</td>
<td>57.6%</td>
<td>25.8%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
<td>54.3%</td>
<td>21.8%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

Note: Totals do not sum to 100 percent because of independent rounding.
Percentage of adults aged 18-64 with employment-based health insurance, by type of coverage

Note: Totals do not sum to 100 percent because of independent rounding.
94% of net job growth in the last decade were in jobs without traditional benefits
-Dave Chase
Legislative & Regulatory Priorities
Mission Driven Strategic Objectives

**Health Care Coverage**
- Market Stabilization
- Four Pillars of Insurance
  - Guaranteed issuance
  - EHB
  - Rating bands
  - Annual/lifetime caps
- Medicaid Expansion
- Health Care Reform 3.0

**Health Care Affordability**
- Cost of Administrative Functions
- Primary Care Benefit
- High-Deductible Health Plans
- Prescription Drugs (access/cost)

**Health Care Financing**
- Primary Care Investment
- Relationship of public and private health care systems

Emphasis on Rural Communities & Populations
AAFP Strategic Priorities

- Payment Reform
- Practice Transformation
- Workforce
- Clinical Expertise
Payment Reform

- Primary Care Investment
- Advanced Primary Care-APM
- E&M Valuation

- MACRA Reforms
- Medicaid2Medicare Payment Parity
- Appropriate Use Criteria
Payment Reform
2 Themes | 6 Functions

Primary Care Investment

Transition from fee-for-service to APMs

MACRA
Advanced Primary Care APM
Independent Practices
Inputs & Values
Health Services Research
Evaluation

Direct Primary Care
Practice Transformation

- Administrative & Regulatory Reform
- Electronic Health Records
- Quality Measure/Reporting

- AI & ML at practice level
- Direct Primary Care
- Social Determinants of Health
- Rural Delivery Models
Workforce

- Teaching Health Centers
- Rural Training Tracks
- National Health Service Corps

- Rotator Cap Exemption
- Workforce Commission
- GME Reforms (comprehensive)
Clinical Expertise

- FDA Tobacco Regulations
- PCORI Reauthorization
- AHRQ Funding

- Social Determinants of Health (Medicare/Medicaid)
- Clinical Guidelines Clearinghouse
AAFP Is A Top Performing Advocacy Organization in Washington, DC
In the 2018 Study of Most Prominent Associations, AAFP Retained the #2 Overall Spot

The Washington Policy Brand Index is a combination of scores on the four distinct measures of an organization's long-term policy reputation: Respect, Consideration, Influence, and Sharing.

Source: Ballast Research survey and analysis. Interview verbatims edited slightly for clarity.
AAFP is a Top Performer on Each Individual Measure of Reputation

Measures of Policy Reputation
Comparison to Average of All 48 Prominent Associations in Washington Studied

<table>
<thead>
<tr>
<th>Measure</th>
<th>AAFP</th>
<th>Association Average</th>
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</thead>
<tbody>
<tr>
<td>Respect</td>
<td>70.2/48</td>
<td>61.2/48</td>
</tr>
<tr>
<td>Consideration</td>
<td>71.2/48</td>
<td>60.9/48</td>
</tr>
<tr>
<td>Influence</td>
<td>62.8/48</td>
<td>50.8/48</td>
</tr>
<tr>
<td>Sharing</td>
<td>58.5/48</td>
<td>46.3/48</td>
</tr>
</tbody>
</table>

How much do you generally respect the organization's role in the public debate?
How likely are you to genuinely consider the organization’s position on issues?
How likely are your views to be favorably influenced by the organization’s views?
How likely are you to seek out or share the organization’s opinion on an issue?

Source: Ballast Research survey and analysis. Interview verbatims edited slightly for clarity.
AAFP’s Views are More Likely to Be Sought Out Than Any Other Association Studied

Sharing

Survey Question: “How likely are you to seek out or share the organization’s opinion on an issue?”

Source: Ballast Research survey and analysis. Interview verbatims edited slightly for clarity.
AAFP is the 2nd Most Effective Organization Among the 48 Associations Studied

Measures of Policy Reputation

Comparison to Average of All 48 Prominent Associations in Washington Studied

The Washington Policy Brand Index is a combination of scores on the four distinct measures of an organization’s long-term policy reputation: Respect, Consideration, Influence, and Sharing.

- Policy Brand Index
  - 2nd / 48
  - AAFP: 66.8, Peer Assn. Avg: 64.5, Prominent Assn. Avg: 56.4

- Respect
  - 3rd / 48

- Consideration
  - 2nd / 48
  - AAFP: 71.2, Peer Assn. Avg: 68.9, Prominent Assn. Avg: 60.9

- Influence
  - 3rd / 48
  - AAFP: 82.8, Peer Assn. Avg: 59.2, Prominent Assn. Avg: 50.8

- Sharing
  - 1st / 48

How much do you generally respect AAFP’s role in the public debate?
How likely are you to genuinely consider AAFP’s position on issues?
How likely are your views to be favorably influenced by AAFP’s views?
How likely are you to seek out or share AAFP’s opinion on an issue?
AAFP Brings a Balanced Perspective to Policy Discussions

Survey Question: Does AAFP negotiate for consensus and is AAFP open to making reasonable trade-offs on tough issues?

Negotiates for Consensus

Comparison to All Associations Studied

Average Score across all Associations = 60.2

Top Performers

AAFP
(2nd / 48)
AAFP Connects Policymakers to Voices From the Provider Community

Public Engagement
Comparison to All Associations Studied

Survey Question: Does AAFP effectively mobilize individual stakeholders (e.g. employees, members, the public) to engage policymakers?
Policymakers Consider and Seek Out AAFP’s Stance on Issues

Consideration
Comparison to All Associations Studied

Sharing
Comparison to All Associations Studied

How likely are you to genuinely consider AAFP’s position on issues?

How likely are you to seek out or share the organization’s opinion on an issue?

Average Score = 60.9

Average Score = 46.3
Survey Question: Does AAFP participate in effective coalitions with credible partner organizations and thought leaders?
AAFP Advocacy Resources & Programs

FIGHTING FOR FAMILY MEDICINE
Find out how the AAFP is currently working on the Hill to protect and promote the specialty of family medicine.

Family Medicine Action Network

IN THE TRENCHES™

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Strong Action for Family Medicine
FIGHTING FOR FAMILY MEDICINE