**Summary of Actions:**

**2013 National Conference**

**of Special Constituencies**

2013 Resolutions

**To sort by constituency, select the entire table; click on “table”; click on “sort”; sort by “constituency” or column 3.**

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| ***Res.******No.*** | ***Title and Resolved*** | ***Consti-tuency*** | ***Reference Committee*** | ***Referrals*** | ***Action*** |
| **1001** | **Research And Education on Impact of Marijuana Legalization***RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of disseminating physician education regarding how family physicians can best educate their patients on the personal and public health ramifications of marijuana use, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) encourage public funding to review existing data and support future studies regarding the personal and public health ramifications of marijuana legalization.* | New Physicians | Advocacy | 1st Resolved Clause: Commission on Health of the Public and Science2nd Resolved Clause: Commission on Governmental Advocacy | 1st Resolved Clause:Accept for information. The policy entitled, "Substance Abuse and Alcohol Abuse and Addiction", contains a section on marijuana. That section will be reviewed and updated when the entire policy is considered by Commission on Health of the Public & Science. Moreover, FamilyDoctor.org contains patient education information on marijuana and the effects associated with its use.***Update (6/16/2014):***The policy entitled, "Substance and Alcohol Abuse and Addiction", is being updated and will refer to the AAFP's policy on marijuana. The policy entitled, "Marijuana", is being reviewed and updated by the commission. FamilyDoctor.org contains patient education information on substance abuse.2nd Resolved Clause:Accept for information. Opportunities to promote objective funding for studies of marijuana legalization are unlikely in the current budgetary environment. |
| **1002** | **Funding for Research on Gun Violence***RESOLVED, That the American Academy of Family Physicians (AAFP) support increased research into how gun violence impacts public health, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) support the use of federal funding for gun violence research.* | GLBT, Women | Advocacy | 1st Resolved Clause: Commission on Health of the Public and Science2nd Resolved Clause: Commission on Governmental Advocacy | 1st Resolved Clause:Reaffirm. The AAFP already sent a letter on July 13, 2013 to members of the House Appropriations Committee asking that the CDC conduct research on causes and prevention of gun violence and research on gun violence. Moreover, the AAFP policy entitled, "Firearms and Safety Issues", was amended to include a statement supporting strong research regarding how gun laws and regulations have affected or will affect rates of injuries, deaths and suicides.***Update (6/16/2014):***The AAFP policy entitled, "Firearms and Safety Issues", has been amended to include a statement supporting strong research regarding how gun laws and regulations have affected or will affect rates of injuries, deaths, and suicides.2nd Resolved Clause:Reaffirm. This resolution is being addressed through current AAFP policy and through current projects and activities. |
| **1003** | **Regulation of Electronic Cigarettes***RESOLVED, That the American Academy of Family Physicians (AAFP) support the regulation of electronic cigarettes by the Food and Drug Administration.* | GLBT | Advocacy | Commission on Governmental Advocacy | Accept for information. The commission recognizes that this is an important issue. However, since the US Congress has given FDA explicit authority to regulate tobacco-related products there is no need to distinguish regulation of e-cigarettes as either a drug or device. Staff will send a letter to the FDA regarding the concerns of e-cigarettes and the effect the vapors may have on individuals. |
| **1004** | **Additional Graduate Medical Education Residency Positions – Make Them Family Medicine***RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that a majority of new graduate medical education residency positions be allocated to family medicine.* | IMG | Advocacy | Board of Directors | Accept for information. The Board reviewed information provided by staff in the Medical Education Division. The AAFP’s current policy is to follow COGME 20th report; however, the resolution seems to be requesting more than the 40%. There is good evidence for the 40%, but there is no evidence to support "more." |
| **1005** | **Supporting Reorganization of Conrad 30 Waiver Program***RESOLVED, That the American Academy of Family Physicians (AAFP) actively support any effort aimed at reorganization of the “Conrad 30 Waiver” program leading to an increase in the number of available Conrad 30 slots.*  | IMG | Advocacy | Commission on Governmental Advocacy | Accept for information. The commission noted that the AAFP should communicate to the International Medical Graduates constituency that the AAFP has already communicated to Congress the importance of expanding the number of Conrad 30 waivers.  |
| **1006** | **Controlled Substances Nationwide Tracking System***RESOLVED, That the American Academy of Family Physicians (AAFP) support interoperability of state-based tracking systems for controlled substances that every provider can access.*  | Minority | Advocacy | Commission on Governmental Advocacy | Reaffirm. Although the AAFP does not have explicit policy on a nationwide tracking system for controlled substances, it has supported funding for the program authorized by the National All Schedules Prescription Electronic Reporting (NASPER) Act of 2005.  |
| **1007** | **Interference With Provider Patient Relationship***RESOLVED, That the American Academy of Family Physicians (AAFP) support the complete repeal of the federal legislation known as the Patient Protection and Affordable Care Act, (PPACA), and all recent federal rules, regulations, committees, taxes, penalties, audits, and other associated boards and funding related to this bill, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) support the repeal of boards and committees including Federal Coordinating Council for Comparative Effectiveness Research authorized by the American Recovery and Reinvestment Act, and the Independent Payment Advisory Board for Medicare, both of which interfere with the provider/patient relationship, and allow total federal control of the free market system of health care in the United States with the potential to cause federal rationing of health care services.* | Women | Advocacy |  | Not adopted by the 2013 National Conference of Special Constituencies delegation. |
| **1008** | **Access To Oral Contraceptives***RESOLVED, That the American Academy of Family Physicians (AAFP) advocate through its resources, including government advocacy, corporate relations or other means, to work toward the elimination of expiration dates of previously approved authorizations of maintenance medications, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) adopt policy recommending that oral contraceptives be made available for retail sale without a prescription.* | Women | Advocacy | Board of Directors | 1st Resolved Clause:Agree. 2nd Resolved Clause:Accept for information. The AAFP should broaden the availability greater than current policy supports, which is that the AAFP “support policies and legislation that would require public and private insurance plans to provide coverage for family planning drugs and supplies that are FDA approved, including those for sale over-the-counter. |
| **1009** | **Pregnancy Counseling Centers Disclosure In Advertising***RESOLVED, That the American Academy of Family Physicians (AAFP) support pregnancy centers disclosing onsite and in its advertising what services it provides or refers for, and which services it does not provide or refer for, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that pregnancy centers follow health information privacy laws and be staffed by qualified, licensed personnel.* | Women | Advocacy |  | Reaffirmed by 2013 National Conference of Special Constituencies delegation as current policy or already being addressed in current projects. |
| **2001** | **Educate Adolescents on Consensual Sex (Don’t Rape)***RESOLVED, That the American Academy of Family Physicians (AAFP) review existing evidence regarding the effectiveness of primary prevention efforts directed at potential sexual assault perpetrators and, if the evidence is supportive, then the AAFP explore creating an educational toolkit for the screening and prevention of sexual assault aimed at potential perpetrators.* | Women | Education | Commission on Health of the Public and Science | Commission members are currently working on a response to the resolution. Updates should be available Summer, 2014.***Update (6/16/2014):***This resolution is still in process. The commission will decide if an educational toolkit should be created, how much it may cost, and the call to action for AAFP members. |
| **2002** | **Promotion of Forensic Sexual Assault & Child Abuse Examination Training***RESOLVED, That the American Academy of Family Physicians identify and make existing resources for the forensic exam of sexual assault and child abuse survivors available to its membership.* | Women | Education | Commission on Health of the Public and Science | Accept for information. Each state and locality has different protocols, training, and technical assistance for healthcare providers who care for those suffering from sexual assault and child abuse (including nonsexual assault forms of child abuse), reporting forms, sex crime kits used to collect evidence, rationale for collecting and preserving evidence, information on sexually transmitted infections and pregnancy prophylaxis, legal issues, financial compensation for examinations, and even crime victim compensation. The breadth of information that would be required to gather for each state’s requirements is wide-ranging and does not fit within the current strategic priorities of the AAFP. |
| **2003** | **Enhancing the Training of Family Physicians in Addiction Medicine***RESOLVED, That the American Academy of Family Physicians endorse the participation of family physicians in the pharmacologic management of addiction.* | Women | Education | Commission on Continuing Professional Development | Reaffirm. The AAFP Curricular Framework defines the core priorities for which content is created. AAFP education is based on gaps in professional practice as determined through needs assessments conducted as a fundamental part of CME activity planning. As such, the following topics have been identified related to CME for family physicians: alcohol use/ prevention/ treatment, behavior issues, health promotion and disease prevention counseling, physician/patient conflict, substance abuse/dependence, tobacco use prevention, smoking cessation, chronic opioid therapy, chronic pain management, and Risk Evaluation Mitigation Strategies (REMS). This education is already in process. |
| **2004** | **Curriculum for End-of-Life Care***RESOLVED, That the American Academy of Family Physicians create a formalized curriculum that addresses end-of-life issues that can be used by physicians and residents for self-directed learning.* | Minority | Education |  | Reaffirmed by 2013 National Conference of Special Constituencies delegation as current policy or already being addressed in current projects. |
| **2005** | **Educational Resources for Non-Pharmacologic Approaches to Chronic Disease***RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational materials and continuing medical education presentations designed to assist family physicians in making informed decisions about evidence-based and effective complementary and non-pharmacological approaches to chronic disease management.* | Minority, New Physicians | Education |  | Reaffirmed by 2013 National Conference of Special Constituencies delegation as current policy or already being addressed in current projects. |
| **2006** | **Educational Resources for Environmental Influences on Health and Disease Processes***RESOLVED, That the American Academy of Family Physicians (AAFP) develop educational materials and continuing medical education (CME) presentations designed to assist family physicians to make informed decisions about evidence-based and effective environmental concerns to acute and chronic approaches to disease management.* | Minority, Women, New Physicians | Education |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **2007** | **Resident Training in Reproductive Options***RESOLVED, That the American Academy of Family Physicians (AAFP) amend its policy on Training in Reproductive Decisions as stated below:* *The American Academy of Family Physicians supports the concept that no physician or other health professional shall be required to perform any act which violates personally held moral principles.**The AAFP recommends that medical students and family medicine residents be trained in counseling and referral skills regarding all options available to pregnant women.**~~The AAFP supports current language in the Program Requirements for Residency Training in Family Practice of the Residency Review Committee for Family Medicine concerning the provision of opportunities for residents to learn procedural skills that they anticipate will be part of their future practices.~~**The AAFP strongly supports the provision of opportunities for residents to learn about all contraceptive options and the opportunity to be trained in family planning procedural skills that they anticipate will be part of their future practices.* | New Physicians | Education | Commission on Education | Agree. The new ACGME RC-FM requirements are much broader and less specific with regard to training in family planning and contraception. The reference to training for procedurals skills that will be part of the resident's future practice has been removed from the requirements. This more general approach by the RC-FM allows program latitude and flexibility in the training they provide, thus the removal of this language does not in any way prevent programs from teaching residents about all contraceptive options or training them in family planning procedural skills, but it also does not require such training be required. -- The proposed RC-FM requirements have not been finalized. The timeline provided by the RC-FM indicates the feedback on the proposed requirements will be reviewed and acted upon at the fall and winter 2013 meetings. The new requirements will go into effect July 2014. The COE's SGC will review all related policies and CGs after the new requirements go into effect. |
| **2008** | **Breastfeeding Education for Patients and Providers***RESOLVED, That the American Academy of Family Physicians (AAFP) make available patient education materials on breastfeeding to include, but not limited to, the benefits of breastfeeding and expectations in the process of breastfeeding, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) support breastfeeding education to family physicians using the AAFP website to highlight evidence-based breastfeeding training modules (i.e. International Board of Lactation Consultant Examiners (IBLCE), supporting the Baby-Friendly Hospital Initiative, and providing breastfeeding educational resources for physicians.* | New Physicians | Education | Commission on Health of the Public and Science | 1st Resolved Clause:Reaffirm. There are a number of patient education materials available on [www.familydoctor.org](http://www.familydoctor.org).2nd Resolved Clause:The AAFP’s Breastfeeding Position Paper (<http://www.aafp.org/about/policies/all/breastfeeding-support.html>) is currently under review. The commission feels that the revisions to the paper will sufficiently address this resolved clause. |
| **2009** | **Protected Time for Organized Medicine in Residency Education***RESOLVED, That the American Academy of Family Physicians communicate with the Association of Family Medicine Residency Directors (AFMRD) to inform them of the concern that residents should have opportunities to participate in organized medicine. In addition, the AAFP should encourage AFMRD to identify and to disseminate best practices that allow residents time away from training to allow participation in organized medicine activities.* | New Physicians | Education | Commission on Education | Agree with Modification. *RESOLVED, That the American Academy of Family Physicians encourage the Association of Family Medicine Residency Directors to identify and disseminate best practices that allow residents to participate in organized medicine.*Leadership opportunities for residents exist at the local, state, regional, and national level. Residents' time away from the training program falls under the rules of the ABFM. The rules are in place to maintain continuity of training and patient care. Leadership positions in professional organizations often require time away from the program to attend meetings and participate in activities. While the time a resident spends participating in organized medicine may be considered part of the health system management experience, it must not interfere with continuity requirements, less the resident be put at risk to delay completion of training or be ineligible to sit for the ABFM board certification exam. Notices regarding leadership opportunities in the AAFP, AFMRD, and other professional organizations are regularly sent to the AFMRD members as they become available. |
| **2010** | **Collaboration with Non-Physician Medical Providers***RESOLVED, That the American Academy of Family Physicians increase guidance on establishing and enhancing collaboration with non-physician medical providers by providing a central website with links to state-specific information concerning physician roles with regards to non-physician medical practice, and be it further**RESOLVED, That the American Academy of Family Physicians collaborate with the Accreditation Council for Graduate Medical Education for inclusion of non-physician medical provider collaboration in residency training.* | IMG, New Physicians | Education |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **2011** | **AAFP Advocates to American Board of Family Medicine on Behalf of Those Holding Certificates of Added Qualifications***RESOLVED, That the American Academy of Family Physicians explore and develop resources for its members for Maintenance of Certification (MOC) that support a broad spectrum of practice styles and areas of concentration.* | IMG | Education | Commission on Continuing Professional Development | Reaffirm. The COCPD recently approved updates to AAFP policy related to definitions of MOC and MOL, acknowledging the need to encompass the broad scope of practice relevant CME with enhanced integration of performance improvement CME including measurements related to patient outcomes. This education is already being performed and will be integrated onto the new PI CME product platform under current development.The American Board of Medical Specialties Maintenance of Certification (ABMS -MOC) is a process designed to document physicians maintain necessary competencies to provide quality patient care in the specialties for which they have been certified, including those requirements related to CAQ. According to ABFM, CAQs are offered in conjunction with other medical specialty boards. Family physicians must be currently certified Diplomates of the ABFM in order to apply and maintain certification in a CAQ. Successful CAQ candidates will be awarded the ABFM Certificate of Added Qualifications. The certificate will be valid for ten years, at which time recertification is required for renewal of the certificate.The American Board of Medical Specialties Maintenance of Certification (ABMS -MOC) is a process designed to document that physicians maintain necessary competencies to provide quality patient care in the specialties for which they have been certified. ABFM utilizes MOC to continually assess ABFM Diplomates through four basic components including evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction, evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning, evidence of cognitive expertise based on performance on an secure, reliable, and valid exam, and evidence of evaluation of performance in practice.The Federation of State Medical Boards (FSMB) Maintenance of Licensure (MOL) also is continuing to evolve. Guiding principles of FSMB-MOL similarly include basic components of reflective self-assessment, assessment of knowledge and skills, and performance in practice.The AAFP Curricular Framework defines the core priorities for which CME content is created at the AAFP. AAFP education is further based on gaps in professional practice as determined through needs assessments conducted as a fundamental part of CME activity planning. The COCPD recently approved updates to AAFP policy related to the definitions of MOC and MOL, acknowledging the need to encompass the broad scope of practice relevant CME with enhanced integration of performance improvement CME which include measurements related to patient outcomes. Specifically related to CAQ education, AAFP members are able to select CME based on their individualized needs. |
| **2012** | **Partnership and Promotion of Family Medicine to International Medical Graduate Residency Applicants***RESOLVED, That the American Academy of Family Physicians promote the existing material including informational videos and other resources, about family medicine, the scope of practice of family physicians, and the training curriculum, to international medical graduates who already are involved in the residency application process in order to make family medicine residency more attractive and to increase the number and quality of applicants to family medicine, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) create partnerships with other organizations that are already assisting international medical graduates to match in family medicine in the United States, such as the University of California, Los Angeles International Medical Graduates Program.* | IMG | Education |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **2013** | **Education to Combat Gender Inequality for Family Medicine Physicians***RESOLVED, That the American Academy of Family Physicians (AAFP) create educational opportunities around negotiation skills, specifically targeted toward women, to be presented at National Conference for Family Medicine Residents and Students, and be it further**RESOLVED, That educational opportunities around negotiation skills, specifically targeted toward women, be available to the general membership in venues such as Scientific Assembly, online, workshops, etc.* | Women | Education | 1st Resolved Clause: Commission on Education2nd Resolved Clause: Commission on Continuing Professional Development | 1st Resolved Clause:Reaffirm. The workshop, "Negotiating a Fair Employment Contract", has been offered at National Conference (NC) at least for the last eight years. The topic of negotiation skills is already on the list of suggested topics for the 2014 NC workshop proposal packet. The topics will be reviewed during the workshop selection process.2nd Resolved Clause:Agree. The AAFP Curricular Framework defines the core priorities for which content is created. AAFP education is based on gaps in professional practice as determined through needs assessments conducted as a fundamental part of CME activity planning. As such, the following topics have been identified related to CME for family physicians: cost concepts and operating a small business, physician leadership, teambuilding, reimbursement and coding, risk management and medical liability, legal issues and regulatory environment, business and professional ethics, health policy, and quality improvement.Educational opportunities presented at the National Conference for Family Medicine Residents and Students are under the purview of the Medical Education Division and COE. Residency 2 Reality is a tool produced by the Medical Education Division that addresses contract negotiation, currently in the planning stages for revision. Additional non-CME opportunities and tools are potentially available through the Practice Advancement Division and CQP. The CQP will be reviewing recently developed documents around contract negotiation and collective negotiation with the goal of finalization of those resources with commission input, distribution to chapters during the summer, and publication in FPM.COCPD chose to additionally share the background of this resolution with SASP and the Learning Strategist Team for consideration during research evaluation and composition of formalized needs assessments for this topic. |
| **3001** | **Updating AAFP Policy Recommendations Regarding Counseling Families on Firearm Safety***RESOLVED, That the American Academy of Family Physicians (AAFP) revise its current policy to recommend that all family medicine providers counsel their patients that homes without guns are the safest with fewer suicides and accidental death, but if people choose to keep guns, physicians should then counsel families regarding trigger locks and storing ammunition separately.* | Women, GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. The policy, “Firearms and Safety Issues”, that was approved by the Board of Directors in 2013 includes sufficient information about gun safety and gun laws. |
| **3002** | **The Oprah Effect: Addressing Health Information in Popular Media***RESOLVED, That the American Academy of Family Physicians (AAFP) caution the public against use of popular media as a primary source of medical information and encourage patients to consult with their family physicians for their healthcare decisions, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) and its consumer alliances promote and expand trusted sources of patient information such as* [*www.familydoctor.org*](http://www.familydoctor.org)*, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) update its communication strategic plan to include means by which to combat health misinformation, to continue training family physicians to address media, and to interact with the ever-changing media environment.* | Women | Health of the Public & Science | Executive Vice President for appropriate staff referral. | 1st Resolved Clause:Reaffirm. AAFP Public Relations staff regularly encourages patients to consult with their family physicians for their healthcare decisions and promotes the quality content available via FamilyDoctor.org, in proactive media outreach campaigns.2nd Resolved Clause:Reaffirm. AAFP’s Division of Strategic Partnerships staff is continually looking for appropriate opportunities to expand and enhance the level and quantity of trusted patient education information available through FamilyDoctor.org, physician offices, and printed materials.3rd Resolved Clause:Reaffirm. AAFP Public Relations staff challenges an article or reporter if we see an error; provides media training to not only AAFP elected officials, but to chapter leaders, FMIG leaders and other individuals on an as-needed basis; and has tactics in place to keep up with the ever-changing media environment, including targeted outreach via social media. |
| **3003** | **Increasing Minority Representation in Family Medicine***RESOLVED, That the American Academy of Family Physicians (AAFP) expand the “Doctors Back to School Program” and further explore other similar programs to increase minority recruitment into family medicine, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) identify the best practices regarding encouraging minority students in grade school through high school to consider careers in family medicine.* | Minority, Women, New Physicians | Health of the Public & Science | 1st Resolved Clause: Commission on Health of the Public and Science/ Commission on Education2nd Resolved Clause: Commission on Education | 1st Resolved Clause:Reaffirm. The program is being promoted through family medicine interest groups (FMIGs). Resources, including collateral materials, are being developed and distributed, heightening awareness of the program. 2nd Resolved Clause:Agree. A report will be requested by the AAFP student liaison to SNMA for the Feb 2014 SRSI meeting that proposes a plan for collaboration with SNMA on a subset of its programs. The commission considered existing programs from organizations that target grade school through high school minority students, and acknowledged the robustness of programs offered by the SNMA, an organization with which the AAFP has a formal collaboration. COE members considered written input from the current and immediate past AAFP student liaisons to SNMA, both of whom suggested the AAFP might be able to collaborate or adopt some existing SNMA programs that target these audiences. Current AAFP programs and initiatives target students at all ages, but focus on medical students especially and undergraduate students more heavily than any other premedical audience. AAFP resources for minority students in particular are targeted toward minority students at the medical school stage of their training. The commission acknowledged the importance for the AAFP to focus its efforts and limited resources on medical student members, but supported looking into ways to collaborate with other organizations to leverage existing resources for other premedical audiences. |
| **3004** | **Universal Implementation of Spanish Patient Educational Materials***RESOLVED, That the American Academy of Family Physicians (AAFP) support the production of educational materials and handouts for non-English speaking patients, where fiscally feasible, and make them readily available to the member physicians for ordering or downloading.* | Minority | Health of the Public & Science | Executive Vice President for appropriate staff referral. | Reaffirm. Content on FamilyDoctor.org, the AAFP’s patient education website, is currently available in English and Spanish. Staff strive to offer 100% of the site’s content in both languages at all times. However, at any given time, for as much as 5% to 10% of the content, the English version will be available about 2 to 4 weeks before the Spanish version owing to new content development or updates of existing content.  |
| **3005** | **Adding Gender Identity and Gender Expression to the Anti-bullying Policy***RESOLVED, That the American Academy of Family Physicians (AAFP) update its Violence, Harassment, and School Bullying Among Children and Adolescents policy to include the phrases “gender identity,” and, “gender expression,” as follows: “Violence, harassment, and bullying that takes place in any venue, including electronic media, for any reason including, but not limited to ethnicity, socioeconomic status, religion, sexual orientation, gender identity, gender expression, physical status, disability, or other personal characteristics, has significant and harmful physical and psychological efforts and should not be tolerated.”* | GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Agree. The commission agreed with the resolution and will add of gender identity and gender expression to the Violence, Harassment, and School Bullying Among children and Adolescents policy.***Update (6/16/2014):***In April, 2014, the board approved the policy update to include language on gender identity and gender expression. |
| **3006** | **HOPE: Human Immunodeficiency Virus (HIV) Organ Policy***RESOLVED, That the American Academy of Family Physicians (AAFP) support amending federal law to allow for the donation of human immunodeficiency virus (HIV) infected organs when medically appropriate to human immunodeficiency virus (HIV) positive patients who knowingly accept the organs, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) support the HOPE (HIV Organ Policy Equity) Act.* | GLBT | Health of the Public & Science | 1st Resolved Clause: Health of the Public and Science (review 1st before 2nd goes to CGA; wait for response2nd Resolved Clause (if 1st Resolved Clause is adopted by CHPS): Commission on Governmental Advocacy  | 1st Resolved Clause: Accept for information. This is already federal law.2nd Resolved Clause:Accept for information. The HIV Organ Policy Equity Act was enacted into law on November 21, 2013.  |
| **3007** | **Update on HIV Screening***RESOLVED, That the American Academy of Family Physicians (AAFP) recommend routine voluntary HIV screening to be offered to all persons age 13 to 64.* | GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. The resolution is not consistent with current AAFP HIV policy, which was just reviewed in 2013. It does not address the risk-based screening and community rates. |
| **3008** | **Universal Screening for Intimate Partner Violence***RESOLVED, That the American Academy of Family Physicians (AAFP) recommend universal screening for intimate partner violence among all adolescents and adults.* | GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. There is lack of evidence of effectiveness of screening for all adults. The Commission on Health of the Public & Science will propose to the USPSTF that it prioritize Universal Screening for Intimate Partner Violence as a topic. |
| **3009** | **Principles for Improving Cultural Proficiency and Care to Minority and Medically-Underserved Communities Policy***RESOLVED, That the American Academy of Family Physicians (AAFP) update its 2008 Principles for Improving Cultural Proficiency and Care to Minority and Medically-Underserved Communities policy to include the enhanced cultural categories identified by Health and Human Services in the 2013 National Standards for Culturally and Linguistically Appropriate Services in Health Care.* | GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Reaffirm. The revised position paper, "Principles for Improving Cultural Proficiency and Care to Minority and Medically Underserved Communities", reflects the enhanced 2013 National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care and that the revised position paper fulfills the intent of the resolved clause for this resolution. |
| **3010** | **Routine Site-Specific Gonorrhea/Chlamydia Testing in Men Who Have Sex With Men***RESOLVED, That the American Academy of Family Physicians (AAFP) recommend annual behaviorally-targeted, site-specific (oral, rectal, and urethral) gonorrhea and chlamydia screening in men who have sex with men.* | GLBT | Health of the Public & Science | Commission on Health of the Public and Science | Accept for information. The Gonorrhea and Chlamydia recommendations are currently being evaluated and updated by the USPSTF. The topic will be readdressed at the time of the new USPSTF recommendation. |
| **3011** | **Responsible Registration of Immunizations***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage timely registration of all immunizations in a state or local immunization registry by the entity providing those immunizations services, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) encourage collaboration of interested parties, including, but not limited to, providers of immunizations, public health departments, and legislative bodies, to improve rates of registration of immunizations given to any age group.* | New Physicians | Health of the Public & Science | Commission on Health of the Public and Science | Reaffirm. The commission will reaffirm current AAFP policy and explain to the Board that the AAFP is already collaborating with the CDC and others to promote immunization registries. |
| **3012** | **Encouraging Awareness of Strengthening Exercises in Adults Older Than 65 Years***RESOLVED, That the American Academy of Family Physicians (AAFP) incorporate strengthening exercise details into education materials (e.g., AIM-HI literature), including a focus on adults older than 65 years, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) develop an online electronic tool with patient education on strengthening exercises in adults older than 65 years, including, but not limited to, providing information on familydoctor.org, highlighting the Centers for Disease Control and Prevention (CDC) information on strength training for older adults.* | New Physicians | Health of the Public & Science |  | Reaffirmed by 2013 National Conference of Special Constituencies delegation as current policy or already being addressed in current projects. |
| **4001** | **Data to Assist Employed Physicians In Employment Contract Negotiations***RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of collecting and analyzing compensation and productivity data on clinical and non-clinical roles of family physicians, including supervision of mid-level and administrative roles, and providing that information to its members through appropriate communication channels.* | New Physicians | Organization & Finance | Commission on Quality and Practice | Reaffirm. The AAFP already is engaged in conducting cost-effective primary research and extensive secondary research to better understand trends in family physician compensation, the scope of family physician responsibilities (clinical and non-clinical), and how family physicians can better negotiate employment contracts. Further, the AAFP is committed to developing resources to support members in undertaking negotiations. The AAFP recently developed these resources: Five Key Elements of a Physician Employment Agreement and the Negotiating Employment Contract guide. The AAFP also provides educational programming on these topics at the AAFP Assembly and during monthly webinars. |
| **4002** | **Resident Participation at National Conference of Special Constituencies***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage each constituent chapter to identify and send at least one resident as an observing member of their delegation to the National Conference of Special Constituencies.* | New Physicians | Organization & Finance | Commission on Membership and Member Services | Reaffirm. Chapters are encouraged to send Resident members to NCSC. Staff will explore the possibility of adding notification to residency directors about the conference and its value to Resident members. In addition, NCSC will be mentioned in an e-newsletter sent in 2013-2014 to third-year Resident members. |
| **4003** | **Seat Delegates For Each Special Constituency***RESOLVED, That the American Academy of Family Physicians (AAFP) National Conference of Special Constituencies (NCSC) rules of order be amended so that in the event there is no designated official chapter delegate, then after the opening session of NCSC, a member of that constituent chapter present may be seated as a chapter delegate by a majority vote of that constituency, provided they meet the definition of that constituency.* | GLBT | Organization & Finance | Commission on Membership and Member Services | Agree with modification and sent to Board. **See below.***RESOLVED, That the American Academy of Family Physicians (AAFP) National Conference of Special Constituencies (NCSC) Rules of Order be amended so that in the event there is no designated ~~official~~ Chapter Delegate, then after the opening session of NCSC, an Active member of that constituent chapter present may be seated as a Chapter Delegate by a majority vote of that constituency, provided they meet the definition of that constituency and have dues paid in full or are enrolled in the installment payment plan.*The commission acknowledged that precedence for this proposed change currently exists. Members attending the National Congress of Medical Students or the National Congress of Family Medicine Residents can be seated as chapter delegates in the event that there is no designated Chapter Delegate according to their existing Rules of Order.BOARD OF DIRECTORS:Accept for information. The change to approve general registrants as chapter delegates without chapter approval was denied as it would allow the designation of a chapter delegate absent the knowledge and approval of their constituent chapter. Those attending NCSC are active members of the national and constituent chapters; they pay chapter dues and should be aware of how to contact their chapter to inquire in advance of the NCSC of their interest in serving as a delegate (with or without chapter financial support). There may be several reasons why a chapter may or may not provide such a designation when contacted but the important point is that the Board’s intent has been clear on this point regarding NCSC – this is a decision of the chapter and not the AAFP nor the NCSC. This is exactly the case with the AAFP Congress of Delegates which is a more appropriate comparison for active members than with the National Conference of Resident and Student members. |
| **4004** | **Support For Solo & Small Independent Group Family Physician Practices***RESOLVED, That the American Academy of Family Physicians (AAFP) form a new special interest group to help assure the needs and concerns of the solo and small independent group family physician practices continue to be considered by the AAFP.* | GLBT | Organization & Finance | Board of Directors | Accept for information. At its April, 2013 meeting, the board approved the creation of a task force to review and study the issue of defining and expanding special constituencies with solo and small practices included as a possible “special constituency”. Recommendations from the Member Interest Group Task Force will be considered at the May, 2014 meeting of the Board of Directors with outcomes to take effect sometime thereafter. |
| **4005** | **Support for Healthcare Providers with Disabilities***RESOLVED, That the American Academy of Family Physicians (AAFP) explore possible avenues to meet the needs and concerns of members with physical and/or mental disabilities.* | GLBT, IMG, Minority | Organization & Finance | Commission on Health of the Public and ScienceLaterally referred to Commission on Membership and Member Services | The commission noted that the AAFP's Task Force on Member Interest Groups is looking at the issue of member interest groups and how best to address the diverse needs of AAFP members. One potential concern with adding disabilities as another member interest group is that the population is unknown and disability status is not a demographic that the AAFP plans to collect in the future. The commission discussed that the Task Force on Member Interest Groups will be communicating their findings to the Board of Directors at the April Board meeting. Staff will communicate with the authors of the resolution after the April Board meeting if an option is available to create a Member Interest Group.  |
| **4006** | **AAFP Media Presence***RESOLVED, That the American Academy of Family Physicians (AAFP) provide an annual summary of instances of media references to the AAFP on its website, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) establish and publicize on a regular basis to its membership a mechanism (including feedback) for members to request the AAFP leadership to speak out on current issues based on established policies.* | GLBT | Organization & Finance |  | Reaffirmed by 2013 National Conference of Special Constituencies delegation as current policy or already being addressed in current projects. |
| **4007** | **Increased AAFP Membership Retention After Residency***RESOLVED, That the American Academy of Family Physicians offer continuing membership at a reduced rate with a tiered increase over the three years following residency, and be it further**RESOLVED, That American Academy of Family Physicians (AAFP) encourage local chapters to offer continuing membership in their chapters at a reduced rate with a tiered increase over three years following residency.* | IMG | Organization & Finance |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **4008** | **Increasing International Student Membership***RESOLVED, That the American Academy of Family Physicians (AAFP) consider decreasing or waiving the membership fee for international students by having an online only option in order to promote the specialty of family medicine in other countries.*  | IMG | Organization & Finance |  | Reaffirmed by 2013 National Conference of Special Constituencies delegation as current policy or already being addressed in current projects. |
| **4009** | **Forming a Special Interest Group on Solo and Small Group Practice***RESOLVED, That the American Academy of Family Physicians (AAFP) form a new special interest group to help assure that the needs and concerns of the solo and small group family physician continue to be a focus of the AAFP.* | Minority | Organization & Finance |  | Combined with Resolution No. 4004.  |
| **4010** | **Let’s Be Consistent with Our Name***RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm the consistent use of the name family medicine, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) consider changing the name of the Family Practice Management Journal in order to promote consistency in the use of the name of our specialty, and be it further**RESOLVED, That the American Academy of Family Physicians encourage all family medicine residencies to change their name from family practice to family medicine if they have not already done so.* | Minority | Organization & Finance | 1st and 2nd Resolved Clauses: Executive Vice President for appropriate staff referral.3rd Resolved Clause: Commission on Education | 1st Resolved Clause: Reaffirm.2nd Resolved Clause:Agree. AAFP’s Division of Journal Media is taking several steps to determine if a name change for FPM is warranted. Journal Media is undergoing a significant operational transformation to ensure both AFP and FPM continues to remain highly read and well respected within the health care field. As such, the idea of changing the name of FPM to better reflect the specialty as well as the valuable information found within FPM is being considered by the FPM editorial board and Journal Media staff.3rd Resolved Clause:Reaffirm. The Future of Family Medicine (FFM) report recommended the name of the specialty change to family medicine. This report was disseminated widely to all family medicine physicians. The FFM report specified in its communications section: "A unified communications strategy will be developed to promote an awareness and understanding of the New Medel of family medicine and the concept of the personal medical home. As part of this strategy, a new symbol for family physicians will be created and consistent terminology will be established for the specialty, including use of :"family medicine" rather than ""family practice" and "family physician" rather than "family practitioner." In addition, a system will be developed to communicate and implement best practices within family medicine. |
| **4011** | **Reauthorization Of National Conference Special Constituencies Delegate Seats***RESOLVED, That the six delegate and six alternate delegate seats to the AAFP Congress of Delegates held by members of the Board approved constituency groups remain in place under the same rules that currently exist in Article 7, Section 2 of the AAFP Bylaws with no specific end date, and be it further**RESOLVED, That this resolution be referred to the Congress of Delegates.* | Minority, Women, GLBT, IMG, New Physicians | Organization & Finance | Congress of Delegates | The Congress of Delegates referred the resolution to the Board of Directors given the Member Interest Group Task Force that has been assigned. Recommendations from the Member Interest Group Task Force will be considered at the May, 2014 meeting of the Board of Directors with outcomes to take effect sometime thereafter. |
| **5001** | **Pay Equity***RESOLVED, That the American Academy of Family Physicians (AAFP) create policy to support equal pay for equal work.* | Women | Practice Enhancement | Commission on Quality and Practice | Agree. The commission formed a work group to revise AAFP policy on Physician Payment, which will include an explicit statement of support for equal pay for equal work. This work group, in its deliberations, also will consider Resolution 5002. |
| **5002** | **Investigating Gender Disparities in Family Physician Salaries***RESOLVED, That the American Academy of Family Physicians (AAFP) review current known salary and pay information as well as current research into pay disparities for female family physicians, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) report on pay disparities for female family physicians and to assess if further study is needed, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) report on pay disparities for female family physicians to be presented to the 2014 AAFP Congress of Delegates.* | Women | Practice Enhancement | Commission on Quality and Practice | Agree. The commission charged the work group that will revise the Physician Payment policy, addressing Resolution 5001, with considering and addressing Resolution No. 5002 as part of its deliberations. |
| **5003** | **Patient Protection Affordable Care Act***RESOLVED, That the American Academy of Family Physicians (AAFP) acknowledge that our United States Constitution provide for the rights of individuals to make decisions that are best for their pursuit of happiness, supports the privacy of the health provider/patient relationship, and the freedom of the individual to purchase health care services without government or insurance interference, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) support the use of health savings accounts that help reduce costs, help control fraud, and put patients back in control of their health care, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) recommend provider medical audits need to be educational and not punitive, and both federal and state rules and regulations governing medical practices need to be simplified as there are too many directives to understand or comply with at this time, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) firmly support the rights of patients, providers, businesses, and institutions to not participate or be forced to buy or provide services that result in the premature deaths of individuals from conception to natural death from old age, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) recognize that individual providers should be allowed to make decisions about electronic health records, documentation of encounters, and fees without government coercion or accusations of fraud.* | Women | Practice Enhancement |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **5004** | **Clarification of Medical Benefits***RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the Centers for Medicare and Medicaid Services (CMS) to formulate guidelines with defined bullet points that clearly identify what is covered for the patient in a manner which is easily comprehended by the patient and is easily accessible to physicians and physicians’ offices.* | Minority | Practice Enhancement | Commission on Quality and Practice | Accept for information. The resolution presumes things not in evidence with respect to what CMS knows about patients’ health insurance coverage and its ability to educate patients equally well with respect to what that coverage is, even where it is known. In short, the position that AAFP is called to advocate seems unfeasible if not impossible, so there is no apparent value in advocating it. |
| **5005** | **Presenteeism Reduction and Improvement of Workplace Health***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage physicians to avoid coming to work while ill, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) work with constituent chapters to advocate for compensation structures at the state level that allow for paid sick leave for physicians.* | Minority | Practice Enhancement |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **5006** | **Policy Statement on Physician Impairment from Substance Abuse***RESOLVED, That the American Academy of Family Physicians (AAFP) advocate that all state physician health programs for substance abuse problems maintain a formal relationship with their medical boards that allows for self-referral and maintenance of licensure.* | Minority | Practice Enhancement |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **5007** | **A New Centers For Medicare And Medicaid Services (CMS) Exclusion for PQRS Quality Measures***RESOLVED, That the American Academy of Family Physicians (AAFP) petition the Centers for Medicare and Medicaid (CMS) to add an additional exclusion criteria to the Physician Quality Reporting System (PQRS) measures to exclude patients with cancer not in remission from the chronic disease registry, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an easily accessible document on the Centers for Medicare and Medicaid (CMS) website listing criteria and exclusions.* | Minority | Practice Enhancement |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **5008** | **Hospitalist Systems of Inpatient Care Management***RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Hospital Association (AHA) to continue to support family physicians to be credentialed as hospitalists, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) encourage constituent chapters to begin engaging state, regional, and metropolitan chapters of the American Hospital Association (AHA) to continue their support of family physicians to be credentialed as hospitalists, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) reassure the American Hospital Association (AHA) that every board certified family physician is adequately trained to care for patients in a hospital setting, and be it further**RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the Society of Hospital Medicine (SHM) to continue to support family physicians to be credentialed as hospitalists.* | IMG | Practice Enhancement |  | Reaffirmed by 2013 National Conference of Special Constituencies delegation as current policy or already being addressed in current projects.Staff from the Commission on Quality & Practice made note on the 1st Resolved Clause of Resolution No. 5008:*The AHA is not involved in credentialing/privileging matters. When staff contacted the AHA staff in follow-up to the resolution, we were informed that the AHA has not taken a formal position on which specialties are equipped to practice hospital medicine. Further, AAFP staff was informed that, despite the wording of the resolved clause, the AHA does not credential physicians practicing as hospitalists.* |
| **5009** | **Protection of Privileges***RESOLVED, That the American Academy of Family Physicians’ (AAFP) current wording on the AAFP’s privileging policy be modified to include the following statement to allow for preservation of the varied scope of practice as defined below:** *The American Academy of Family Physicians (AAFP) believes that each specialty society should maintain responsibility for recommending, implementing, maintaining and evaluating privileging policies for its members. The AAFP also believes that privileging should be based on documented training and/or experience, demonstrated abilities and current competence, and, whenever possible, be evidence-based. Physician credentialing should allow for any and all combinations of competencies in adult, pediatric and obstetric care in both the inpatient and outpatient setting.*
* *Recognizing that on rare occasions minimum quotas (or numbers) may be required in specific privileging instances where insufficient data exists, the AAFP believes that a consensus opinion of experts from within the specialty may be necessary until such time as an evidence-based recommendation is available.*
 | New Physicians | Practice Enhancement | Commission on Quality and Practice | Agree with modification and recommend to the Board. The commission will recommend to the Board of Directors for approval the policy change in the second bullet. |
| **5010** | **Best Practices in a Patient-Centered Medical Home***RESOLVED, That the American Academy of Family Physicians (AAFP) determine best practices in developing physician-led teams that include physician assistants, nurse practitioners, certified nurse midwives, and other non-physician medical providers that work in a patient-centered medical home model.* | New Physicians | Practice Enhancement |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |
| **LATE RES.** | **Election Process for the New Physician Nominee for the AAFP Board of Directors***RESOLVED, That the American Academy of Family Physicians (AAFP) change the National Conference of Special Constituencies Rules of Order such that any Chapter Delegate to a constituency who meets the AAFP definition of New Physician can vote in the election for New Physician Nominee for the AAFP Board of Directors.* | New Physicians |  |  | Not adopted by 2013 National Conference of Special Constituencies delegation. |