**Summary of Actions: 2015 National Conference of Constituency Leaders**



2015 Resolutions

**To sort by constituency, select the entire table; click on “layout tab”; click on “sort” in the data group; sort by “constituency” or column 3.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Res. No.*** | ***Title and Resolved*** | ***Consti- tuency*** | ***Reference Committee*** | ***Referrals*** | ***Action*** |
| **1001** | **Treatment of Hepatitis C** *RESOLVED, That the American Academy of Family Physicians advocate to eliminate barriers to access for oral treatment for Hepatitis C, and be it further*  *RESOLVED, That the American Academy of Family Physicians continue to encourage family physicians to acquire and maintain competency in treating Hepatitis C, particularly with the new oral treatments now available.* | Minority | Advocacy | 1st Resolved Clause: Commission on Quality and Practice  Laterally referred to Commission on Governmental Advocacy  2nd Resolved Clause: Commission on Continuing Professional Development | 1st Resolved Clause: Accept for information. The commission discussed the  sometimes appalling drug pricing practices of some pharmaceutical firms as well as the value of the new Hepatitis C drugs and agreed that that the resolution should be accepted for information as the AAFP is working with legislators who are attempting to address this issue.  2nd Resolved Clause:  Accept for information. The AAFP CME program encourages family physicians to acquire and maintain competency in treating Hepatitis C through various CME activities including, but not limited to: the *AFP* journal, CME Bulletin, FP Audio, FMX, and at AAFP's national Live Courses. |
| **1002** | **Opposing Requirements that Health Care Providers Offer Medically Inaccurate Information about Medication Abortion** *RESOLVED, That the American Academy of Family Physicians reaffirm as current policy that medical decisions are to be made between patients and providers, and not by legislators, and be it further*  *RESOLVED, That the American Academy of Family Physicians reaffirm current policy that physicians should provide accurate, evidence-based, culturally proficient, and meaningful patient education by issuing a public statement in opposition of laws requiring that health care providers give false medical information.* | Women, Minority, New Physicians, GLBT | Advocacy | Commission on Health of the Public and Science | Reaffirm. The commission took the following actions in response to the resolution as well.   1. Recommended to the Board of Directors the policy statement, “Infringement on Patient Physician Relationship,” be reaffirmed. 2. Recommended to the Board of Directors the policy statement, “Patient Education,” be revised. 3. A public statement was not issued because the AAFP’s Public Relations Department follows established criteria if and when public statements are issued. |
| **1003** | **Law Enforcement Reporting of Controlled Substances** | New Physicians | Advocacy | Commission on Health of | The commission tabled the resolution pending the appointment |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *RESOLVED, That the American Academy of Family Physicians support chapters seeking to collaborate with local law enforcement to develop partnerships that allow for the reporting of legally seized controlled substances to prescribers.* |  |  | the Public and Science | of members to the new AAFP Member Advisory Committee on Opioids. |
| **1004** | **Creating and Sustaining Underserved Practices** *RESOLVED, That the American Academy of Family Physicians advocate on the federal level for other funding sources and payment mechanisms, beyond existing National Health Service Corps loan repayment, to expand and sustain practices in underserved communities.* | Minority | Advocacy | Commission on Governmental Advocacy | Reaffirm. The commission recognized that the AAFP regularly advocates to government and private sector payers on behalf of family physicians who care for the underserved populations.  Commission members acknowledged that the AAFP continues to seek ways for these payers to do more to attract and support family medicine practices, especially those in rural settings and in urban underserved areas and agreed to reaffirm the resolution as being addressed through the ongoing work of the AAFP. |
| **1005** | **Capital Punishment** *RESOLVED, That the American Academy of Family Physicians oppose physician participation in legally authorized execution,*  *including (1) an action which would directly cause the death of the condemned; (2) an action which would assist, supervise, or contribute to the ability of another individual to directly cause the death of the condemned; (3) an action which could automatically cause an execution to be carried out on a condemned prisoner; and be it further*  *RESOLVED, That the National Conference of Constituency Leaders request that Resolution No. 1005 Capital Punishment be referred to the 2015 Congress of Delegates.* | Minority, New Physicians | Advocacy | Board of Directors | May, 2015: The Commission on Membership and Member Services determined that the resolution did not meet the specified criteria to be sent to the Congress of Delegates for consideration since it is current policy.  Reaffirm. The AAFP follows the AMA Code of Ethics, thus the resolution reaffirms current policy and does not require action by the Congress of Delegates. Staff will look into adding a page on the website regarding ethics to raise awareness of the AAFP’s current policy of adhering to the AMA Code of Ethics. |
| **1006** | **Oppose the Mandatory Drug Testing of Pregnant Women** *RESOLVED, That the American Academy of Family Physicians, in the interest of both patients and providers, oppose legislation that requires physicians to do mandatory drug testing on pregnant women.* | Women, New Physicians | Advocacy | Commission on Governmental Advocacy | Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 410 was referred to the Board of Directors for further study.  Accept for information. The commission noted that the U.S. Congress recently enacted the Protecting Our Infants Act to require HHS to review its activities related to prenatal opioid use, including neonatal abstinence syndrome, and develop a strategy to address gaps in research and gaps and overlap in |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | programs. The commission agreed that this new law should address the maternal and child health issues associated with substance use raised in the resolution. |
| **1007** | **Student Loan Interest Payment Tax Reform**  *RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to allow student loan interest payments be tax deductible by removing the income cap to qualify for these deductions; and report progress on these efforts to Congress of Delegates, and be it further*  *RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to create a new equation for federal tax deductions for student loan interest payments to based on total student debt to income ratio and report progress on these efforts to Congress of Delegates.* | New Physicians, IMG | Advocacy | Commission on Governmental Advocacy | Reaffirm. The commission noted AAFP’s policy calls for “allowing the tax-deductibility of interest on principal payment for [medical student] loans”. |
| **1008** | **Student Loan Refinance Reform** *RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to allow student loans to be financed and refinanced at the current prime rate and to report progress on these efforts to the 2016 Congress of Delegates.* | New Physicians, IMG | Advocacy | Commission on Governmental Advocacy | Accept for information. The commission noted AAFP’s current policy recommends “the development of innovative programs that promote education debt relief for family medicine and primary care.” However, concerns arose at the prospect of tying interest rates to the prime rate, and the commission agreed to recommend that Resolution No. 1008 be accepted for information. |
| **1009** | **Support for a Prorated Approach to Primary Care Loan Repayment Programs** *RESOLVED, That the American Academy of Family Physicians advocate for a graduated primary care loan repayment scale based on full time equivalents (FTE) on the federal level through programs including, but not limited to the National Health Service Corps Loan Repayment Program, in conjunction with other interested stakeholders and organizations, and be it further*  *RESOLVED, That the American Academy of Family Physicians encourage its chapters to advocate for a graduated primary care loan repayment scale on the state level, in conjunction with other interested stakeholders and organizations.* | New Physicians, GLBT | Advocacy | Commission on Governmental Advocacy | Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 509 was adopted and referred to the Board of Directors for further study.  Agree with modification. Recommendations were made to the Board on COD Resolution No. 509 for the AAFP take the following actions:   * Inform the Health Resources and Services Administration of the harmful practice of hiring National Health Service Corps (NHSC) physicians for just under full time, thereby denying them access to the full repayment of their educational loan * Work with the other groups which advocate for the NHSC to |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | increase awareness of this problem and win support for a graduated loan repayment scale for those working less than full time, but more than half time   * Reach out to federal legislators and their staff on this issue and prepare tools that grassroots AAFP members could use to contact their elected officials * Collaborate with the AAFP chapters to research and disseminate state examples of proposed and implemented prorated loan repayment programs. |
| **1010** | **Confidential HIV Pre-Exposure Prophylaxis (PrEP) for Minor Adolescents**  *RESOLVED, That the American Academy of Family Physicians develop a policy supporting legislation allowing the confidential provision of Pre-Exposure Prophylaxis to minor adolescents when medically indicated.* | GLBT | Advocacy |  | Not adopted by the 2015 National Conference of Constituency Leaders. |
| **1011** | **Access to Long-Term Reversible Contraception for Medicare Patients**  *RESOLVED, That the American Academy of Family Physicians write a letter advocating to the Centers for Medicare and Medicaid Services for full access to coverage of all contraceptive options including implantable, long- acting reversible contraceptives for women of child-bearing age.* | Women, Minority, New Physicians | Advocacy | Commission on Quality and Practice | Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 303 was adopted.  Accept for information. The commission voted to implement COD Resolution 303 by writing a letter to CMS advocating for full coverage of all FDA-approved contraceptive options for men and women of reproductive age, enrolled in Medicare and Medicaid. As of 3/2, staff is drafting the letter and will send it to CMS by the end of March, 2016. |
| **2001** | **Residency Transparency in Training Information** *RESOLVED, That the Academy of Family Physicians investigate expansion of the current residency database to include, but not be limited to, program-specific family medicine board exam pass rates, OB delivery and C-section numbers, insurance breakdown of residency clinic patient population, graduate practice types including subspecialty practice, program fill percentage rates, and geographical distribution of graduates.* | New Physicians | Education | Commission on Education | Accept for information. The AAFP Residency Directory contains info reported by programs. Some of the data requested in the resolution is officially available through other resources (e.g., ABFM). Requesting too much data on the Residency Directory survey could reduce the response rate and the validity of the data. The data requests in the resolved clause are only some of the info students wish to collect. The commission agreed helping students gather accurate information was important and discussed how to guide students to the proper information sources. One way is to use a resource such as "*Strolling Through the Match*." AFMRD is researching a similar issue and also will try to use "*Strolling Through the* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | *Match*" as a resource. |
| **2002** | **Additional Resources for Community-Based Family Medicine GME Programs** *RESOLVED, That the American Academy of Family Physicians advocate for additional federal resources for community-based graduate medical programs in family medicine residencies.* | Minority, New Physicians, IMG | Education |  | Reaffirmed by the 2015 National Conference of Constituency Leaders. |
| **2003** | **Internationally Funded Residency Slots in U.S. Residency Programs** *RESOLVED, That the American Academy of Family Physicians investigate improper procedures regarding internationally funded slots in U.S. residency and fellowship programs.* | IMG | Education | Commission on Education | Agree. It was not clear if the NRMP "all in" requirement would prevent these issues from occurring. It was discussed that additional positions could be added after the "Match" had closed, as well as the possibility of having second-year slots that would be unaffected by the "Match." Although the AAFP would have no authority to change the NRMP requirement, the AAFP could communicate with NRMP or other organizations about the issue and raise awareness. The commission supported the resolution and will take appropriate action. Commission Staff Executive, Stan Kozakowski, sent a 3.2.16 letter to Mona Signer at NRMP seeking assistance to investigate programs that might be creating inequities and undermining the current NRMP. |
| **2004** | **Updating Colon Cancer Screening**  *RESOLVED, That the American Academy of Family Physicians update its colorectal cancer screening recommendations to include current information on fecal DNA testing.* | Women, New Physicians | Education | Commission on Health of the Public and Science | Accept for information. The commission has already begun the process of updating its colorectal cancer screening recommendation based on the U.S. Preventive Services Task Force’s draft recommendation. |
| **2005** | **Physicians Advocating for Effective School Anti-Bullying Policy**  *RESOLVED, That the American Academy of Family Physicians encourage its members to provide leadership in their communities to institutions responsible for identifying and dealing with bullying as well as resources to assist in that effort, and be it further*  *RESOLVED, That the American Academy of Family Physicians request an article in American Family Physician reviewing current best practices regarding childhood bullying, including information on effective school district policies.* | GLBT | Education | Commission on Health of the Public and Science | 1st Resolved Clause:  Accept for information. The commission determined that the AAFP is meeting the intent by providing a policy statement and *American Family Physician (AFP)* articles on bullying.  2nd Resolved Clause:  Agree. The commission will inquire about a possible update to a past *AFP* article on bullying. In addition, the commission will nominate the topic of bullying to the U.S. Preventive Services Task Force for an evidence review. |
| **2006** | **Human Trafficking Awareness and Education in Family Medicine** *RESOLVED, That the American Academy of Family Physicians* | Women, New Physicians | Education | 1st Resolved  Clause: Commission on Education | 1st Resolved Clause:  Action taken based off of Congress of Delegates Resolution 601 [(http://www.aafp.org/content/dam/AA](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *(AAFP) write a letter to the Society of Teachers of Family Medicine (STFM) encouraging the integration of the subject of human trafficking into the education of medical students, residents and fellows, and be it further*  *RESOLVED, That the American Academy of Family Physicians investigate the feasibility of human trafficking related continuing medical education, including but not limited to a monograph, live presentations at the Family Medicine Experience and National Conference of Family Medicine Residents and Medical Students, and be it further*  *RESOLVED, That the American Academy of Family Physicians develop a position statement on human trafficking, and be it further*  *RESOLVED, That the American Academy of Family Physicians request the Robert Graham Center to investigate the economic, social and public health impact of human trafficking.* |  |  | 2nd Resolved Clause: Commission on Continuing Professional Development  3rd Resolved Clause: Commission on Health of the Public and Science  4th Resolved Clause: Executive Vice President for appropriate staff referral | [FP/documents/about\_us/congress/re](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf)  [stricted/2015/SummaryofActions201](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf)  [5.pdf](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf)). Substitute adopted and implemented.  The pervasiveness of human trafficking in the United States is unmatched by the lack of training for the health care providers to be able to screen for, treat the mental and physical effects of, and even contribute to the prevention of human trafficking. Most students, residents and active family physicians are unaware of the prevalence of human trafficking, and unprepared to screen for it in their patient populations. As providers of primary care, it is vitally important that family physicians be especially trained in this area. There is a lack of current training at the medical school and residency level. The AAFP Medical Education Division staff will communicate with the Council of Academic Family Medicine staff leadership and encourage them to take action.  2nd Resolved Clause:  Agree. The commission reviewed the current educational opportunities available to family physicians on human trafficking and recommended the topic be added to the AAFP's CME Curricular Framework. There has been dramatic growth in the number of people who are exploited in human trafficking situations and this represents critical social issues and health care concerns. The topic of Human Trafficking will be added as a "hot topic" to the curriculum at the 2016 Family Medicine Experience (FMX) annual conference in Orlando, Florida.  3rd Resolved Clause:  Agree. The commission has formed a workgroup to develop a position paper on human trafficking from the family medicine perspective.  4th Resolved Clause:  Accepted for information. The Robert Graham Center does not perform this type of research. |
| **2007** | **GLBT Education Tool-Kit** *RESOLVED, That the American Academy of Family Physicians develop a web-based toolkit geared toward gay, lesbian, bisexual, and transgender (GLBT)* | GLBT | Education | 1st Resolved Clause:  Commission on Health of the Public and Science | 1st Resolved Clause:  Reaffirm. The commission determined that the AAFP already has multiple resources on these topics, including clinical preventive service recommendations and |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *health that includes, but not limited to such topics as: basic screening and preventive care guidelines for all GLBT individuals, Human Immunodeficiency Virus Care, GLBT patient education and support, and be it further*  *RESOLVED, That the American Academy of Family Physicians collaborate with academic family medicine organizations to develop curricula and resources related to gay, lesbian, bisexual, and transgender health issues, and be it further*  *RESOLVED, That the American Academy of Family Physicians write a letter to the American Board of Family Medicine requesting inclusion of gay, lesbian, bisexual, and transgender (GLBT) health in current self-assessment modules or develop a new self-assessment module specifically on GLBT health, and be it further*  *RESOLVED, That the American Academy of Family Physicians (AAFP) update the Recommended Curriculum Guideline for Family Medicine Residents entitled “Lesbian, Gay, Bisexual, Transgender Health” (AAFP Reprint No. 289-D) to include such topics as indications for anal pap smears and Pre-Exposure Prophylaxis therapy (PrEP).* |  |  | 2nd Resolved Clause: Commission on Education  3rd Resolved Clause: Commission on Continuing Professional Development  4th Resolved Clause: Commission on Education | guidelines relevant to this population, patient education at FamilyDoctor.org, an online resource list, and articles in *American Family Physician (AFP)*.  2nd Resolved Clause:  Accept for information. The AAFP develops Curriculum Guidelines in order to establish curriculum expectations for family medicine residency training, but does not typically develop curriculum. Other organizations, such as STFM, may be better positioned to create curriculum. Curriculum Guidelines are reviewed on a rotating schedule.  3rd Resolved Clause:  Accept for information. The commission directed staff to send a letter to ABFM, conveying this recommendation, for its consideration.  4th Resolved Clause:  Agree. The suggested additions in will be added to the next Curriculum Guidelines review. |
| **2008** | **Promoting Transparency in Medical Education and Access to Training and Care in Settings Affiliated with Religious Health Care Organizations** *RESOLVED, That the American Academy of Family Physicians strongly encourage medical schools and graduate*  *medical education training programs to communicate with current and prospective medical students, residents, and fellows regarding affiliations and mergers among health care organizations that may impact health care delivery, medical education, and training opportunities at their respective institution.* | Women, New Physicians | Education | Commission on Education | Action taken based off of Congress of Delegates Resolution 603 [(http://www.aafp.org/content/dam/AA](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf)  [FP/documents/about\_us/congress/re](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf)  [stricted/2015/SummaryofActions201](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf)  [5.pdf](http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/SummaryofActions2015.pdf)). Accepted for information.  The AAFP supports the concept of transparency in health care as stated in its policy on Transparency. “The AAFP believes that transparency in health care refers to reporting information that can easily be verified for accuracy (2007 and 2013 COD).” This should include open communication among students, residents, medical schools, and residency programs.  It was the opinion of the commission that the 1st and 4th resolved clauses represent current AAFP policy.  Additionally, the commission believes that the 2nd and 3rd resolved |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | clauses are consistent with the intent of current policy and, therefore, would be accepted for information.  Residency programs must meet the requirements of the ACGME. If the institution does not support training to meet an ACGME requirement, the program must find another way to meet the requirement via training at another institution or setting. As for training beyond the basic ACGME requirements, an institution’s religious affiliation does not necessarily indicate restrictions or limitations on specific training. For example, if a religious-based institution does not allow training for vasectomies, the residency program may set up rotations with a community urologist or at another hospital to provide the necessary training. Therefore, simply listing a religious affiliation in either FREIDA or the AAFP Residency Directory might prove to be very misleading to students seeking information about residency program opportunities. |
| **2009** | **Family Physicians as Providers of Community Health Care and Appropriate Reimbursement** *RESOLVED, That the American Academy of Family Physicians provide resources to members including web-based education and interactive or live programs on behavioral health, including diagnosis and treatment, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate and educate third-party payers and governmental entities of the high level of mental health care provided by family physicians to their communities, and the necessity of appropriate compensation for this care.* | New Physicians | Education |  | Reaffirmed by the 2015 National Conference of Constituency Leaders. |
| **2010** | **Transgender Health Education** *RESOLVED, That the American Academy of Family Physicians provide integrated, thorough and accessible provider education on transgender health across the life spectrum, and be it further*  *RESOLVED, That the American Academy of Family Physicians provide current and accurate health information and resources across its mobile apps, website, etc. for transgender patients.* | Women, GLBT | Education | 1st Resolved  Clause: Commission on Continuing Professional Development  2nd Resolved Clause: Commission on Health of the Public and Science | 1st Resolved Clause:  Reaffirm. The AAFP CME program provides integrated, thorough, and accessible provider education on transgender health across the life spectrum. This has been provided throughout CME offerings in the following formats: the *AFP* journal, FP Essentials and at FMX.  2nd Resolved Clause:  Reaffirm. The commission determined that the AAFP already provides resources on transgender |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | health education on aafp.org at<http://www.aafp.org/about/> constituencies/resources/glbt/ transgender.html and in *American Family Physician (AFP)*. |
| **2011** | **Safe Use of Psychotropic Medications in Pregnancy** *RESOLVED, That the American Academy of Family Physicians improve education to its members on appropriate use of psychotropic medications in pregnancy to address and improve maternal- fetal outcomes, and be it further*  *RESOLVED, That the American Academy of Family Physicians develop web-based patient education materials on mental health treatment, including use of psychotropic medications in pregnancy.* | Women | Education | 1st Resolved Clause: Commission on Continuing  Professional Development  2nd Resolved Clause: Commission on Health of the Public and Science | 1st Resolved Clause:  Agree. The AAFP has offered CME on the appropriate use of psychotropic medications in pregnancy to address and improve maternal-fetal outcomes in the following formats: CME Bulletin, FP Audio, FMX, national Live Courses, and in the *AFP* journal. The commission agrees with this recommendation and directed staff to make this information easily searchable by members.  2nd Resolved Clause:  Accept for information. The commission determined that the ability to develop such materials may be possible in the future depending on the future strategy for FamilyDoctor.org. |
| **2012** | **Physician Licensure Based on Competence and Not Diagnosis** *RESOLVED, That the American Academy of Family Physicians adopt a policy that a diagnosis or treatment of a mental health condition not be used as proxy for impairment in the physician licensure process but rather that physician licensure focus on ability to practice and that there be parity in consideration of mental health and physical health diagnoses, and be it further*  *RESOLVED, That the American Academy of Family Physicians assist chapters in advocacy efforts with state medical boards to ensure that licensure processes focus on ability to practice and do not deal with mental health and physical health diagnoses differently, including providing reference materials such as a sample letter for use in advocacy, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate to the Federation of State Medical Boards regarding this issue of diagnosis and treatment of mental health conditions being used as a proxy for impairment in matters of physician licensure and the lack of parity in consideration of* | Women, GLBT | Education | 1st Resolved Clause: Commission  on Quality and Practice  2nd Resolved Clause: Commission on Governmental Advocacy  3rd Resolved Clause: Commission on Quality and Practice | 1st Resolved Clause:  Agree. The AAFP policy statement, “Impaired and Clinically Deficient Physicians,” was referred to the commission as part of the five-year review process for 2016. The commission agreed that adding language to the policy would meet the intent of the resolution. The revised policy is now available on the AAFP website.  2nd Resolved Clause:  Accept for information. The commission noted there is no current AAFP policy on physician licensure based on competence and not diagnosis, so this does not align with current strategic priorities. The AAFP will continue to assist chapters as requested in advocacy efforts as issues arise, including working with state medical boards.  3rd Resolved Clause:  Agree. Staff will draft a letter to the Federal State Medical Board, over Board Chair signature, asking that the diagnosis and treatment of mental health conditions not be used as a proxy for impairment in matters of physician licensures. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *mental health and physical health diagnoses.* |  |  |  |  |
| **2013** | **Spotlighting the Value of International Medical Graduates in Family Medicine Residency Programs**  *RESOLVED, That the American Academy of Family Physicians partner with the Association of Family Medicine Residency Directors and the Society of Teachers of Family Medicine to market the true value that international medical graduate candidates can bring to their residency programs.* | IMG | Education |  | Not adopted by the 2015 National Conference of Constituency Leaders. |
| **2014** | **Deemphasizing Numeric Requirements for Competency- Based Family Medicine Residency Education** *RESOLVED, That the American Academy of Family Physicians advocate for the Accreditation Council for Graduate Medical Education to expand the definition of Family Medicine Practice site encounters to include a diverse selection of encounters for FMP patients; such as inpatient care, critical care, maternity care, and emergency department care, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate for the Accreditation Council for Graduate Medical Education to study the impact of numeric goals for Family Medicine Practice site encounters on quality of training and the absolute number of in-person patient encounters required to achieve competence in outpatient care.* | Minority, GLBT | Education |  | Reaffirmed by the 2015 National Conference of Constituency Leaders. |
| **3001** | **Breastfeeding Support for Family Medicine Residents** *RESOLVED, That the American Academy of Family Physicians reaffirm its policy regarding breastfeeding by trainees, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate for establishment of lactation rooms in hospitals where family medicine residents train, and be it further*  *RESOLVED, That the American Academy of Family Physicians support education of family medicine residency program* | Women, New Physicians | Health of the Public and Science | Commission on Education | 1st Resolved Clause:  Accept for information. Current policy reflects the intent of the resolution and was last reviewed in 2013. The policy will be reviewed again in 2018.  2nd Resolved Clause: Reaffirm. The AAFP policy,  "Breastfeeding Accommodations for Trainees," clearly addresses this with its current language: "FM training programs should, therefore, promote and support institutional policies to provide appropriate accommodations to allow trainees to securely breastfeed and/or express breast milk as needed during designated duty hours". Current policy reflects the intent of the resolution. Policies |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *directors on the issue of breastfeeding by trainees including content at the Program Director’s Workshop.* |  |  |  | are not addressed between scheduled reviews unless there is a critical need to make a change in policy.  3rd Resolved Clause:  Agree. The content of the Program Directors Workshop is determined by a planning committee based on a needs' assessment and the proposals submitted by presenters. AAFP staff has informed the planning committee about the request for content regarding the importance of breastfeeding accommodations for trainees. |
| **3002** | **Expansion of AAFP’s Policy Regarding Excise Taxes on Tobacco**  *RESOLVED, That the American Academy of Family Physicians update its Taxation and Subsidies policy statement on tobacco to endorse state level increases on tobacco excise taxes.* | New Physicians | Health of the Public and Science | Commission on Health of the Public and Science | Reaffirm. The commission determined that the AAFP’s position paper, “Tobacco: Preventing and Treating Nicotine Dependence and Tobacco Use,” adequately addresses taxes on tobacco products. |
| **3003** | **Health Impact of Incarceration on Families**  *RESOLVED, That the American Academy of Family Physicians perform a systematic literature review and identify knowledge gaps on the effect of incarceration on population health, and be it further*  *RESOLVED, That the American Academy of Family Physicians collaborate with other agencies to formulate policies regarding families of incarcerated citizens.* | Minority | Health of the Public and Science | Commission on Health of the Public and Science | 1st Resolved Clause:  Agree with modification. The commission will develop a policy statement based on the literature search requested.  2nd Resolved Clause: Accept for information. The recommended action of the resolution was unclear. |
| **3004** | **Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period**  *RESOLVED, That the American Academy of Family Physicians support a policy that Long-Acting Reversible Contraceptives methods be a recommended option for postpartum women prior to hospital discharge, and be it further*  *RESOLVED, That the American Academy of Family Physicians support a policy assuring coverage of Long-Acting Reversible Contraceptives device and placement prior to hospital discharge, separate from the global fee, for all women who select this method.* | Women | Health of the Public and Science | 1st Resolved  Clause: Commission on Health of the Public and Science  2nd Resolved Clause: Commission on Quality and Practice | Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 301 was adopted.  1st Resolved Clause:  Agree. The Commission on Quality and Practice (CQP) is recommending to the Board in April, 2016 a revision of the AAFP policy, "Coverage for Family Planning Drugs and Supplies." The CQP sought the approval of the Commission on Health of the Public and Science (CHPS) to delete the policies, “Contraceptive Advice” and “Reversible Contraception Methods,” so that there would be one policy to encompass the intent of all AAFP policy statements on contraceptives. CHPS agreed with the changes suggested by CQP on the "Coverage for Family Planning Drugs and |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | Supplies” as well as deletion of the policies, “Reversible Contraceptive Methods” and “Contraceptive Advice”.  2nd Resolved Clause:  Accept for information. The commission voted to implement COD Resolution 301 revising the policy, “Coverage and Family Planning Drugs and Supplies”. The policy revision will be sent to Board of Directors for consideration at their April, 2016 meeting. |
| **3005** | **Anal Pap Smears** *RESOLVED, That the American Academy of Family Physicians recommend the annual*  *performance of screening anal Pap smears for human immunodeficiency virus and/or human papillomavirus positive patients, and every three years for any individuals who have engaged in receptive anal intercourse.* | Women, New Physicians, GLBT | Health of the Public and Science | Board of Directors  Referred to Commission on Health of the Public and Science | The reference committee recommends that Resolution No. 3005 be referred to the Board of Directors for further research based on controversy of the evidence and concerns about availability of follow- up for positive tests.  Accept for information. The commission will nominate the topic to the U.S. Preventive Services Task Force for an evidence review because there is currently inadequate medical evidence to address such a recommendation. |
| **3006** | **PrEP Recommendation** *RESOLVED, That the American Academy of Family Physicians recommend training of family physicians in the implementation and use of Pre-Exposure Prophylaxis (PrEP) for at-risk individuals.* | GLBT | Health of the Public and Science | Commission on Continuing Professional Development | Reaffirm. The AAFP CME program recommends training of family physicians in the implementation and use of Pre-Exposure Prophylaxis (PrEP) for at-risk individuals by offering CME on this topic in the following formats: FP Audio, FP Essentials, FMX, national Live Courses, and the *AFP* journal. |
| **3007** | **Acknowledgement and Inclusion of Two Spirit**  *RESOLVED, That the American Academy of Family Physicians recognize that Two Spirit is a term used in reference to a subgroup of gay, lesbian, bisexual, and transgender Native American people, and be it further*  *RESOLVED, That the American Academy of Family Physicians support the inclusion of the concept of Two Spirit in educational materials and cultural competency with other gay, lesbian, bisexual, and transgender issues.* | GLBT | Health of the Public and Science | 1st Resolved Clause: Commission  on Health of the Public and Science  2nd Resolved Clause: Commission on Health of the Public and Science ***and*** Commission on Continuing Professional Development | 1st Resolved Clause:  Accept for information. The AAFP’s policies are written in an inclusive fashion so as not to be exclusive to one particular group or subgroup.  2nd Resolved Clause:  Agree. The relatively new phrase “Two Spirit” had not been explicitly prioritized in AAFP CME. Cultural competence and clinically relevant care of gay, lesbian, bisexual, and transgender patients is recognized on AAFP’s CME Curricular Framework as an important topic for family physicians and prioritized along with other topics, according to professional practice gap data and formal needs assessments. This topic is part of the core presentations that are held every year during the AAFP’s Family Medicine Experience (FMX) meeting. The commission directed staff to prioritize the phrase “Two Spirit” as appropriate in future |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | CME. |
| **3008** | **Increasing Access to Qualified Physicians for Health Resource Shortage Areas**  *RESOLVED, That the American Academy of Family Physicians Board of Directors review existing and proposed federal and state models for addressing health professional shortage areas as it relates to physicians licensed outside of the United States.* | IMG | Health of the Public and Science | Board of Directors | The reference committee recommends that Substitute Resolution No. 3008 be referred to the Board of Directors.  Reaffirm. The AAFP is currently doing this on a national level. |
| **3009** | **AAFP Affirmation of Support for All Families**  *RESOLVED, That the 2015 National Conference of Constituency Leaders express sincere appreciation and gratitude to the American Academy of Family Physicians for its support of all families.* | Women, Minority, GLBT | Health of the Public and Science | Board of Directors | Accept for information. The Board of Directors appreciates the expression of gratitude. |
| **3010** | **Support for Comprehensive, Culturally Competent Transgender Care and for Coverage for Comprehensive, Culturally Competent Transgender Care** *RESOLVED, That the American Academy of Family Physicians adopt a policy in support of comprehensive, culturally competent transgender health care, and be it further*  *RESOLVED, That the American Academy of Family Physicians adopt a policy in support of insurance coverage for comprehensive, culturally competent transgender health care.* | GLBT | Health of the Public and Science | 1st Resolved Clause: Commission on Health of  the Public and Science  2nd Resolved Clause: Commission on Quality and Practice | 1st Resolved Clause:  Reaffirm. The topic is addressed in the AAFP’s "Position Paper on Cultural Proficiency: The Importance of Cultural Proficiency in Providing Effective Care for Diverse Populations”.  2nd Resolved Clause:  Agree. The commission agreed that revising the AAFP policy, “Gender Equity on Drug, Testing, and Procedure Coverage,” to include coverage for preventive and other medically appropriate services would meet the intent of the resolution. The policy revision was sent to Board of Directors for consideration at their February, 2016 meeting. |
| **3011** | **Native Americans, The Invisible Minority**  *RESOLVED, That the American Academy of Family Physicians include further training about Native American health care and cultural issues and cultural competency training, and be it further*  *RESOLVED, That the American Academy of Family Physicians reaffirm the Native American category within the minority constituency and assist chapters in recruiting and promoting to leadership positions Native American physicians.* | Minority, GLBT | Health of the Public and Science | 1st Resolved Clause: Commission  on Health of the Public and Science ***and*** Commission on Continuing Professional Development  2nd Resolved Clause: Commission on Membership and Member Services | 1st Resolved Clause:  Reaffirm. Cultural competence for all patients, including Native Americans, is recognized on AAFP’s CME Curricular Framework as a relevant topic for family physicians and is prioritized as all topics are, according to professional practice gap data and formal needs assessments. This topic is part of the core presentations that are held every year during the AAFP’s Family Medicine Experience (FMX) meeting.  2nd Resolved Clause:  Accept for information. The AAFP does include American Indian or Alaska Native as a category in the Race and Ethnicity Survey. The list of races used in the survey is based upon the categories of the U.S. Census Bureau. The AAFP provides |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | a list of minority members to chapters once a year or upon request. Members are not identified by individual races. NCCL champions are available to assist chapters with identifying members in various constituencies who might be interested in attending NCCL. It is outside the AAFP’s purview to assist chapters in recruiting and promoting members to leadership positions within the chapter structure. |
| **3012** | **AAFP Recommendations on Daily Sugar Intake** *RESOLVED, That the American Academy of Family Physicians*  *support and publically endorse the 2015 World Health Organization recommendations on sugar intake for adults and children, and be it further*  *RESOLVED, That the American Academy of Family Physicians endorse updating and revision of its current educational resources to reflect the 2015 World Health Organization recommendations on sugar intake for adults and children.* | Women, New Physicians | Health of the Public and Science | Commission on Health of the Public and Science | 1st Resolved Clause:  Accept for information. The World Health Organization’s guideline for sugar intake in adults and children provides no new information than what is currently available through AAFP's educational materials. The guideline is geared toward policy makers rather than health care providers like family physicians.  2nd Resolved Clause:  Accept for information. The AAFP currently has no clinical guidance on sugar intake. |
| **3013** | **AAFP Policy on Needle Exchange Programs** *RESOLVED, That the American Academy of Family Physicians review the available data regarding the various types of needle exchange programs and other organizations’ policies regarding needle exchange programs, and be it further*  *RESOLVED, That the American Academy of Family Physicians develop an evidence-based position paper on the use of needle exchange programs to decrease the transmission of HIV, Hepatitis B, Hepatitis C, and other illnesses.* | Women, GLBT | Health of the Public and Science | Board of Directors  Referred to Commission on Health of the Public and Science | The reference committee recommends that Resolution No. 3013 be referred to the Board of Directors.  Agree with modification. The commission felt it would be difficult to obtain data on needle exchange programs since they vary from state to state and that a policy statement would be more helpful for advocating at the state level. The commission will develop a policy statement. |
| **3014** | **Inconsistent Policing and Law Enforcement Standards as a Social Determinant of Health** *RESOLVED, That the American Academy of Family Physicians (AAFP), through its Board of Directors and its Commission on Health of the Public and Science (CHPS), review the recommendations of the*  *president’s Task Force on 21st Century Policing, find concordance with AAFP existing policy and present discordances with AAFP*  *policy to CHPS, and be it further* | Women, Minority, New Physicians | Health of the Public and Science | 1st Resolved  Clause: Commission on Health of the Public and Science  2nd Resolved Clause: Commission on Health of the Public and Science  3rd Resolved | 1st Resolved Clause:  Agree. The commission will develop a policy statement based on the President's Task Force recommendations.  2nd Resolved Clause:  Agree. The commission will determine if the task force will accept collaboration.  3rd Resolved Clause:  Agree with modification. Letters will be sent to the offices of the public figures listed rather than to the |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *RESOLVED, That the American Academy of Family Physicians (AAFP) immediately assign AAFP representatives to collaborate with development and implementation*  *of the recommendations of the president’s Task Force on 21st Century Policing, and be it further*  *RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter addressed to Surgeon General Vivek Murthy and Attorney General Loretta Lynch citing the AAFP’s current policy titled “Violence as a Public Health Concern” and position paper titled, “Violence” as it relates to the inconsistent application of policing and law enforcement standards in different communities, including the disproportionate use of force by some members of law enforcement against communities of color, and be it further*  *RESOLVED, That the American Academy of Family Physicians direct its delegation and member sections’ delegates to the American Medical Association (AMA) to introduce an emergency resolution with the same objectives as “Inconsistent Policing and Law Enforcement Standards as a Social Determinant of Health” to the AMA House of Delegates for the 2015 Annual Meeting, and be it further*  *RESOLVED, That the American Academy of Family Physicians’ American Medical Association (AMA) delegation seek support and co-authorship for a parallel resolution related to the inconsistent application of policing and law enforcement standards from other AMA delegations and constituencies that would be supportive of such including, but not limited to, the AMA Minority Affairs Section, Medical Student Section, Resident and Fellows Section, Young Physicians Section, and individual regional and specialty caucuses.* |  |  | Clause: Commission on Health of the Public and Science  4th Resolved Clause: Executive Vice President for appropriate staff referral  5th Resolved Clause: Executive Vice President for appropriate staff referral | individuals.  4th Resolved Clause:  Accept for information. Referred to the AMA delegation for consideration and discussion prior to the June, 2015 meeting. The delegation discussed, but did not submit a resolution to the AMA House of Delegates.  5th Resolved Clause:  Accept for information. Referred to the AMA delegation for consideration and discussion prior to the June, 2015 meeting. The delegation discussed, but did not submit a resolution to the AMA House of Delegates. |
| **3015** | **Violence, Harassment, and Bullying**  *RESOLVED, That the American Academy of Family Physicians’ “Violence, Harassment, and Bullying Among Children and* | Women, GLBT | Health of the Public and Science | Commission on Health of the Public and Science | Agree with modification. The commission determined that the AAFP policy, “Violence, Harassment and School Bullying Among Children and Adolescents,” does not specifically refer to children and |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *Adolescents” policy be renamed to reflect the inclusion of adults in the current policy, such as “Violence, Harassment, and Bullying Among Children, Adolescents, and Adults.”* |  |  |  | adolescents only. The commission recommended to the Board that the policy be renamed as “Violence, Harassment, and Bullying." |
| **4001** | **Renaming the “Minority” Constituency**  *RESOLVED, That the American Academy of Family Physicians rename the current “minority” constituency to a more inclusive and representative name such as “Underrepresented Racial & Ethnic Physicians (URP)”, “Physicians from Underrepresented Races and Ethnicities”, or other similar language.* | Minority | Organization and Finance | Commission on Membership and Member Services | Accept for information. The commission noted that if the name were changed to “underrepresented in medicine” there may be some previously included minority groups that may need to be removed from the definition because they are excluded from the newly named constituency. In addition, all the board-approved constituencies are considered underrepresented within the AAFP and not within medicine or as a percentage of the population as a whole. If the name were changed to one that includes the word “underrepresented”, there would also need to be a review of all member constituencies to ensure no overlap exists. |
| **4002** | **Creation of an AAFP Diversity and Inclusion Officer Position** *RESOLVED, That the American Academy of Family Physicians (AAFP) review current practices regarding our goals to increase the numbers of underrepresented populations at all levels of the AAFP, and be it further*  *RESOLVED, That the American Academy of Family Physicians develop a report for the 2016 National Conference of Constituency Leaders after review of current best practice models, i.e. best practices in achieving workforce diversity, to reach our goals in increasing the numbers of underrepresented populations at all levels of the AAFP organizational structure.* | Minority, GLBT | Organization and Finance | Executive Vice President for appropriate staff referral | Accept for information. As it applies to AAFP staff, this is not the purview of the NCCL. This is an issue reviewed by the Board of Directors on an annual basis already. In addition, the resolution is otherwise unclear as to the intent (if it is meant to apply beyond AAFP staff). |
| **4003** | **Degree of Fellow Support** *RESOLVED, That the American Academy of Family Physicians educate their membership regarding availability of the Degree of Fellow and support for completing the application, and be it further*  *RESOLVED, That the American Academy of Family Physicians develop a guide for completing the Degree of Fellow application that would provide specific support for different practice situations (e.g., part-time practice, hospitalist, urgent care, telemedicine).* | Women, New Physicians | Organization and Finance |  | Reaffirmed by the 2015 National Conference of Constituency Leaders. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **4004** | **Support of Paid Parental/Caregiver Leave** *RESOLVED, That the American Academy of Family Physicians promote the use of the terms “Childcare Leave, Parental Leave, Maternity Leave, Paternity Leave, and/or Caregiver Leave” when advocating for the ability of a child’s primary caregiver to take a leave of absence from work in order to facilitate that caregiver bond, and be it further*  *RESOLVED, That the American Academy of Family Physicians promote and support policies toward establishing paid parental/caregiver leave.* | Women, Minority, New Physicians, IMG | Organization and Finance | Commission on Health of the Public and Science | Accept for information. The commission determined that it would be difficult to address the multiple types of leave time called for in the resolution; however, action to be taken on Resolution No. 4005, “Paid Sick Leave,” may cover some of the types of leave time. |
| **4005** | **Paid Sick Leave**  *RESOLVED, That the American Academy of Family Physicians support policies that require all employers to allow employees to earn paid sick leave to take when they are sick or need to care for a sick family member, and be it further*  *RESOLVED, That the American Academy of Family Physicians support policies that protect employees from retaliatory personnel action or discrimination against an employee because an employee has exercised a right to earned paid sick leave.* | Women, Minority, New Physicians | Organization and Finance | Commission on Health of the Public and Science | Agree. The commission formed a subgroup to gather information on this topic and develop a policy statement. |
| **4006** | **Family Physician Union** *RESOLVED, That the American Academy of Family Physicians research and explore the procedures for the formation of a consortium for collective bargaining for family physicians, and present a report to the 2016 Congress of Delegates.* | Minority | Organization and Finance | Board of Directors | Accept for information. This has been studied and reviewed by the Board previously and felt not to be an area of focus for the organization. |
| **4007** | **Support States that Have Non- Discrimination Policy** *RESOLVED, That the American Academy of Family Physicians Congress of Delegates and Family Medicine Experience only be held in states that explicitly prohibit, by legislation or executive decree, non-discrimination based on gender, race, and sexual orientation.* | Women, Minority, GLBT | Organization and Finance | Board of Directors | The reference committee recommends that Resolution No. 4007 be referred to the Board of Directors.  Accept for information. |
| **4008** | **Global Health Outreach to Include Domestic Humanitarian Efforts**  *RESOLVED, That the American Academy of Family Physicians (AAFP) work with the American* | Women, IMG | Organization and Finance |  | Reaffirmed by the 2015 National Conference of Constituency Leaders. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *Academy of Family Physicians Foundation to broaden the scope of Family Medicine Cares USA to include physician participation and volunteering opportunities domestically for the entire AAFP membership, including residents and students as well as active members, both within the free clinics involved in the Family Medicine Cares USA grant program, as well as other areas of need, including physicians’ active participation in domestic medical missions and disaster relief.* |  |  |  |  |
| **4009** | **Separate Elections for Alternate Delegates from the NCCL to the COD**  *RESOLVED, That the National Conference of Constituency Leaders hold separate elections for alternate delegates and Co- Convener, thereby doubling the leadership opportunities, and be it further*  *RESOLVED, That the candidates for alternate delegate from the National Conference of Constituency Leaders be elected from a separate group of candidates from those who have been elected as Co-Convener, and be it further*  *RESOLVED, That candidates for election must choose to run either for National Conference of Constituency Leaders Co- Convener or alternate delegate to the Congress of Delegates, but not both.* | GLBT | Organization and Finance | Board of Directors | The reference committee recommends that Resolution No. 4009 be referred to the Board of Directors.  Agree. The Board recognizes that there could be a budget implication. Staff is currently working on a recommendation. |
| **4010** | **Diversity in Leadership** *RESOLVED, That the American Academy of Family Physicians Board of Directors investigate barriers to state and national leadership positions.* | Women | Organization and Finance | Board of Directors | Accept for information. |
| **4011** | **Increasing Option for Financing Private Practice**  *RESOLVED, That the American Academy of Family Physicians investigate collaborative relationships with financial institutions to include credit unions.* | IMG | Organization and Finance | Executive Vice President for appropriate staff referral | Accept for information. |
| **5001** | **Adolescent Confidential Visits** *RESOLVED, That the American Academy of Family Physicians advocate to the Centers for Medicare and Medicaid Services that it create a billing modifier or other means to identify mental health and reproductive health visits* | Minority, New Physicians | Practice Enhancement | Commission on Quality and Practice | Agree with modification. The commission determined that the AAFP should:   * Contact the American Academy of Pediatrics (AAP), the American Medical Association (AMA), and the major private |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *that an adolescent patient received in a confidential nature, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate with public and private payers to put in place a system that identifies adolescent confidential visits and maintains confidentiality throughout the billing and explanation of benefits process.* |  |  |  | payers with which it has contacts and express a willingness to work with them on potential options to address this issue.   * Continue to assist AAFP state chapters, as needed, in their efforts to change state laws in this regard. AAFP staff has been in contact with the AAP and AMA, and a joint advocacy letter with AAP to major private payers on this issue is planned for the spring of 2016. AAFP State Government Relations staff continue to assist AAFP state chapters, as needed, in their efforts to change state laws in this regard. |
| **5002** | **Education Regarding the Role of Physicians and Nurse Practitioners**  *RESOLVED, That the American Academy of Family Physicians research and/or develop patient education materials on the differences between family physicians and other medical providers and make these readily available to members and patients.* | Women | Practice Enhancement | Commission on Quality and Practice | Reaffirm. The intent of the resolution is being met by current policy. Staff will share the resolution with Health of the Public and Science staff for consideration as they redesign familydoctor.org. |
| **5003** | **Creation and Maintenance of a State-Based Compensation Database for Contract Negotiation**  *RESOLVED, That the American Academy of Family Physicians encourage residencies to provide education throughout residency about contract negotiation.* | Minority | Practice Enhancement | Commission on Education | Reaffirm. The AAFP publishes resources in multiple sections on its website to inform residents about contract negotiation (e.g., Contract Negotiations: Five Elements to Consider; Negotiating Employment Contracts). There also are numerous articles published in *Family Practice Management* addressing the topic of physician contracts. More than 95% of family medicine residents are AAFP members and have access to these resources, as do their faculty who are also AAFP members. |
| **5004** | **Exploration of a Voluntary Physician Database for Procedures and Competencies for Credentialing**  *RESOLVED****,*** *That the American Academy of Family Physicians explore expansion of the current Continuing Medical Education database already available on the website to allow member physicians to voluntarily enter their credentials, privileges, and procedures which can be exported or printed at the physician's discretion.* | New Physicians | Practice Enhancement | Commission on Membership and Member Services | Reaffirm. The CMMS expressed support for this new member service in 2015 and staff submitted the necessary internal documentation to have this project reviewed. Staff is currently awaiting approval of the project. At that point, a timeline for creation and implementation of the new service will be developed. |
| **5005** | **Telehealth: Equal Access to Care and Reimbursement** *RESOLVED, That the American Academy of Family Physicians acknowledge telemedicine as an* | Women, Minority, New Physicians | Practice Enhancement | Board of Directors  Referred to Commission | The reference committee recommends that Resolution No. 5005 be referred to the Board of Directors. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *adjunct to the current model of providing primary care in rural and underserved areas, and be it further*  *RESOLVED, That the American Academy of Family Physicians promote equal access to care and equal reimbursement for all patients through telemedicine, and be it further*  *RESOLVED, That the American Academy of Family Physicians help state chapters legislate equal telemedicine provider reimbursement across all payer sources, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate for national reimbursement of telemedicine services across all payer sources.* |  |  | on Quality and Practice | Accept for information. The resolution is already being addressed by recent and ongoing AAFP activities as well as existing AAFP resources. Specifically, the commission noted that:   * The AAFP is currently performing the advocacy activities requested in the resolved clause. * The commission’s telemedicine workgroup is looking to revise the current AAFP policy on telemedicine. * Regarding the resolved clause on helping state chapters, the AAFP does not tell state chapters what to advocate for or against. The AAFP has the opportunity to advise state chapters on issues such as telemedicine and could be a conduit for the sharing of best practices among state chapters. These are options that could be considered upon request of the Government Relations division. Of course, resource requirements would be dependent on what is requested. |
| **5006** | **Family Physician and Administrator Relationships** *RESOLVED, That the American Academy of Family Physicians develop resources for family physicians to help with working with administrators and hospital boards, and be it further*  *RESOLVED, That the American Academy of Family Physicians have expert witnesses that can provide a voice, intervene, and/or help negotiate with administrators and communities in rural areas, and be it further*  *RESOLVED, That the American Academy of Family Physicians help educate and empower patients to bring change resulting in improved health outcomes, and be it further*  *RESOLVED, That the American Academy of Family Physicians send a message to hospital administrators that their divide and conquer, manipulative tactics will not be tolerated as we will resolve to take care of our own, our patients and our communities.* | Women, GLBT | Practice Enhancement |  | Not adopted by the 2015 National Conference of Constituency Leaders. |
| **5007** | **Removing Barriers to Treatment of Chronic Hepatitis C Infection** | New Physicians, | Practice Enhancement | Commission on Quality and | Agree. AAFP staff has initiated an advocacy sign-on letter to |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | **in Family Medicine** *RESOLVED, That the American Academy of Family Physicians advocate to the private insurance industry and government payers that approval of treatment for*  *chronic Hepatitis C infection should be based on the prescribing physician’s expertise rather than a requirement of medical subspecialist consultation.* | GLBT |  | Practice | government payers with other national medical specialty societies (e.g. American College of Physicians). That letter will be sent in the spring of 2016. The AAFP is sending a similar letter to private payers, as directed by the resolution. |
| **5008** | **Creating a Welcoming Office Environment for LGBTQ Families**  *RESOLVED, That the American Academy of Family Physicians (AAFP) provide and periodically update links on their website to existing resources (such as staff training materials and sample patient intake forms or other documentation) which can help physicians create a welcoming environment for lesbian, gay, bisexual, transgender, and queer patients and their families from the moment they walk in the office door, and that the AAFP strongly encourage chapters to publish these resources on their own websites, and be it further*  *RESOLVED, That the American Academy of Family Physicians provide education for its membership on best practices for welcoming lesbian, gay, bisexual, transgender, and queer patients and families into their practice, in the form of continuing medical education offerings during national conferences and/or journal articles.* | GLBT | Practice Enhancement | 1st Resolved Clause: Commission  on Quality and Practice  2nd Resolved Clause: Commission on Continuing Professional Development | 1st Resolved Clause:  Accept for information. Staff will share the resolution with Health of the Public and Science staff for consideration in future project planning.  2nd Resolved Clause:  Reaffirm. Culturally competent and clinically relevant care for gay, lesbian, bisexual, and transgender patients is recognized on AAFP’s CME Curricular Framework as a relevant topic for family physicians, and is prioritized, along with other topics, according to professional practice gap data and formal needs assessments. This topic is part of the core presentations that are held every year during the AAFP’s Family Medicine Experience (FMX) meeting. |
| **5009** | **Protecting Physician Conscience Rights and Patient- Centered Care**  *RESOLVED, That the American Academy of Family Physicians support the ability of physicians to practice medicine in accordance with their conscience and experience, while also providing patient-centered care even when matters of conscience arise through strategies such as conversations around shared decision-making or provision of referrals, without undue fear of reprisal through loss of licensure or significant financial penalties, and be it further*  *RESOLVED, That the American Academy of Family Physicians* | Women, GLBT | Practice Enhancement | Board of Directors | The reference committee recommends that Resolution No. 5009 be referred to the Board of Directors.  Agree. The question is raised periodically on the program directors listserv. Medical Education staff have never heard of programs in family medicine requiring someone to do something that is against their moral beliefs or conscience. This is handled by ensuring that care is delivered to meet the patient's needs, whether through having another physician deliver the desired care in the training program or through referral outside of the practice. The best practice (from Medical Education staff perspective and other experienced directors) is |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *continue to educate its physician members on effective communication and strategies for addressing matters of physician conscience and provision of patient-centered care, and be it further*  *RESOLVED, That the American Academy of Family Physicians, through its liaisons with the Society of Teachers of Family Medicine and other medical education organizations, advocate for education in medical schools and residencies that foster effective communication and strategies for addressing matters of physician conscience and provision of patient-centered care.* |  |  |  | to ensure that the resident has the appropriate education related to the objectionable care. A typical example might be circumcision that a resident objects to performing. The resident, in that case, would be required to demonstrate an understanding of the rationale (based on scientific evidence) for the benefits of the procedure (in this case, rates of cancer or HIV infection rates between circumcised and uncircumcised men) as well as the known complications and risks of the procedure.  While the accreditation council for medical schools, the Liaison Committee on Medical Education (LCME) does not specifically address this issue, the reference to the AMA Code of Ethics in the Hastings Center publication, "Conscience Clauses, Health Care Providers, and Parents" speaks to the issue. |
| **5010** | **Patient Ordered Testing** *RESOLVED, That the American Academy of Family Physicians, through appropriate legislative and regulatory efforts, seek to ensure that diagnostic testing should only be ordered and interpreted by those individuals who possess appropriate clinical education and training, and be it further*  *RESOLVED, That if a laboratory test is ordered directly by a patient, the physician is not required to assume responsibility for patient notification and/or management of the results, and be it further*  *RESOLVED, That patient and physician education is developed regarding new laboratory options and the appropriate use of these qualified alternative testing facilities when deemed appropriate by the physician.* | Women, New Physicians | Practice Enhancement | Board of Directors  Referred to Commission on Quality and Practice | The reference committee recommends that Resolution No. 5010 be referred to the Board of Directors.  Accept for information. The intent of the resolution is already being met by current policy as well as existing AAFP resources. Staff will share the resolution with Health of the Public and Science staff for consideration in future patient education materials and with Government Relations staff for future advocacy opportunities. |
| **5011** | **Confidentiality Regarding Gender Identity, Sexuality, and Sexual Orientation** *RESOLVED, That the American Academy of Family Physicians advocate for the addition of legal protection of confidential information in the electronic medical record regarding gender identity, sexuality, and sexual orientation comparable to the “mature minor” laws for* | GLBT | Practice Enhancement | Board of Directors | The reference committee recommends that Resolution No. 5011 be referred to the Board of Directors.  Accept for information. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *reproductive health, and be it further*  *RESOLVED, That the American Academy of Family Physicians advocate for the ability to sequester information related to gender identity, sexuality, and sexual orientation in electronic medical records.* |  |  |  |  |
| **5012** | **Advocating for Non-Binary Gender Identification in the Electronic Medical Record** *RESOLVED, That the American Academy of Family Physicians advocate for the expansion of gender identification options in the electronic medical record, whether that be expanded definitions of gender designation, addition of identified gender to karyotypic gender, or other options, regardless of Stage of Meaningful Use of the electronic medical record.* | GLBT | Practice Enhancement | Commission on Quality and Practice | Accept for information. The intent of the resolution is already being met by recent and ongoing AAFP activities as well as existing AAFP resources. Specifically, staff noted that the 2015 Health IT Certification program appears to be a program that will expand outside of the confines of Meaningful Use and will be the default certification for all HHS activities. With non-binary gender already proposed to be included as gender identity in the demographics criteria of the 2015 edition, certification staff will continue to track the final rule for inclusion of gender identity. Should gender identity not be included in the final rule, the issue could be brought back to the commission for reconsideration. |
| **Late Res. A** | **Family Medicine for America’s Health**  *RESOLVED, That the Family Medicine for America’s Health leadership represent the diversity of the American Academy of Family Physicians, and be it further*  *RESOLVED, That the American Academy of Family Physicians leverage its influence on the Family Medicine for America’s Health Board to increase the racial and ethnic diversity of its composition and the composition of its core teams, and be it further*  *RESOLVED, That the physician leader speakers for the “Health is Primary” city tours reflect the diversity of the state and city where they are held.* | Women, Minority, IMG, GLBT |  | Executive Vice President | Accept for information. Dr. Glen Stream and Dr. Reid Blackwelder have already taken this message to the Family Medicine for America’s Health Board for consideration. |