



AAFP

NCCL Delegates' Handbook

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

[Overview of NCCL](#)

It is my first time here. What do I need to do at NCCL?

You will not want to miss the First-Time Attendee Orientation Session and NCCL Mock Proceedings from 7:30–8:30 a.m. on Thursday, April 30th.

Quick-list of NCCL URL's

- www.aafp.org/nccl/business (reference committee agendas and reports; candidate packets)
- www.aafp.org/nccl/rules (Rules of Order)
- www.aafp.org/nccl/resolutions (resolution guidelines and historical actions)
- www.aafp.org/nccl/elections (candidate information)
- www.aafp.org/nccl/volunteer
- www.aafp.org/nccl/handouts (breakout session handouts)

2015 NCCL schedule and how to get around

[Schedule of Events](#)

[Sheraton Kansas City Hotel at Crown Center Floor Plan](#)

How can I get involved at NCCL and join the conversation?

- Social Media
 - [Facebook](https://www.facebook.com/aafpNCCL) (www.facebook.com/aafpNCCL)
 - [Twitter](#) (@aafpNCCL and #aafpNCCL)
 - Instagram (use hashtag #aafpNCCL)
- Event app
 - The ACLF/NCCL app provides up-to-date meeting information, including conference schedules, a customizable calendar, and exhibitor listings. Download the app by searching for “AAFP” in the iTunes Store or by visiting http://m.core-apps.com/tristar_aclf_nccl15. The 2015 ACLF/NCCL meeting app is compatible with most smart phones and tablets.
- Listservs
 - Five listservs specific to the member constituencies are available to all members: Women; Minority; New Physicians; International Medical Graduates (IMG); and Gay, Lesbian, Bisexual, and Transgender (GLBT). If not already, it would be beneficial for you to [subscribe to one or all of the listservs](#) to discuss and generate ideas for resolution preparation.
- [Volunteer Service Application](#)
 - NCCL committees are composed of attendees selected by the NCCL Convener. Selections are made by looking at constituency, chapter, and NCCL experience. Volunteer interest should be noted on the volunteer service application (www.aafp.org/NCCL/volunteer) and submitted by the 12:00 p.m. deadline on Thursday, April 30, 2015.

What are the differences between a Chapter Delegate and a General Registrant?

Chapter Delegates may serve on Reference or Tellers Committees, submit resolutions, testify in all Reference Committee hearings, testify and vote on resolutions in the business sessions, and vote in the Co-Convener, Alternate Delegate and/or Delegate elections.

General registrants may contribute to discussions, run for office if they are an Active member and meet the definitions and requirements, volunteer for the Reference or Tellers Committees, and testify on policy issues during any NCCL reference committee or business session. They may not vote on policy issues during the NCCL business session or vote in any AAFP Delegate, Alternate Delegate, or Co-Convener elections.

Additional details can be found [here](#).

What is the general process to make something happen at NCCL?

Step #1: Participate in the brainstorming and conversation during the constituency discussion groups.

Step #2: Write resolutions with your NCCL colleagues.

Step #3: Testify during reference committee hearings.

Step #4: Vote on resolutions at the business session.

I want to write a resolution. What do I need to know?

- How to prepare and write a resolution
 - To get started, review the [Resolution Guidelines](#). All resolutions must be co-authored by a minimum of two NCCL Active member registrants.
 - Keep the following in mind when [submitting a resolution](#).
 - When you have your resolution written, you must complete the [Resolution Form](#) to be submitted with your resolution. All resolutions should be submitted electronically by 3:30 p.m. on Thursday, April 30th.
- [What happens to resolutions approved at NCCL?](#)
- [When should I think about asking to refer a resolution to the AAFP Congress of Delegates?](#)
- [Where can I find information on past NCCL resolutions and outcomes?](#)

What am I supposed to do at a reference committee hearing?

Review the reference committee agendas and resolutions that are posted online

(www.aafp.org/nccl/business) early Friday morning to find out where all of the resolutions were referred.

Then, make sure to participate in your constituency caucus on Friday morning from 8:30 a.m.–10:15 a.m.

Your constituency will use this time to discuss how the group feels about the resolutions and assign spokespeople to provide testimony as to why the constituency feels one way or another. If you are assigned to testify, you should have your talking points ready ahead of time. Take your tablet or notes with you to the microphone for quick reference and to ease your nerves.

You may also provide testimony on behalf of yourself if you are so inclined. This is a good option if you have a differing viewpoint from the constituency you represent or were not chosen to speak on behalf of the constituency.

What should I do to prepare for the Saturday business session?

Review the reference committee reports that are posted online (www.aafp.org/nccl/business) early Saturday morning to find out what they chose to do with each of the resolutions they were referred. Then, make sure to participate in your constituency caucus during breakfast on Saturday from 7:00 a.m.–8:15 a.m.

I am excited and want to run for an elected position. What are the details about the different positions?

Candidate information, including criteria and responsibilities, can be found at www.aafp.org/nccl/elections.

To apply, use the [Candidate Declaration Form](#) and submit by the applicable deadline denoted.

- [AMA Young Physicians Section \(AMA-YPS\) Delegate](#)
- [GLBT Co-Convener](#)
- [IMG Co-Convener](#)
- [Minority Co-Convener](#)
- [New Physicians Alternate Delegate](#)
- [New Physician Board Candidate](#)
- [Women Co-Convener](#)

Additional information on responsibilities can be found in the [Roles and Responsibilities](#). Eligible reimbursements can be found in the [Reimbursement Policies](#).

I am a Chapter Delegate and will be voting for elected positions. What do I need to know about how the elections are done?

Everything you need to know about the NCCL elections can be found in the [Election Procedures and Timeline](#).

How can I stay connected with people I met after the meeting?

- [NCCL Attendees \(by constituency and chapter\)](#)
- [Conference Leadership and Staff](#)

What happened here last year?

- [2014 NCSC Resolution Summary of Actions](#)
- [Report of 2014 New Physicians Delegation](#)
- [Report of 2014 Member Constituency Delegation](#)
- [Report of 2014 AMA-YPS Delegation](#)

AAFP Background and Reference

- [NCCL Rules of Order](#)
 - The *Rules of Order* are the governing procedural document for the National Conference of Constituency Leaders (NCCL).
- [NCCL History](#)
 - The *NCCL History* provides a historical account of NCCL from its inception in 1990.
- [Powers and Duties of Reference Committees](#)
 - The *Powers and Duties of Reference Committees* includes guidelines that describe the conduct of reference committee hearings and work of the reference committees.
- [Member Constituency Online Resources](#)
 - The AAFP website includes pages specific to each member constituency that house online resources of interest.
- [AAFP Policies](#)
 - Learn more about the policies and positions of the AAFP.
- [AAFP Bylaws](#)
 - The Bylaws are the governing document of the AAFP.
- [AAFP Governance Structure](#)
 - View how business of the AAFP is divided within the governance structure.
- [AAFP Board of Directors](#)
 - Learn more about the AAFP's elected officers. Find them here at NCCL to talk with each of them face-to-face.
- [Parliamentary Procedure](#)
 - Use these documents to help guide you through the rules of parliamentary procedure.

Welcome to the National Conference of Constituency Leaders (NCCL), the AAFP's premier leadership training and policy development event for members of its five member constituencies: Women, Minority, New Physicians, International Medical Graduates (IMG), and Gay, Lesbian, Bisexual, and Transgender (GLBT). This year, we will be celebrating 25 years of constituency leadership and honoring those who created this legacy. It is going to be an exciting meeting!

The goal of NCCL is to help you learn the AAFP's political and policy-making systems, while at the same time provide you with a passion to get involved with your chapter and national AAFP. This document provides an overview of NCCL. Learn more about the conference by reviewing the conference materials provided in this handbook and by attending the ***"First-Time Attendee Orientation & Resolution Writing Workshop" from 7:30 a.m.–8:30 a.m. on Thursday, April 30th.***

PURPOSE AND OBJECTIVES OF THE NCCL

The National Conference of Constituency Leaders (NCCL), first held in 1990 as the National Conference of Women, Minority and New Physicians (NCWMNP) and until 2014 as the National Conference of Special Constituencies (NCSC), is a vehicle to more effectively integrate the perspectives and concerns of AAFP members from underrepresented constituencies, to the benefit of an increasingly diverse membership and patient population. The NCCL is designed to focus on, and give impetus to, the perspectives and concerns of grassroots members from the constituency groups.

The primary objectives of NCCL are:

1. To provide an opportunity for board-approved member constituencies [currently Women; Minority; New Physicians; International Medical Graduates (IMG); and Gay, Lesbian, Bisexual, and Transgender (GLBT) physicians] and other emerging constituencies to become more familiar with AAFP programs, exchange information, share experiences, develop basic leadership skills, and to encourage participation in the AAFP governance structure at both the local and national levels.
2. To provide a forum whereby the Board of Directors may be better informed as to the concerns of the constituency groups and discuss with them priorities for AAFP activities.
3. To provide an opportunity for these groups to identify issues of particular concern to family physicians and to make specific recommendations by way of resolutions to the AAFP's Board of Directors and Congress of Delegates.
4. To allow the New Physicians constituency to elect a nominee for the New Physician Member of the Board of Directors.
5. To allow the New Physicians constituency to elect two Alternate Delegates, in accordance with the AAFP Bylaws, who serve one year in that capacity before succeeding to the position of Delegate in the following Congress of Delegates.
6. To allow all New Physicians present (no matter which constituency they are in attendance to represent) to elect two Delegates to the American Medical Association's Young Physicians Section (AMA-YPS).
7. To allow the Women, Minority, IMG, and GLBT constituencies to elect six Alternate Delegates, in accordance with the AAFP Bylaws, who serve one year in that capacity before succeeding to the position of Delegate in the following Congress. The member constituency Delegates and Alternate Delegates represent the views of the grassroots constituency members in the debate and decisions of the Congress of Delegates.

STRUCTURE OF THE NCCL

Any member of the AAFP may register for and attend the conference as a general registrant. Chapters may specify an active member to be a Chapter Delegate for each of the board-approved constituencies defined as follows for the purposes of the conference:

- *Women* physicians are those who self-identify as women.
- *Minority* physicians are defined as they are by the U.S. Census Bureau: African American, Asian, Native Hawaiian or other Pacific Islander, American Indian, Alaska Native, ethnic Latino, Other.
- *New Physicians* are those who completed residency or extended training immediately following residency seven years ago or less. Individuals who graduate from a residency program but who enter a fellowship continue in the resident member status until completion of their fellowship, whereupon they become active members. For those individuals, the seven year time period for purpose of New Physician Board member eligibility would not begin upon graduation from their residency program, but rather they would have seven years after completion of their fellowship.
- *IMGs* are graduates from a medical school outside of the United States, Canada and Puerto Rico.
- *GLBT* physicians are those who self-identify as GLBT or who are supportive of GLBT issues.

Chapter Delegates must be members in the Active AAFP membership classification only. Chapter Delegates are designated by chapters for each of the board-approved constituency groups. They must meet the definition of the constituency group they represent and their member classification must be Active the first day of the conference with dues paid in full or be enrolled in the installment payment plan to be eligible to serve. Chapter Delegates may serve on Reference or Tellers Committees, submit resolutions, testify in all reference committee hearings, testify and vote on resolutions in the business sessions, and vote in the Co-Convener, Alternate Delegate and/or Delegate elections.

General registrants may contribute to the discussions, run for office if they are an Active member and meet the definitions and requirements, volunteer for the Reference or Tellers Committees, and testify on policy issues during any of the NCCL reference committees and business sessions. They may not vote on policy issues during the NCCL business session or vote in any AAFP Delegate, Alternate Delegate, or Co-Convener elections.

The NCCL uses reference committees to facilitate its work. Resolutions are assigned to one of five reference committees including:

- Advocacy
- Education
- Health of the Public and Science
- Organization and Finance
- Practice Enhancement

Instead of debating details and hearing all evidence for or against a resolution when it is submitted to the business session, it is referred by the NCCL Convener to the appropriate reference committee. Reference committees hear testimony on proposed resolutions and then develop recommendations for their disposition. A reference committee hearing is not a debate. At a scheduled hearing, all persons interested in any particular proposal appear to present their views to the reference committee. Members of each constituency may attend portions of any reference committee hearing to represent the views of his/her constituency.

Tips for testifying at a reference committee include:

- Identify yourself and for whom you are speaking.
- State whether you are speaking for or against the item of business.
- Direct your comments to the reference committee.
- Be succinct.

After receiving testimony at the reference committee hearing, the reference committee goes into executive session to develop recommendations for the NCCL Business Session in the form of reference committee reports.

During the Business Session on Saturday, the Reference Committee Chair presents the report along with the committee's recommendation for action. Each reference committee report is available on the AAFP website at www.aafp.org/NCCL/business or on the desktop printing station computers provided in the Ballroom Foyer. Upon presentation of the report, the NCCL delegation acts upon the recommendations contained in that report. If the Chapter Delegates do not agree on a recommendation of a reference committee, debate on the floor takes place and Chapter Delegates may recommend a different motion than that which is contained in the reference committee report for action.

RESOLUTIONS

The NCCL utilizes the resolution format to influence policies and programs of the AAFP. The major purpose of a resolution may be to:

- establish AAFP policy,
- request investigation or implementation of an AAFP program,
- address issues of interest or concern to family physicians and the specialty of family medicine, or
- request the elimination of AAFP activities considered non-essential.

Whereas clauses provide background information for the resolved clauses. Resolved clauses are designed to stand-alone and request a policy or action within the purview and resources of the AAFP. The resolved clauses are the only portion of the resolution that is subject to action by the NCCL.

Reference committees are charged with determining recommendations for each resolution referred to them. Reference committees may make several types of recommendations on an issue. They are:

- **Adopt** – When a resolution is adopted, it is sent to the AAFP Board of Directors (or Congress of Delegates when warranted) which then sends it on to the appropriate commission or other AAFP entity for implementation.
- **Not adopt** – When a resolution is not adopted, no further action is taken on the issue.
- **Adopt a substitute resolution** – Adoption of an amendment that offers an alternative to the original motion.
- **Reaffirm** – A motion to reaffirm means that the recommendation is either current AAFP policy or already being addressed in current activities.
- **Refer to the AAFP Board of Directors** – Refer the resolution only without adoption.

If the recommendation is for adoption, or for adoption of a substitute, the reference committee may also recommend:

- Referral to the Congress of Delegates. Fully-developed proposals or policy statements may be forwarded from the conference directly to the Congress of Delegates, subject to final approval by the Commission on Membership and Member Services (CMMS).
- Referral to the Board of Directors. Ideas or concerns which have not yet been fully developed should be forwarded from the conference to the Board of Directors. Such recommendations may be handled at the Board level, referred for consideration to a commission of the Board, or referred to the Executive Vice President.

In general, a resolution should not be sent to the AAFP Congress of Delegates if it requires further study, if the background information supporting the resolved clause is insufficient, or if the reference committee is unsure if the requested action is already in place within the AAFP structure. For example, resolutions which

call for the AAFP to adopt a policy statement should be checked against existing AAFP policies and clinical recommendations on the AAFP's website. Whether a resolution is referred to the Congress of Delegates or the Board of Directors, a report summarizing the outcome of each resolution will be provided at the following year's NCCL.

It is the discretion of the Business Session to determine the relevance of the reference committee recommendation for referral destination; however, the CMMS has ultimate approval of any referrals to the Congress of Delegates using the following criteria:

- Importance of topic/issue to membership – Is it relevant to many or only a few members?
- Relevance of topic/issue to the AAFP's strategic objectives – Is there a direct connection between the recommended action and the AAFP's current priorities?
- Nature and scope of the recommendation – Does it require action by the Congress of Delegates or is it better suited for discussion at the Board of Directors or commission level?
- Degree to which issue/recommendation has been researched – Does the rationale/background reflect a thorough review of prior AAFP actions, positions, current programs, and services; acknowledgment of potential cost implications, etc.?

If the CMMS determines that a resolution should not be sent to the Congress of Delegates, it will, instead, refer the resolution to the Board of Directors.

RULES OF ORDER

The Standard Code of Parliamentary Procedure, current edition, shall govern all proceedings of the NCCL, except when in conflict with the AAFP Bylaws or specific provisions of these Rules of Order (www.aafp.org/NCCL/rules). *The Standard Code of Parliamentary Procedure* provides logical reasons for organizational rules of order and covers all current practices and rules relating to parliamentary procedure. The purpose of parliamentary procedure is to facilitate the transaction of business and to promote cooperation and harmony. Two basic procedural rules have been developed to ensure that the simplest and most direct procedure for accomplishing a purpose is observed. First, motions have a definite order of precedence, each motion having a fixed rank for its introduction and its consideration. Second, only one motion may be considered at a time. Those who have the privilege of the floor include:

- delegates have the privilege of the floor and can vote,
- general registrants have the privilege of the floor but cannot vote, and
- the presiding officer (NCCL Convener) may grant the privilege of the floor to anyone who has useful information to share.

In presenting a motion, a delegate will rise, identify him/herself, and be recognized by the NCCL Convener. The delegate proposes a motion which is seconded by another delegate. It is then repeated by the Convener. Discussion/debate then ensues on the motion. Once discussion/debate is complete, a vote is taken. However, during discussion/debate, a delegate may amend the original motion by recommending different wording. A third delegate offers another amendment to the original motion. Only three motions can be pending at one time (the original motion and the two amendments). If a motion is made for a third amendment, the Convener rules this motion out of order. Once discussion/debate is completed, voting must be done in reverse order. The motion last proposed (the second amendment) is considered and disposed of first with the first amendment then considered and disposed of and finally the original motion.

HIGHLIGHTS OF BUSINESS/SOCIAL ACTIVITIES

Listed below are several business and social activities that occur during the NCCL.

Wednesday:

- Preconference leadership development workshops (1:30–5:30 p.m.)
- ACLF & NCCL Meet & Greet (6:00–7:00 p.m.)

Thursday (volunteer applications due – 12:00 p.m.; resolutions due – 3:30 p.m.; candidate declaration forms due – 5:00 p.m. [new physician board candidate due by 12:00 p.m.]):

- First-time attendee orientation/NCCL mock proceedings (7:30–8:30 a.m.)
- Opening Session and Plenary (8:45–10:15 a.m.)
- Constituency Discussion Groups and Resolution Writing (10:30 a.m.–12:00 p.m.; 1:00–3:20 p.m.)
- Joint Constituency Caucus (3:30–4:30 p.m.)
- Welcome Reception (5:45–8:00 p.m.)

Friday:

- Town Hall Meeting (7:30–8:15 a.m.)
- Constituency Caucuses & Elections (8:30–10:15 a.m.)
- Reference Committee Hearings
 - Health of the Public & Science (10:30–11:15 a.m.)
 - Practice Enhancement (10:45–11:30 a.m.)
 - Advocacy (1:30–2:15 p.m.)
 - Education (2:00–2:45 p.m.)
 - Organization & Finance (2:15–3:00 p.m.)

Saturday:

- Informal Constituency Caucus during breakfast (7:00–8:15 a.m.)
- Business Session and Candidate Forum & Elections (8:15 a.m.–12:00 p.m.)
- ****If elected, Post-Conference Meeting and Wrap-Up immediately following close of Business Session.**

GENERAL INFORMATION

Breakout Sessions: A variety of breakout sessions are provided for NCCL attendees on Wednesday, Thursday, and Friday, April 29 – May 1. Topics include advocacy, leadership, media training, public speaking, and more. Session handouts can be found at www.aafp.org/NCCL/handouts.

CME credit: NCCL attendees may claim Enrichment CME credits for attending any of the breakout sessions on an hour-for-hour basis. NCCL does not offer CME credit that is Prescribed or Elective, AMA-PRA Category 1, or AOA accredited.

Joint Programming: The NCCL schedule has been arranged to enable participants to attend one of several breakout sessions offered through the Annual Chapter Leader Forum (ACLF) on Friday afternoon. ACLF attendees may participate in resolution writing on Thursday afternoon either as references or active participants and are encouraged to attend any NCCL business functions that their schedule allows. In addition, breaks, meals, and receptions as well as the Friday plenary session are attended by participants of both ACLF and NCCL. These combined functions provide meaningful exposure through networking and educational experiences.



2015 NCCL Schedule

April 30–May 2, 2015 (preconference April 29)—National Conference of Constituency Leaders—
Sheraton Kansas City Hotel at Crown Center—Kansas City, MO

Wednesday, 4/29/2015

1:30–5:30 p.m.	Leadership Training Preconference
1:30–2:30 p.m.	Success Factors For Physician Leaders: Emerging Roles
2:30–3:30 p.m.	History Of Health Policy Development In The United States
3:45–4:30 p.m.	Generational Change
4:30–5:30 p.m.	Medical Society Governance: Meeting Versus Planning
6:00–7:00 p.m.	Meet & Greet

Thursday, 4/30/2015

6:00–6:45 a.m.	Yoga
7:15–8:30 a.m.	Networking Breakfast
7:30–8:30 a.m.	First-Time Attendee Orientation & Resolution Writing Workshop
8:45–10:15 a.m.	Opening Session & Plenary
10:00 a.m.–4:30 p.m.	Exhibits Open
10:15–10:30 a.m.	Refreshment Break
10:30 a.m.–12:00 p.m.	Constituency Discussion Groups
12:00–1:00 p.m.	Lunch
1:00–3:20 p.m.	Resolution Writing
3:30–4:30 p.m.	Joint Session Caucus (2016 NCCL Convener & New Physician Board Candidate Question & Answer)
4:30–5:45 p.m.	Breakout Sessions
5:45–8:00 p.m.	Welcome Reception
5:50–6:20 p.m.	Reference Committee Orientation
5:50–6:20 p.m.	Tellers Committee Orientation

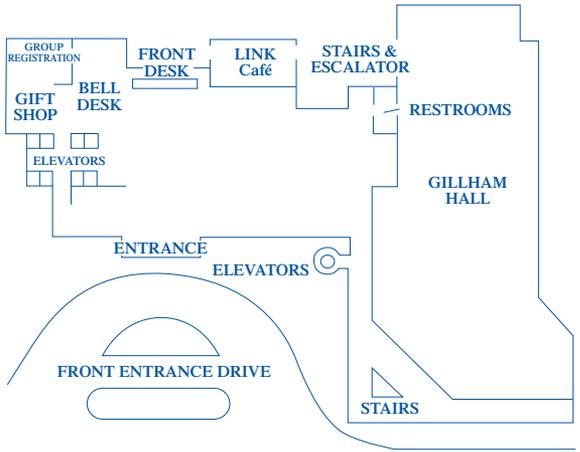
Friday, 5/1/2015

6:00–6:45 a.m.	Pilates
7:00–8:15 a.m.	Chapter Peers Breakfast
7:30–8:15 a.m.	Town Hall Meeting
8:30–10:15 a.m.	Constituency Caucuses and Elections (includes Member Constituency Co-Convener, New Physicians Alternate Delegate, New Physician Board Candidate, and 2016 NCCL Convener)
8:30 a.m.–3:15 p.m.	Exhibits Open
10:00–10:30 a.m.	Refreshment Break
10:30–11:15 a.m.	Reference Committee Hearing on Health of the Public & Science
10:45–11:30 a.m.	Reference Committee Hearing on Practice Enhancement
11:30 a.m.–1:15 p.m.	Awards, Lunch, and Plenary
1:30–2:15 p.m.	Reference Committee Hearing on Advocacy
2:00–2:45 p.m.	Reference Committee Hearing on Education
2:15–3:00 p.m.	Reference Committee Hearing on Organization & Finance
2:45–3:15 p.m.	Refreshment Break
3:15–4:30 p.m.	Breakout Sessions

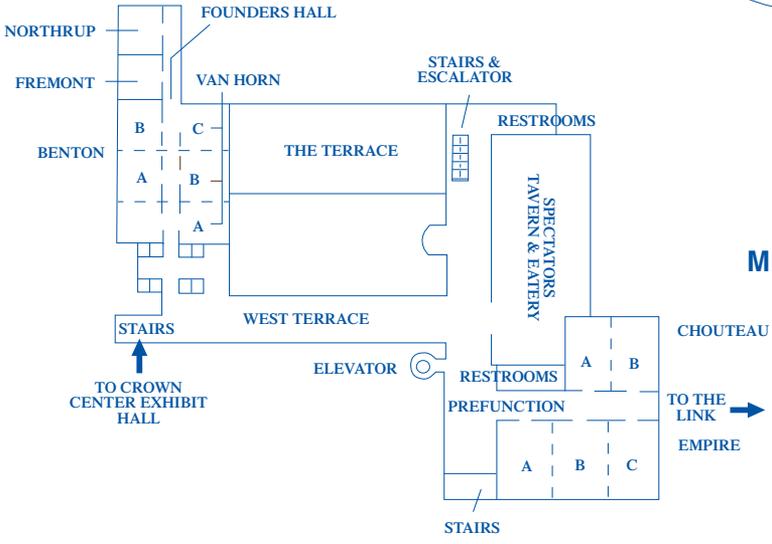
Saturday, 5/2/2015

6:00–6:45 a.m.	Yoga
7:00–8:15 a.m.	Breakfast Caucus and Network
8:15 a.m.–12:00 p.m.	Business Session, Candidate Forum & Elections, and Conference Closing

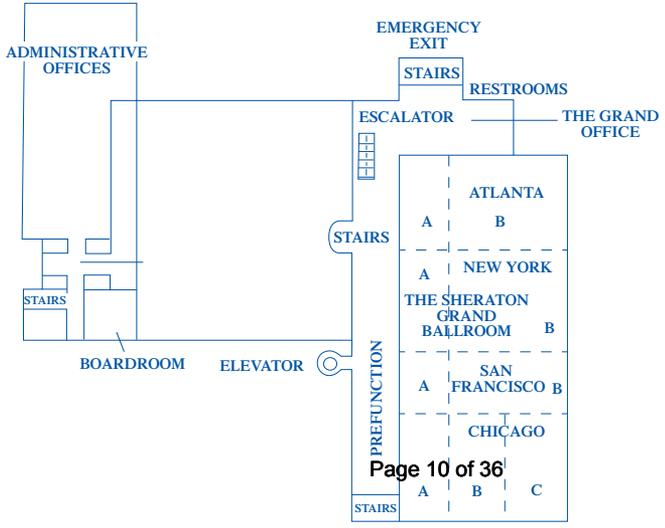
LOBBY LEVEL



MEZZANINE LEVEL



BALLROOM LEVEL





Resolution Form

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

To be included for consideration by this conference, **resolutions must:**

1. Address only one issue;
2. Include “whereas” clause(s) that are stated clearly, factually, and are limited to relevant information;
3. Include “resolved” clause(s) that stand alone without the rest of the document present (clear and concise, positively stating the action or policy called for by the resolution);
4. Include statement explaining any fiscal implications necessary to implement the “resolved” clause(s);
5. Be endorsed by at least two registrants (*Active AAFP members only*) at this conference; and
6. Be submitted on or accompanied by this form with all information completed.

Resolutions need to be submitted electronically to AAFP staff by 3:30 p.m. on Thursday, April 30, 2015.

The NCCL Convener and next year’s NCCL Convener determine the ultimate designation of which reference committee will act on a resolution. This determination looks at the relevance of the issue, possible grouping of like issues for consideration, and the relative workload of each reference committee.

Disclaimer: Each resolution will be reviewed by a committee of content experts and is subject to grammatical and substantive changes as deemed appropriate.

Resolution Title: _____

Please print. This resolution is submitted by (must include at least two Active member NCCL registrants).

Name: _____ MD DO FAAFP: YES NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

Name: _____ MD DO FAAFP: YES NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

Name: _____ MD DO FAAFP: YES NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

Name: _____ MD DO FAAFP: YES NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

For Office Use Only

Physician Review _____ Staff Review _____ Reference Committee Page 11 of 36



Candidate Declaration Form

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Name: _____ Chapter: _____

Phone: _____ Email: _____

Twitter Handle/Facebook Page: _____

Are you attending NCCL as a Chapter Delegate? Yes No
(Note: You do **not** need to be a Chapter Delegate to declare candidacy for office, but must meet the definition of the constituency you wish to represent.)

If so, which constituency are you representing? (check only one)
 Women Minority New Physicians IMG GLBT

Have you attended NCCL (formerly NCSC) before? Yes No
(Note: You do **not** need to have been to NCCL before to declare candidacy for office [except for New Physician Board of Directors Candidate].)

If so, what years? _____

Personal Statement

(Include a **brief** personal statement expressing your interest, qualifications, and areas of expertise and practice.)

I am declaring candidacy for (mark only one):

Co-Convener:

- Women International Medical Graduates (IMG)
- Minority Gay, Lesbian, Bisexual and Transgender (GLBT)
- New Physicians Alternate Delegate
- New Physician Board of Directors Candidate**‡
**A letter of endorsement is required from your chapter.
- AAFP Delegate to the AMA Young Physicians Section

I have read the corresponding candidate information and understand the responsibilities of the position should I be elected. YES NO

I attest that I have carefully reviewed the candidate information for this office and further attest that I meet all of the candidate criteria for this office.

Signed: _____ Date: _____

To declare candidacy for office, this form must be completed, signed, and accompanied by your 2-page curriculum vitae and returned to the NCCL Registration Desk no later than 5:00 p.m. Thursday, April 30.

‡ New Physician Board Candidates must submit declaration by 12:00 p.m. on Thursday, April 30.



NCCL Chapter Representation

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center, Kansas City, MO

Chapter	Women	Minority	New Physicians (residency completion 4/30/08 – 4/30/15)	IMG	GLBT
Alabama	Julia Boothe, MD, MPH, FAAFP	Deanah Maxwell, MD	Jarod Speer, MD	Prashanth Bhat, MD, MPH	
Alaska					Theresa “Tess” Garcia, MD
Arizona	Gail Guerrero-Tucker, MD, FAAFP	Ravi Grivois-Shah, MD, FAAFP	Melody Jordahl-lafrato, MD, FAAFP	Trupti Patel, MD	Randy Gelow II, MD*
Arkansas			Tasha Starks, MD*		
California	Shannon Connolly, MD	Shani Muhammad, MD	Marie-Elizabeth Ramas, MD	Caithness Rodriguez, MD, MSPH	Scott Nass, MD, MPA
Colorado	Alison Lauber, MD, FAAFP	Ozioma Gab-Ojukwu, MD	Anneliese Heckert, DO*	Amir Salek, MD*	Virginia Richey, DO*
Connecticut			Emmanuel Kenta-Bibi, MD	Shaista Qureshi, MD, FAAFP*	Kathleen Viereg, MD
Delaware		Margot Savoy, MD, MPH, CPE, FAAFP			
District of Columbia		Darlene Lawrence, MD, FAAFP	Oladunni Filani, MBBS		
Florida	Penny Tenzer, MD, FAAFP*	Maria Rosaida Gonzalez, MD*	Benjamin O’Connell, DO*	Ajoy Kumar, MD, FAAFP	Edward Braun, MD, FAAFP*
Georgia	Karla Booker, MD, FAAFP	Cecil Bennett, MD		Julie Dahl-Smith, DO, FAAFP*	
Hawaii					
Idaho					
Illinois	Lauren Oshman, MD, MPH, FAAFP*	Frank Castillo, MD, FAAFP*	Tabatha Wells, MD	Sharath Kumar Reniguntala, MD, MBBS*	Alice Daniels, MD
Indiana	Teresa Lovins, MD, FAAFP	Rosita Miranda, MD, MS	J. Andy Shull, MD, FAAFP	Samir Ginde, MD IMG Co-Convener	Bernard Richard, MD
Iowa	Sarah Olsasky, DO*	Eleanor Lavadie-Gomez, MD*	Margaret Vitiritto-Khan, DO*		Joseph Freund, MD
Kansas	Jennifer Brull, MD, FAAFP	Margaret Smith, MD*	Sarah Tully Marks, MD	Emily VinZant, MD*	Evan Swanson, MD
Kentucky	Patricia Swiney, MD, FAAFP*			Adnan Ahmed, MD	Syed Naseeruddin, MD, FAAFP
Louisiana			Richard Bridges, MD*	Jody George, MD	
Maine			Samuela Manages, MD, BS*		
Maryland	Tobie-Lynn Smith, MD, MPH, FAAFP*	Manisha A Sharma, MD*	Matthew Burke, MD, FAAFP	F. George Leon, MD	Adebowale (Dayba) Prest, MD
Massachusetts	Sarah Sciascia, MD	Pablo Hernandez Itriago, MD, FAAFP	LeSantha Naidoo, DO*		Miranda Balkin, MD*

*1st time attendee

Chapter	Women	Minority	New Physicians	IMG	GLBT
Michigan	Yasmin Sahul, MD*	Joseph Thompson, MD, PhD, FAAFP*	Srikar Reddy, MD, FAAFP	Sharif Latif, MD*	Mary Sharp, MD*
Minnesota	Kathryn Justesen, MD*	Mioki Myszkowski, MD	Susan Pleasants, MD*	Javaid Saleem, MD, FAAFP*	David Bucher, MD, FAAFP
Mississippi			Brent Smith, MD New Physician Co-Convener	Carlos Latorre, MD	
Missouri	Afsheen Patel, MBBS*	Sudeep Ross, MD, MBBS, MBA	Emily Doucette, MD*	Wael Mourad, MD	
Montana	Andrea Cady, MD*	LeeAnna Muzquiz, MD	Amy Matheny, MD, MPH		Steven Williamson, MD
Nebraska	Michelle Sell, MD*	Shayla Toombs-Withers, DO*	Nathan Krug, MD*	Douglas Inciarte, MD	David Hoelting, MD
Nevada	Helen Gray, MD, FAAFP	Sangeeta Wagner, DO*	Amanda Magrini, MD*	Troy Bertoli, MD*	
New Hampshire			Megan Adamson, MD*	Polina Sayess, MD	
New Jersey					
New Mexico			Tatyana Guerrero-Pezzano, MD*		
New York	Lauralee Yalden, MD*	Brenda Perez, MD*	Krisemily McCrory, MD	Sneha Chacko, MD*	Rachelle Brilliant, DO
North Carolina	Karen Smith, MD, FAAFP	Viviana Martinez-Bianchi, MD, FAAFP	Cody Wingler, MD	Joseph Pye, MD*	Benjamin Simmons, MD
North Dakota					
Ohio	JoAnna Kauffman, MD*	Wayne Forde, MD, FAAFP	Melissa Jefferis, MD, FAAFP	Jaividhya Dasarathy, MD*	Kelly Meehan-de la cruz, MD
Oklahoma	Rachel M Franklin, MD	Syeachia Dennis, MD	Shadi Edalati, MD*	Sachidanandan "Suben" Naidu, MD, FAAFP	Steven Crawford, MD, FAAFP
Oregon	Kathryn Kolonic, DO*		Melissa Hemphill, MD*		Sarah Lamanuzzi, MD, FAAFP
Pennsylvania	Mary Stock Keister, MD	Kevin Wong, MD, CMD, FAAFP	Sabesan Karuppiah, MD, MPH, FAAFP	V Hema Kumar, MD, FAAFP	Andrew Goodman, MD GLBT Co-Convener
Puerto Rico					
Rhode Island					
South Carolina	Jony Bolinger, MD	Ada Stewart, MD, FAAFP	Meshia Waleh, MD	Richard Basaly, MD*	
South Dakota					
Tennessee	Peggy Brooks, MD*				
Texas	Ann Messer, MD*	Mary Nguyen, MD, FAAFP	Alicia Wooldridge, MD*	Ikemefuna Okwuwa, MD*	Bruce Echols, MD, FAAFP
Uniformed Services	Maria de Arman, MD	Haroon Samar, MD, MPH*	Kevin Bernstein, MD, MS*	Ana Solis, MD	Luis Otero, MD, FAAFP
Utah	Saskia Spiess, MD*		Kyle Jones, MD		
Vermont					
Virginia	Valerie Mutchler-Fornili, MD*		Rupen Amin, MD, MBA, FAAFP		
Washington	Lillian Wu, MD, FAAFP	Kevin Wang, MD, FAAFP	Angela Sparks, MD	Amber Farook, MD*	Jonathan Wells, MD
West Virginia			Kimberly Becher, MD		
Wisconsin	Rebecca Lundh, MD*	Suhail Shaikh, MD, FAAFP	Robert Sedlacek, MD	Keith Elkins, MD	Alan Schwartzstein, MD, FAAFP
Wyoming					

Chapter	General Registrant	General Registrant	General Registrant	General Registrant	General Registrant
Alabama					
Alaska					
Arizona					
Arkansas					
California	Brea Bondi-Boyd, MD	Kareen Espino, MD, MPH* Resident	Sarah McNeil, MD	Anne Montgomery, MD, MBA, FAAFP	Arthur Ohannessian, MD
California, con't	Brent Sugimoto, MD, MPH	Tony Truong, MD			
Colorado					
Connecticut					
Delaware					
District of Columbia					
Florida					
Georgia	Beulette Hooks, MD, FAAFP	Raul Zambrano, MD*			
Guam					
Hawaii					
Idaho					
Illinois	Carolyn Lopez, MD, FAAFP				
Indiana					
Iowa	Robin Barnett, DO, MBA, FAAFP Women Co-Convener				
Kansas	Jennifer Bacani McKenney, MD, FAAFP 2016 NCCL Convener Candidate				
Kentucky	Gerry Tolbert, MD 2016 NCCL Convener Candidate				
Louisiana					
Maine					
Maryland	Richard Bruno, MD* Resident				
Massachusetts	Khalil Alleyne, MD Minority Co-Convener				
Michigan					
Minnesota	Renee Crichlow, MD, FAAFP GLBT Co-Convener	Mohammad Tariq Fareed, MD, FAAFP	Christina Jo Manders, DO		
Mississippi					
Missouri	Marla Tobin, MD, FAAFP				
Montana					
Nebraska					
New Hampshire					

Chapter	General Registrant	General Registrant	General Registrant	General Registrant	General Registrant
Nevada					
New Jersey					
New Mexico					
New York	Ani Bodoutchian, MD, FAAFP*	Scott Hartman, MD*	Cathleen London, MD	Sarah Nosal, MD, FAAFP	Anita Ravi, MD, MPH* Resident
New York, con't	Sonya Sidhu-Izzo, MD, MBA IMG Co-Convener	Venis Wilder, MD Minority Co-Convener			
North Carolina	Brian Blank* Student	Conrad Flick, MD, FAAFP			
North Dakota					
Ohio	Mary Krebs, MD, FAAFP Women Co-Convener	Colette Willins, MD			
Oklahoma	Tomás Owens, MD, FAAFP	Loni Pearish, DO*	Matthew Rumsey, MD*		
Oregon	Robyn Liu, MD, MPH, FAAFP				
Pennsylvania					
Puerto Rico					
Rhode Island					
South Carolina					
South Dakota					
Tennessee					
Texas	Adanna Amechi-Obigwe, MD	Lindsay Botsford, MD, MBA, FAAFP AMA-YPS Delegate	Emily Briggs, MD, MPH New Physician Board Member	Christina Kelly, MD, FAAFP 2015 NCCL Convener	Dusty Narducci, MD* Resident
Uniformed Services	Kevin Kelly, MD, FAAFP	Kristen Koenig, MD New Physician Co-Convener			
Utah	Daniel Chappell, DO*				
Vermont					
Virginia					
Virgin Islands					
Washington	Kannie Chim, MD*	Benjamin Davis, MD*	Laura Diamond, MD*	Christopher Gaynor, MD, FAAFP	
West Virginia					
Wisconsin	Joanna Bisgrove, MD, FAAFP AMA-YPS Delegate				
Wyoming					



2015 Conference Leadership

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

2015 Advisory Group:

Christina Kelly, MD, FAAFP, NCCL Convener
Jennifer Bacani McKenney, MD, 2016 NCCL Convener Candidate
Gerry Tolbert, MD, 2016 NCCL Convener Candidate
Brian Bachelder, MD, FAAFP, Member Constituencies Discussion Leader, CMMS
Robin Barnett, DO, FAAFP, Women Co-Convener
Mary Krebs, MD, FAAFP, Women Co-Convener
Khalil Alleyne, MD, Minority Co-Convener
Venis Wilder, MD, Minority Co-Convener
Kristen Koenig, MD, New Physicians Co-Convener
Brent Smith, MD, New Physicians Co-Convener
Emily Briggs, MD, MPH, New Physician Board Member
Samir Ginde, MD, IMG Co-Convener
Sonya Sidhu-Izzo, MD, MBA, IMG Co-Convener
Renee Crichlow, MD, FAAFP, GLBT Co-Convener
Andrew Goodman, MD, GLBT Co-Convener
Joanna Bisgrove, MD, FAAFP, AMA-YPS Delegate
Lindsay Botsford, MD, MBA, FAAFP, AMA-YPS Delegate

AAFP National Officers in Attendance:

Robert Wergin, MD, FAAFP, President
Wanda Filer, MD, FAAFP, President-Elect
Reid Blackwelder, MD, FAAFP, Board Chair
John S. Meigs, Jr., MD, FAAFP, Speaker
Javette Orgain, MD, FAAFP, Vice-Speaker

AAFP Senior Staff in Attendance:

Douglas Henley, MD, FAAFP, Executive Vice President
Todd Dicus, JD, CAE, Deputy Executive Vice President
Donna Valponi, Vice President, Communications & Membership
Elaine Conrad, CAE, Division Director, Membership

NCCL Conference Staff:

Callie Castro, MBA, CAE, NCCL Conference Strategist
Heather Ynda, Conference Coordinator
Stacy Wymer, CAE, Manager, Member Relations and Development

Congress of Delegates Staff:

Diane McDaniel, Assistant Secretary to the Congress of Delegates

Reference Committee Staff:

Advocacy Reference Committee (IMG Constituency)

Teresa Baker, Staff Executive
Sonya Clay, Assistant Staff Executive
Rebecca Janssen, Recording Secretary

Education Reference Committee (New Physicians Constituency)

Ann Karty, MD, FAAFP, Staff Executive
Ashley Bentley, MBA, Assistant Staff Executive
Claudia Caton, Recording Secretary

Health of the Public & Science Reference Committee (Minority Constituency)

Melody Goller, CMP, Staff Executive
Kevin Kovach, Assistant Staff Executive
Diana Swafford, Recording Secretary

Organization & Finance Reference Committee (GLBT Constituency)

Mayly Yang, Staff Executive
Karen Mathes, CAE, Assistant Staff Executive
Tammy Underwood, Recording Secretary

Practice Enhancement Reference Committee (Women Constituency)

Heidy Robertson-Cooper, Staff Executive
Joe Grundy, Assistant Staff Executive
Bethany Burk, Recording Secretary

NCCL On-Site Office Staff:

Kim Robinson, Office Coordinator
Terresa Winch, Assistant Office Coordinator
Debra Hurst, Proofreader
Sam Carlson, Proofreader



New Physicians Delegates Report

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

2014 AAFP New Physicians Delegates Report AAFP Congress of Delegates October 20–22, 2014 Washington, D.C.

It was an honor to serve the new physicians at the AAFP Congress of Delegates (COD) this year in Washington, D.C. The new physician delegation, comprised of two delegates and two alternate delegates, represented the new physician voice at the COD. This report summarizes actions taken at the meeting with particular focus on the outcomes of National Conference of Special Constituencies (NCSC) resolutions.

Town Hall Meeting:

The town hall meeting Sunday evening provided the opportunity for the AAFP members to discuss important issues AAFP leadership in an informal way. One of the biggest topics for discussion regarded the need for further GME reform. The three presidents revealed a planned push for broader changes, including changes in residency funding, residency slot allocation, and training sites. The session ended with several questions from the general body.

Congress of Delegates business sessions:

Monday began the first business session. We heard the addresses of the speaker, president, president-elect, board chair, and the EVP/CEO of the AAFP.

The Board of directors offered reports A through N, addressing the scope of business conducted by the AAFP Board of directors the previous year.

We then reviewed the report of Commission on Finance and Insurance (including an audit of the finances of the Academy). We also reviewed the reports of the bylaws committee, as well as the AAFP delegation to the AMA.

On **Tuesday** morning, the Congress was addressed by several leaders in family medicine:

- Professor Ruth Wilson, MD, President of the North American Region the World Organization of Family Doctors (WONCA)
- Dr. Kathy Lawrence, MD, President of the College of Family Physicians of Canada
- Dr. David Barbe, MD, MHA, Immediate Past Chair of the American Medical Association Board of Trustees
- Dr. Carlos Jaén, MD, Chair of the American Board of Family Medicine
- Dr. Jane Weida, MD, President of the AAFP Foundation

Next, we entered the Candidate forum portion of the morning. We heard speeches from unopposed candidates:

- Dr. Emily Briggs, MD, MPH, New Physician Board Candidate. She discussed the universal challenges of balancing a private practice with various competing demands of home life and external pressures.

New Physicians as the future of Family Medicine have a unique perspective. Payment reform, workforce, and advocacy are challenges not unique to New Physicians, but important to them in ever changing ways.

- Dr. Andrew Lutzkanin of Reading, PA, Resident Board Candidate
- Kristina Zimmerman of Dalton, PA, Student Board candidate

Then, we heard from the AAFP Board candidates with speeches and question-and-answer.

- Mott Blair, MD of Wallace, NC
- Ronald Blum, MD of Patten, ME
- John Cullen, MD, of Valdez, AK
- David Hagan, MD, of Gibson City, IL
- Lynne Lillie, MD, of Woodbury, MN
- Carl Olden, MD, of Yakima, WA.

Tuesday afternoon, various awards were presented:

- President Blackwelder presented the John G. Walsh Award for Lifetime Contributions to Family Medicine to Dr. William Coleman, MD, PhD, of Scottsboro, AL
- President Blackwelder presented the Public Health Award to Paul Jarris, MD, MBA, of Springfield, VA

We were addressed by:

- Dr. Thomas Campbell, MD, Chair of the Counsel of Academic Family Medicine
- Dr. Carol Henwood, DO, President of the American College of Osteopathic Family Physicians
- Dr. Randy Wexler, FamMedPAC Board Chair
- Dr. Joseph Zebley of Baltimore, Maryland, Chair of the AAFP AMA Delegation
- Dr. Andrew Lutzkanin, MD, of Reading, PA, Resident Chair of 2014 National Conference of Family Medicine Residents & Students
- Dr. Sarah Nosal, 2014 Convener of the National Conference of Special Constituencies (NCSC), who reported that we had record attendance at NCSC in 2014 (>170 attendees, with 40 chapters represented, 19 full delegations, and 114 attendees were new physicians). In 2015, NCCL will celebrate the 25th anniversary of this conference. #NCCL2015 #inspirecreatelead

We, then, heard from the candidates for Vice-Speaker of the AAFP:

- Javette Orgain, MD, MPH, of Chicago, IL
- Edward Schwager, MD, of Tucson, AZ

Next, we heard from the candidates for AAFP President-elect with gave speeches and question-and-answer:

- Wanda Filer, MD, MBA, of York, PA
- Daniel Spogen, MD, of Reno, NV

Wednesday morning, more awards were presented to AAFP members:

- Thomas W. Johnson Award for Career Contributions in Family Medicine Education Award was presented to Dr. Perry Pugno, MD, of Prairie Village, KS
- Humanitarian Award was presented to Dr. Linda Walsh, MD, of Glen Arm, MD
- Robert Graham Physician Executive Award was presented to Dr. David Filipi, MD, of Omaha, NE

Retiring Delegates were honored, the Necrology Report was presented, and resolutions of condolence were adopted.

New Commission Chairs were announced:

- Commission on Continuing Professional Development – Dr. Patricia Sereno, MD, of Stoneham, MA
- Commission on Education – Dr. Robert Raspa, MD, of Fleming Island, FL

- Commission on Finance and Insurance – Dr. John Bender, MD, of Fort Collins, CO
- Commission on Governmental Advocacy – Dr. Michael Baxter, MD, of West Reading, PA
- Commission on Health of the Public and Science – Dr. Robert Rich, MD, of Elizabethtown, NC
- Commission on Membership and Member Services – Dr. Tonya Bradley, MD, of Auburn, AL
- Commission on Quality and Practice – Dr. Elisabeth Righter, MD, of Dayton, OH

Action on Resolutions (Organized by Reference Committees):

1) Reference Committee on Health of the Public and Science

The complexity of the issues behind many of the resolutions coming to this reference committee led to several being referred to the Board of Directors for further study. Resolutions dealing with end of life planning, banning non-therapeutic antibiotic use in farm animals, and providing patient education materials regarding recreational marijuana use were all forwarded to the board. One resolution that the Congress did adopt is Resolution 410, which dealt with the need to address immigrant discrimination and the resultant health disparities.

2) Reference Committee on Advocacy

Several key topics were discussed, and resolutions were adopted, to support the ability to e-prescribe controlled substances, increasing firearm safety training quality and availability for children, and inclusion of shingles vaccines in Medicare Part B. Another key resolution discussed involved the Academy taking a firm stance against the use of Rapid Diagnostic Testing in pharmacies, as it was viewed as eventually leading to further fracturing of care contrary to the PCMH model.

3) Reference Committee on Practice Enhancement

Overall, the resolutions here focused on making care easier to provide and more affordable for patients. Noteworthy adopted resolutions include Resolution 304, a substitute resolution calling for broader coverage of insulin pens on prescription formularies as a means for improving compliance, and Resolution 305, which called for reducing the burdens on physician workload that stems from prior authorizations. Also adopted was Resolution 308, which called for coverage of Tdap on Medicare part B prescription plans.

4) Reference Committee on Organization and Finance

Several of the most challenging issues facing the Congress came before this reference committee. Once again, a resolution to end the alliance with Coca-Cola was brought forth, and, after lengthy discussion, was not adopted by the COD. Several resolutions related to the degree of fellow, and especially the Oath taken upon attaining it were hotly debated. Lastly, a resolution was adopted to have the Academy purchase several historical artifacts from a previous Academy building, including a large seal, which will be preserved to further protect our history as a member institution.

5) Reference Committee on Education

The Reference Committee on Education saw resolutions related to eliminating outdated barriers to sterilization and improving access to male sterilization techniques adopted. Further, a resolution for working to rescind the FDA approval Zohydro was heavily discussed, but then referred to the Board. Lastly, a resolution aimed at increasing the number of family medicine residency slots was not adopted in favor of the information contained in Board Report M “Aligning Resources, Increasing Accountability and Delivering a Primary Care Physician Workforce for America.”

Elections:

The 2014 Congress of Delegates elected the following members to leadership positions:

- President-Elect – Wanda Filer, MD, MBA, of York, PA
- Speaker of the Congress – John Meigs Jr., MD, of Centreville, Alabama
- Vice Speaker – Javette Orgain, MD, MPH, of Chicago, Illinois

- Directors –
 - o 3-year terms:
 - Mott Blair, MD of Wallace, NC
 - John Cullen, MD, of Valdez, AK
 - Lynne Lillie, MD, of Woodbury, MN
 - o 1-year term:
 - Carl Olden, MD, of Yakima, WA
- New Physician Board member – Emily Briggs, MD, MPH, of New Braunfels, TX
- Resident Board member – Dr. Andrew Lutzkanin, MD, of Reading, PA
- Student Board member – Kristina Zimmerman of Dalton, PA

Details of the Schedule:

- Sunday, October 19th, 2014 – Following an orientation session on Sunday afternoon, we had the Meet-the-Candidates sessions. This gave us the opportunity to meet with the board and president-elect candidates and ask questions in a small group session. After that, we were off to the Town Hall Meeting.
- Monday, October 20th, 2014 – The morning started bright and early with a New Physician caucus. There was, as always, good discussion and debate. The Congress started with reports of the officers and commissions. The rest of the day was filled with reference committee hearings. In the evening, we went to the Hospitality Night, with the opportunity to socialize and to get to know the candidates better.
- Tuesday, October 21st, 2014 – These sessions included greetings from other medical organizations. There were also candidate forums with speeches and questions for the Board of Director candidates, Vice-Speaker, and President-Elect candidates. We also had the opportunity to hear speeches from the incoming student, resident, and new physician AAFP Board members. The reference committee reports were presented and debated. All reference committee reports were completed in this session.
- Wednesday, October 22nd, 2014 – Further awards were given. The history of the Future of Family Medicine 2.0 project was presented. Then, elections were announced! The opening ceremony for the AAFP Assembly was in the afternoon. In the evening, we attended the New Physicians Happy Hour and took the opportunity to promote attendance at the 2015 NCCL. Then, we were off to the Delegates' Dinner for the rest of the evening.
- Thursday, October 23rd, 2014 – The day of CME at the AAFP Assembly concluded with the Member Constituencies Meet & Greet, where we had an opportunity to meet physicians from all five Member Constituencies (Women, Minorities, New Physicians, GLBT, and International Medical Graduates). We, again, took the opportunity to promote attendance at the 2015 NCCL.

Next year's AAFP Congress of Delegates will be held September 28th-30th 2015 in Denver, CO. Mark your calendars now and think about running for New Physician alternate delegate to the AAFP Congress of Delegates at the first of many NCCL, April 30th-May 2nd, 2015 in Kansas City, Missouri.

Respectfully Submitted,

Emily Briggs, MD, MPH – New Physician Delegate
 Andy Shull, MD – New Physician Delegate
 Brent Smith, MD – New Physician Alternate Delegate
 Kristen Koenig, MD – New Physician Alternate Delegate



Member Constituency Delegates Report

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

2014 AAFP Member Constituency Delegates Report
AAFP Congress of Delegates
October 19–22, 2014
Washington, D.C.

Submitted by:

Cecil Bennett, MD – Delegate
Amy McIntyre Matheny, MD, MPH – Delegate
Rosita Miranda, MD, MS – Delegate
Scott Nass, MD, MPA – Delegate
Ricky Ochoa, MD – Delegate
Angela Sparks, MD – Delegate
Robin Barnett, DO, FAAFP – Alternate Delegate
Renee Crichlow, MD, FAAFP – Alternate Delegate
Andrew Goodman, MD – Alternate Delegate
Mary Krebs, MD, FAAFP – Alternate Delegate
Sonya Sidhu-Izzo, MD, MBA – Alternate Delegate
Venis Wilder, MD – Alternate Delegate

Your Member Constituency Delegates and Alternates worked hard to make sure your voice was heard at the 2014 AAFP Congress of Delegates.

After arriving in Washington DC and meeting to caucus, the delegation posed tough one-on-one questions to the candidates for AAFP office at the Meet the Candidates session. Sunday concluded with a Town Hall with AAFP leaders Drs. Blackwelder, Wergin, Cain, and Henley. Brief remarks were followed by question-and-answer session with the membership. Monday, your team got to work at 6 am to caucus. Then, Dr. Meigs led the opening session of Congress.

At the 2014 NCSC, we debated a resolution titled, “Acknowledging Religious Diversity,” which RESOLVED, That the American Academy of Family Physicians does not conduct organized, sectarian prayers or invocations during its public meetings. The 2014 NCSC referred the resolution to the AAFP Board of Directors. This year, Director Dr. Rebecca Jaffe offered a beautiful, non-sectarian invocation/speech to start off the meeting. Our message and sentiment clearly was heard and respected by the AAFP Board of Directors.

Dr. Reid Blackwelder mentioned in his opening comments to the Congress of Delegates that he was honored to be the first AAFP President to be invited as keynote speaker for the Academy of Breastfeeding Medicine (ABM). This is a group that has had phenomenal leadership from family physicians for years; however, he stated that the AAFP and ABM needed to have the next level of connection with officers and staff, which has now been established.

The delegation represented you in the reference committee discussions, testimony, debate, and voting on the floor of Congress. The following resolutions were of particular interest to the member constituencies.

Advocacy:

NCCL delegates supported resolution 503, "*Promote Emergency Contraceptives that are Effective Regardless of Weight*," which was the same resolution 3002 passed during the 2014 NCSC. There is evidence that levonorgestrel and ulipristal acetate EC contraceptives are less efficacious with increasing BMI, such that obese women (BMI ≥ 30) are at a 4-fold and 2-fold higher risk of pregnancy respectively as compared to normal weight women. Also, there is clinical evidence that a copper intrauterine device is the most reliable method of EC regardless of BMI, with over 99% effectiveness if inserted within five days of unprotected sexual intercourse. The committee recommended a substitute resolution which stated, "That the American Academy of Family Physicians request the U.S. Food and Drug Administration to require labeling certain methods of emergency contraception (EC) such as levonorgestrel and ulipristal acetate as less effective for obese women", and was adopted by the Congress.

Regarding Resolution 505, "*Unnecessary Restrictions on Abortion Providers*," the COD approved the reference committee substitution of "AAFP supports a woman's access to reproductive health services and opposes non evidence-based restriction on medical care on the provision of such services."

Resolution 511, "*Electronic Prescription of Controlled Substances*," urges the AAFP to work with the DEA to change e-prescribing technology rules to increase access to e-prescribing technologies. The member constituencies' caucus agreed with the reference committee's recommendation to adopt this resolution. The resolution was adopted.

Resolution 509, "*Model Legislation for States*," was approved by the COD with the reference committee's addendum: "Resolved, that the AAFP include in its legislative advocacy efforts the development of a system for the AAFP to create, collect, maintain, and disseminate models of legislation to the chapters for us in their home states." The testimony given acknowledged the cost of this effort (fiscal note approx. \$58,000), but the perceived benefit of more legislation and lobbying coming at the state level with bolstered support from national level seemed to outweigh the costs. Bottom-line, many around the country felt we need more help in order to effectively lobby for the issues that are important to us as family physicians.

Resolution 510, "*Aligning AAFP Firearm Related Policies with Other National Medical Organizations*," was approved as put forth by the reference committee: "That AAFP advocate for regulations to promote safe firearm storage, AAFP advocate for children's firearm access prevention laws, and that AAFP support firearm safety training programs." This is less aggressive than the AAP policy – as it removes criminal penalties for firearm violators and does not address the issue of permitting health insurance companies to collect data about guns in homes.

Organization and Finance:

End the AAFP Alliance with Coca-Cola: There was spirited debate on both sides of the issue. In reference committee, testimony was nearly split half and half on whether to sever this relationship or continue the alliance. All parties shared a concern about the public perception and ethical concern of an alliance with a company known for marketing sugar-sweetened beverages, among other things. Others appreciated the value of "being at the table" with Coca Cola to try to influence the industry towards more responsible products and marketing. Ultimately, as in prior years, the will of the Congress majority was to continue the alliance, although many note this issue will continue to be brought up in future years. The AAFP leadership assured that they are always looking for other sources of non-dues revenue and have a clear process for future alliances to ensure member support and proper vetting before approval. This issue has been debated several times at NCSC. Resolutions on this topic have historically not been adopted by NCSC. Given intense debate in caucus and concerns on both sides of the issue, your NCCL delegates could not come to unanimous agreement upon the will of NCCL on this issue and therefore, split the delegations' votes: half yes and half no.

Oath of AAFP Fellows: Testimony was provided to the Reference Committee on Organization and Finance by Dr. Robin Barnett. The testimony recognized the spirit and intent of the current Oath of AAFP Fellows as written. However, the Oath has been often misinterpreted by many as asking a physician to forsake their own personal health and wellbeing in order to care for a patient. NCCL supported refer to the Board for rewording. Congress referred the issue to the board.

Health of the Public and Science:

Resolution 404 - *Encourage Expansion of Venues for Family Medicine Peer Reviewed Research*

This resolution asked the AAFP to explore and report back additional resources for participation and publication of peer reviewed family medicine research. The resolution was prompted by similar state-level activities and the new family medicine residency research requirement. The member constituencies' caucus agreed with the reference committee's recommendation to refer to the Board for further investigation. The issue was referred to the Board by the COD.

Resolution 405 - *Supporting the Development of Education Materials Regarding the Recreational Use of Marijuana Based on Scientific Evidence* reads: RESOLVED, That the American Academy of Family Physicians develop patient centered educational materials regarding the use of recreational marijuana based on scientific evidence. This was referred by COD to the AAFP Board of Directors for further review to see if materials could be compiled. This was not adopted at the 2014 NCSC meeting.

Resolution 407 - *Prohibiting Sale and Distribution of Raw or Unpasteurized Milk and Milk Products*

This resolution, introduced by the Illinois Chapter, asked the AAFP to join other professional organizations in advocating for a ban on sale and distribution of raw/unpasteurized milk products. Contentious debate was heard during the reference committee, citing concerns about public health versus traditional farming practices. The member constituencies' caucus agreed with the reference committee recommendation to refer to the Board, due to the complexity of the issue and need to review evidence.

Education:

Resolution 601 - *Support of Miscarriage Management Training in Family Medicine Residencies*

The COD did not approve this as the majority felt this topic is already a part of current ACGME requirements and ALSO training courses.

Resolution 603 - *Designating Nursing Pumping Rooms in Commercial Transportation Hubs that are Clean, Private, and Not a Restroom Space*

The COD approved the reference committee recommendation: "That the AAFP advocate for nursing pumping rooms at commercial transportation hubs as defined by the USDOT in a non-restroom space that has at a minima a chair, counter, sink and power for equipment use." There was wide support for this policy.

Resolution 604 - *Elimination of Medicaid sterilization barriers*

The delegation was in support of the resolution. Your NCCL delegate gave an example of how this compromised a patient's access to care. This resolution was extracted and was referred to the board.

Resolution 611 - *Increasing the number of family medicine residency positions*

We supported this resolution, and strong testimony was heard about the need for more residency physicians. Because the Board had recently approved an even stronger position on this important issue, the reference committee recommended that we not adopt the resolution. In the end, this resolution was not adopted.

Practice Enhancement:

Under practice enhancement, the member constituencies strongly supported resolution 308 - *The Centers for Medicare and Medicaid Services (CMS) Coverage of Tdap under Medicare Part B*. It was similar in spirit to our 2014 NCSC resolution 3009 and was also consistent with the recommendations of the advisory committee on immunization practices. Testimony was sparse, but all in favor. The reference committee recommended

adopting the resolution which was then adopted by the Congress and referred to the Commission on Quality and Practice.

The member constituencies also supported Resolution 305 - *Request the AAFP to work with Insurers to reduce the Administrative Burden for Medication Prior Authorization* and Resolution 306 - *AAFP Action on Prior Authorization Policies*. Both of these resolutions were similar in spirit to our 2014 NCSC Resolution 5002 - "Patients before paperwork". We felt that this is required to reduce unnecessary administrative burden and significant costs related to prior authorizations. This sentiment was echoed by many other members. A Kansas chapter representative stated their member survey indicated that this is biggest issue that they wanted their chapter and the AAFP to solve for them. The Massachusetts chapter testified that 80% of their members reported there has been an increase in paperwork in their practice and listed prior authorization as the major contributing factor. Frustration was voiced about how even generic medications required prior authorizations now and there was no transparency around how these decisions were taken. The reference committee indicated that implementation of best practices were appropriate to reduce the administrative burden associated with prior authorization and recommended adopting the resolution which was then adopted by the Congress and referred to Commission on Quality and Practice.

Similar to Resolution 305, there was overwhelming support for Resolution 306. Resolution 306 was reaffirmed as current policy by the reference committee. They found that the AAFP specifically addresses prior authorization issues with the largest private insurance companies in their annual meetings. Also, the AAFP recently met with CMS to bring forward concerns of the administrative burden related to prior authorizations of durable medical equipment. The AAFP is currently working jointly with the AMA Workgroup that has supported standard electronic transactions. Thus, the committee felt that AAFP has done significant work to bring forward the concerns of its members to the major players.

Your 2014 NCSC Convener, Dr. Sarah Nosal reported to the Congress on the success of this year's NCSC and the excitement for the new NCCL. Your 2015 NCCL Convener, Dr. Christina Kelly invited all to attend the 25th anniversary NCCL conference in Kansas City in 2015.

We also heard from Glen Stream, MD, MBI -- past AAFP president and current board chair of Family Medicine for America's Health -- about the national media campaign *Health is Primary* (<http://www.healthisprimary.org/>) being launched by the Academy and other family medicine organizations

Congress elected new AAFP leadership including the following:

AAFP President: Dr. Bob Wergin of Milford, Nebraska

President-elect: Dr. Wanda Filer of York, Pennsylvania

Speaker of the Congress of Delegates: Dr. John Meigs of Brent, Alabama

Vice Speaker of the Congress of Delegates: Dr. Javette Orgain of Chicago, Illinois

Board of Directors: Dr. Mott Blair, from Wallace, N.C.; Dr. John Cullen, from Valdez, Alaska; Dr. Lynne Lillie, from Woodbury, Minn.; and Dr. Carl Olden, from Yakima, Wash.

New Physician Member to AAFP Board of Directors: Dr. Emily Briggs

Resident Member to the AAFP Board of Directors: Dr. Andrew Lutzkanin

Student Member to the AAFP Board of Directors: Kristina Zimmerman

We enjoyed celebrating our outgoing president and new Board Chair, Dr. Reid Blackwelder, and the entertainment of the Capitol Steps at the Delegates Dinner.

Thank you for your confidence in us as we represented you at the Congress of Delegates. Those who served as alternate delegates at this Congress will be back as your delegates next year. We hope that you will join them to learn more about the important things your Academy is doing for you.



**REPORT
AMERICAN MEDICAL ASSOCIATION (AMA) –
Young Physicians Section (YPS)
JUNE 2014**

Submitted by:
Lindsay Botsford, MD
Melissa Jefferis, MD

The Annual Meeting of the American Medical Association's (AMA) Young Physician's Section (YPS) was held in Chicago, IL June 5–8, 2014. Your Delegates, Dr. Lindsay Botsford and Dr. Janet West represented you, the young physicians within the American Academy of Family Physicians (AAFP), at this meeting.

The meeting began with a caucus between the AAFP's AMA Delegation Members along with the AAFP's AMA Young Physician Section Delegates, AAFP's AMA Residents/Fellows' Section Delegates, and the AAFP's AMA Medical Student Section Delegates. The caucus was designed to not only meet one another, but also to develop a coordinated strategy and speak with one voice during the business meetings of the different sections. Where the AAFP had policy on the issues being discussed, we were able to speak on behalf of the AAFP and represent family docs. Following the caucus, your AAFP AMA-YPS Delegates attended the AMA YPS House of Delegates session on June 6, 2014.

The business of the YPS's Assembly Meeting included the following items:

- The YPS discussed ways to improve diversity and provide leadership opportunities for younger physicians within the AMA. It was noted that the average age of a delegate in the AMA-HOD is 63 (if excluding medical students and residents), and that 78% of delegates are over the age of 50. Many state and specialty societies do not have term limits, and can spend decades as delegates limiting the opportunity for younger physicians to step up and lead. There is also a significant drop-off in participation and membership of young physicians. The YPS introduced a resolution asking the AMA to develop mechanisms to promote diversity, including age, among the HOD.
- The YPS also heard a report detailing a plan in Missouri to use unmatched medical students after graduation as "assistant physicians." They would work under the supervision of a physician. The program is intended to provide help to rural areas, as well as help students who are increasingly unmatched as residency slots fail to expand to keep pace with medical school slots. While the YPS appreciated the concern of not enough residency slots, they were concerned that this was not the way to do it. In response, they passed a resolution encouraging the AMA to oppose special licensing pathways for medical school graduates who have not completed any post-graduate education.

There were two resolutions passed by the YPS last meeting that were presented to the HOD. The first asked the AMA to encourage state chapters to offer medical malpractice insurance discounts as a member benefit. The second asks the AMA to promote education of students about the cost of interventions, as well as study mechanisms by which patients can get cost information from providers, facilities, and insurers before non-emergent or elective services. The YPS realized this could be a burden on physicians unless there were

insurance reforms, and so the resolution also asked the AMA to study barriers to being able to provide this information.

In addition, the Young Physicians' Section reviewed all resolutions and reports that were being considered by the AMA House of Delegates. Highlights of policies discussed by the House of Delegates that are pertinent to the AAFP Special Constituency groups include:

- They discussed changing the policy on maternity and paternity leave so that residency programs should provide information about these leave policies in writing to all applicants without asking, to remove the stigma about asking about leave policies during the application process.
- In follow-up to a YPS issue from 2013, we heard a report back from the Board of Trustees advocating the elimination of requirements that individuals undergo gender affirmation surgery in order to change their sex designation on birth certificates, as well as the modernization of state vital statistics to ensure accurate gender markers on birth certificates.

Highlights from the House of Delegates at large also included adoption of:

- Policy opposing the sale and marketing of electronic cigarettes to minors
- Policy to support the FDA's proposal to include added sugars on nutrition labels
- Resolution declaring cheerleading a sport
- Policy advocating electronic health record vendors change systems to better meet physicians' practice needs

Delegates could not reach agreement on several resolutions related to firearms transfers, criminal background checks, and gun registries.

We have been honored to serve you as your AAFP YPS delegates at this meeting. In that same manner, we have remained involved in the YPS operations to continue to have the voices of the AAFP New Physicians heard at the AMA. Dr. Botsford served as the chair of the Credentials Committee and Dr. West served on the YPS Reference Committee. We encourage all those who read this to get involved in your local, state, and national Family Medicine organizations along with your local, state and national medical organizations. One person can truly make a difference for the Family Physicians of the future and that person could be you!

Sincerely,

Lindsay Botsford, MD, MBA, FAAFP
Janet West, MD, FAAFP

**REPORT
AMERICAN MEDICAL ASSOCIATION (AMA) –
Young Physicians Section (YPS)
NOVEMBER 2014**

Submitted by:

Joanna Bisgrove, MD, FAAFP

Lindsay Botsford, MD, MBA, FAAFP

The Interim Meeting of the American Medical Association's (AMA) Young Physicians' Section (YPS) was held in Dallas, TX, November 6–9, 2014. Your Delegates, Dr. Joanna Bisgrove and Dr. Lindsay Botsford represented you, the young physicians within the American Academy of Family Physicians (AAFP), at this meeting.

The meeting began with a caucus between the AAFP's AMA Delegation Members along with the AAFP's AMA Young Physician Section Delegates, AAFP's AMA Residents and Fellows' Section Delegates, and the AAFP's AMA Medical Student Section Delegates. The caucus was designed to not only meet one another, but also to develop a coordinated strategy and speak with one voice during the business meetings of the different sections. Where the AAFP had policy on the issues being discussed, we were able to speak on behalf of the AAFP and represent family docs.

Following the caucus, your AAFP AMA-YPS Delegates attended the AMA YPS Section meeting on November 7, 2014. There were no resolutions submitted to the YPS at the Interim session, therefore the YPS delegates used our section meeting to review YPS positions on resolutions being proposed to the AMA House of Delegates.

This year, in addition to your AAFP Delegates, many YPS delegates were also family medicine physicians. This included the chair of this year's YPS. As a result, many of the actions taken by YPS Delegates were favorable to the AAFP. Among these, YPS Delegates:

- Actively supported a resolution urging the AMA to engage with policymakers regarding Medicaid Expansion Options and Alternatives.
- Actively support continued increase of **primary care reimbursement** through Medicaid.
- Supported the AMA renewing their request that CMS suspend penalties for failure to meet meaningful use criteria.
- Actively **opposed** a resolution which would have encouraged integration of community health workers into the health care team, **which could potentially weaken** the presence of family physicians in the community.
- Support new policy to address inadequate provider networks so **patients have access to the physicians** they rely on.
- Advocated for the AMA to study the burdens placed on physician practices from face to face requirements as currently dictated by Medicare.
- Supported creation of compacts to facilitate speedier medical licensure process with fewer administrative burdens for physicians seeking licensure in multiple states.
- Supported policy (which was passed by the AMA) **recognizing the important role of pharmacists in vaccinating target populations** that lack access to a medical home or that otherwise are unlikely to receive immunizations through physician practices. The policy affirms that health professionals who administer vaccines have shared responsibilities to ensure that vaccination administration is documented in the patient medical record. Further, it calls on physicians and pharmacists to work

together in the community to **encourage patients to follow up with a primary care physician** to ensure continuity of care.

The AMA House of Delegates meeting ran from November 8– 11. At the AMA meeting at large, policies discussed and passed included:

- A call for the AMA to continue to be a **trusted source of information and education** on urgent **epidemics or pandemics** affecting the U.S. population. The policy was enacted in the wake of the Ebola outbreak in West Africa.
- Reinforcing AMA **support for regulatory oversight of electronic cigarettes**. Delegates also supported regulations that would establish the minimum legal purchase age for electronic cigarettes to be 18 years old, place marketing restrictions on manufacturers, and prohibit claims that electronic cigarettes are effective tobacco cessation tools. Supported efforts to **give the U.S. Food and Drug Administration authority and funding** to effectively oversee the manufacturing, marketing, and sale of **dietary supplements**.
- Urging the **increased use of sobriety checkpoints** and called for state medical societies to overturn bans on using them to deter driving under the influence.
- Supporting Medicaid expansion and encourage lawmakers to identify realistic coverage options for adults currently in the coverage gap, even if states choose not to adopt the Medicaid expansion outlined in the Affordable Care Act.
- Physicians updated AMA policy on maintenance of certification (MOC). The MOC principles will now include:
 - MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance, and delivery of care.
 - The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake, and intent to maintain or change practice.
 - MOC should be used as a tool for continuous improvement.
 - The MOC program should not be a mandated requirement for licensure, credentialing, payment, network participation, or employment.
 - Actively practicing physicians should be well-represented on specialty boards developing MOC.
 - MOC activities and measurement should be relevant to clinical practice.
 - The MOC process should not be cost-prohibitive or present barriers to patient care.

We have been honored to serve you as your AAFP YPS delegates at this meeting. In that same manner, we have remained involved in the YPS operations to continue to have the voices of the AAFP New Physicians heard at the AMA. Dr. Botsford served as the chair of the Credentials Committee and Dr. Bisgrove provided testimony to the HOD Reference Committee on behalf of the AAFP and YPS. Dr. Botsford is ending her term as delegate in Spring 2015, and we will be electing a new delegate at NCCL in May, 2015. Please feel free to reach out to us if you would like to learn more about the position or the AMA.

We encourage all those who read this to get involved in your local, state, and national Family Medicine organizations along with your local, state, and national medical organizations. One person can truly make a difference for the Family Physicians of the future and that person could be you!

Sincerely,

Lindsay Botsford, MD, MBA, FAAFP
Joann Bisgrove, MD, FAAFP

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Parliamentary Procedure at a Glance

(based on *The Standard Code of Parliamentary Procedure* by Alice Sturgis)

April 30–May 2, 2015—National Conference of Constituency Leaders—Sheraton Kansas City Hotel at Crown Center

Principal Motions (Listed in Order of Precedence)

TO DO THIS	YOU SAY THIS	May You Interrupt Speaker?	Must You Be Seconded?	Is The Motion Debatable?	What Vote is Required?
*Adjourn the meeting	"I move the meeting be adjourned"	NO	YES	YES (RESTRICTED)	MAJORITY
*Recess the meeting	"I move that the meeting be recessed until..."	NO	YES	YES**	MAJORITY
Complain about noise, room temperature, etc.	"I rise to the question of personal privilege"	YES	NO	NO	NONE
Postpone temporarily (Table)	"I move that this motion be tabled"	NO	YES	NO	MAJORITY (REQUIRES TWO-THIRDS IF IT WOULD SUPPRESS)
End debate	"I move to vote immediately"	NO	YES	NO	TWO-THIRDS
*Limit debate	"I move that each speaker be limited to a total of two minutes per discussion"	NO	YES	YES**	TWO-THIRDS
*Postpone consideration of an item to a certain time	"I move to postpone this item until 2:00pm..."	NO	YES	YES**	MAJORITY
*Have something referred to committee	"I move this matter be referred to..."	NO	YES	YES**	MAJORITY
*Amend a motion	"I move to amend this motion by..."	NO	YES	YES	MAJORITY
*Introduce business (the Main Motion)	"I move that..."	NO	YES	YES	MAJORITY
*Amend a previous action	"I move to amend the motion that was adopted..."	NO	YES	YES	SAME VOTE
*Ratify action taken in absence of a quorum or in an emergency	"I move to ratify the action taken by the Council..."	NO	YES	YES	SAME VOTE
Reconsider	"I move to reconsider..."	YES	YES	YES**	MAJORITY
Rescind (a main motion)	"I move to rescind the motion..."	NO	YES	YES	SAME VOTE

*Amendable

**Debatable if no Other Motion is Pending

Incidental Motions

TO DO THIS	YOU SAY THIS	May You Interrupt Speaker?	Must You Be Seconded?	Is The Motion Debatable?	What Vote is Required?
Vote on a ruling by the Chair	"I appeal the Chair's decision"	YES	YES	YES	MAJORITY
Consider something out of its scheduled order	"I move to suspend the rules and consider..."	NO	YES	NO	TWO-THIRDS
To discuss an issue without restrictions of parliamentary rules	"I move that we consider informally..."	NO	YES	NO	MAJORITY
To call attention to a violation of the rules or error in procedure, and to secure a ruling on the question raised	"I rise to a point of order"	YES	NO	NO	NONE
To ask a question relating to procedure	"I rise to a parliamentary inquiry"	YES	NO	NO	NONE
To allow the maker of a motion to remove the motion from consideration	"I move to withdraw my motion"	YES	NO	NO	NONE
To separate a multi-part question into individual questions for the purpose of voting	"I move division of the question"	NO	NO	NO	NONE
To verify an indecisive voice or hand vote by requiring voters to rise and be counted	"I move to divide the Assembly"	YES	NO	NO	NONE

***Amendable**

****Debatable if no Other Motion is Pending**

The Chief Purposes of Motions

PURPOSE	MOTION
Present an idea for consideration and action	Main motion Resolution Consider informally
Improve a pending motion	Amend Division of question
Regulate or cut off debate	Limit or extend debate Close debate
Delay a decision	Refer to committee Postpone to a certain time Postpone temporarily Recess Adjourn
Suppress a proposal	Table Withdraw a motion
Meet an emergency	Question of privilege Suspend rules
Gain information on a pending motion	Parliamentary inquiry Request for information Request to ask member a question Question of privilege
Question the decision of the presiding officer	Point of order Appeal from decision of chair
Enforce rights and privileges	Division of assembly Division of question Parliamentary inquiry Point of order Appeal from decision of chair
Consider a question again	Resume consideration Reconsider Rescind Renew a motion Amend a previous action Ratify
Change an action already taken	Reconsider Rescind Amend a previous action
Terminate a meeting	Adjourn Recess

Parliamentary Strategy

TO SUPPORT A MOTION	TO OPPOSE A MOTION
1. Second it promptly and enthusiastically.	1. Speak against it as soon as possible. Raise questions; try to put proponents on the defensive.
2. Speak in favor of it as soon as possible.	2. Move to amend the motion so as to eliminate objectionable aspects.
3. Do your homework; know your facts; have handouts, charts, overhead projector slides, etc., if appropriate.	3. Move to amend the motion to adversely encumber it.
4. Move to amend motion, if necessary, to make it more acceptable to opponents.	4. Draft a more acceptable version and offer as amendment by substitution.
5. Vote against motion to table or to postpone, unless delay will strengthen your position.	5. Move to postpone to a subsequent meeting.
6. Move to recess or postpone, if you need time to marshal facts or work behind the scenes.	6. Move to refer to committee.
7. If defeat seems likely, move to refer to committee, if that would improve chances.	7. Move to table.
8. If defeat seems likely, move to divide question, if appropriate, to gain at least a partial victory.	8. Move to recess, if you need time to round up votes or obtain more facts.
9. Have available a copy of the organization's standing rules, its bylaws, and <i>The Standard Code of Parliamentary Procedure</i> , in case of a procedural dispute.	9. Question the presence of a quorum, if appropriate.
10. If motion is defeated, move to reconsider, if circumstances warrant it.	10. Move to adjourn.
11. If motion is defeated, consider reintroducing it at a subsequent meeting.	11. On a voice vote, vote emphatically.
	12. If the motion is adopted, move to reconsider, if you might win a subsequent vote.
	13. If the motion is adopted, consider trying to rescind it at a subsequent meeting.
	14. Have available a copy of the organization's standing rules, its bylaws, and <i>The Standard Code of Parliamentary Procedure</i> , in case of a procedural dispute.



Standard Code of Parliamentary Procedure

Source: The American Institute of Parliamentarians Standard Code of Parliamentary Procedure (AIPSC)–May, 2012

PRINCIPAL RULES GOVERNING MOTIONS								
<i>Order of precedence</i> ¹	<i>Can interrupt?</i>	<i>Requires second?</i>	<i>Debatable?</i>	<i>Amendable?</i>	<i>Vote required?</i>	<i>Applies to what other motions?</i>	<i>Can have what other motions applied to it?</i> ⁵	<i>Renewable?</i>
PRIVILEGED MOTIONS								
1. Adjourn	No	Yes	Yes ²	Yes ²	Majority	None	Amend, Close debate, limit debate	Yes
2. Recess	No	Yes	Yes ²	Yes ²	Majority	None	Amend, Close debate, limit debate	Yes ⁶
3. Question of privilege	Yes	No	No	No	None	None	None	Yes
SUBSIDIARY MOTIONS								
4. Table	No	Yes	No	No	2/3	Main motion	None	No
5. Close debate	No	Yes	No	No	2/3	Debatable motions	None	Yes
6. Limit or extend debate	No	Yes	Yes ²	Yes ²	2/3	Debatable motions	Amend, close debate	Yes ⁶
7. Postpone to a certain time	No	Yes	Yes ²	Yes ²	Majority	Main motion	Amend, close debate, limit debate	Yes ⁶
8. Refer to committee	No	Yes	Yes ²	Yes ²	Majority	Main motion	Amend, close debate, limit debate	Yes ⁶
9. Amend	No	Yes	Yes ³	Yes ³	Majority	Rewordable motions	Amend, Close debate, limit debate	No ⁶
MAIN MOTIONS								
10. (a) The main motion	No	Yes	Yes	Yes	Majority	None	Subsidiary	No
(b) Specific main motions								
Adopt in-lieu-of	No	Yes	Yes	Yes	Majority	None	Subsidiary	No
Amend a previous action	No	Yes	Yes	Yes	Same Vote	Adopted main motion	Subsidiary	No
Ratify	No	Yes	Yes	Yes	Same vote	Adopted main action	Subsidiary	No
Recall from committee	No	Yes	Yes ²	No	Majority	Referred main motion	Close debate, limit debate	No
Reconsider	Yes ⁴	Yes	Yes ²	No	Majority	Vote on main motion	Close debate, limit debate	No
Rescind	No	Yes	Yes	No	Same Vote	Adopted main motion	Subsidiary, except amend	No

INCIDENTAL MOTIONS								
<i>No order of precedence</i>	<i>Can interrupt?</i>	<i>Requires second?</i>	<i>Debatable?</i>	<i>Amendable?</i>	<i>Vote required?</i>	<i>Applies to what other motion?</i>	<i>Can have what other motions applied to it?</i>	<i>Renewable?</i>
MOTIONS								
Appeal	Yes	Yes	Yes	No	Majority ⁷	Ruling of chair	Close debate, limit debate	No
Suspend rules	No	Yes	No	No	2/3	Procedural rules	None	Yes
Consider informally	No	Yes	No	No	Majority	Main motion or subject	None	No
REQUESTS								
Point of order	Yes	No	No	No	None	Procedural error	None	No
Inquiries	Yes	No	No	No	None	All motions	None	No
Withdraw a motion	Yes	No	No	No	None ⁸	All motions	None	No
Division of question	No	No	No	No	None ⁸	Main motion	None	No
Division of assembly	Yes	No	No	No	None ⁸	Indecisive vote	None	No

¹ Motions are in order only if no motion higher on the list is pending. Thus, if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.

² Restricted.

³ It is not debatable when applied to an undebatable motion.

⁴ A member may interrupt the proceedings but not a speaker.

⁵ Withdraw may be applied to all motions.

⁶ Renewable at the discretion of the presiding officer.

⁷ A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.

⁸ If decided by the assembly, by motion, requires a majority vote to adopt.