



NCCL Delegates' Handbook

May 5–7, 2016 (preconference May 4, 2016) — 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 Resolution Overview with mock proceedings and constituency roundtables on Wednesday afternoon, May 4th from 3:15–4:45 p.m. (If you aren't able to make it for this, make sure you attend the Resolution Recap from 8–8:30 a.m. on Thursday, May 5th. You won't get the same level of detail and overview, but you'll get some helpful tips.)

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)

2016 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](https://twitter.com/aafpNCCL) (@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 m.core-apps.com/tristar_aclf_nccl16. The 2016 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, May 5, 2016.

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.
 - Review helpful hints for [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 3:15 p.m. on Thursday, May 5th.
- [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 8:30–10 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 7–8:15 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)

What happened here last year?

- [2015 NCCL Resolution Summary of Actions](#)
- Report of 2015 New Physicians Delegation
- Report of 2015 Member Constituency Delegation
- Report of 2015 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).

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 ***3:15–4:45 p.m. on Wednesday, May 4th***.

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.

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 (2–3 p.m. and 4:45–5:45 p.m.)
- First-time attendee orientation/NCCL mock proceedings (3:15–4:45 p.m.)
- ACLF & NCCL Meet & Greet (6–7 p.m.)

Thursday (volunteer applications due – 12 p.m.; resolutions due – 3:15 p.m.; candidate declaration forms due – 5 p.m. [new physician board candidate due by 12 p.m.]):

- Resolution Recap (8–8:30 a.m.)
- Opening Session and Plenary (8:45–10:15 a.m.)
- Constituency Discussion Groups and Resolution Writing (10:30 a.m.–12 p.m.; 1–3:15 p.m.)
- Joint Constituency Caucus (3:15–4:15 p.m.)
- Welcome Reception (5:45–8 p.m.)

Friday:

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

Saturday:

- Informal Constituency Caucus during breakfast (7–8:15 a.m.)
- Business Session and Candidate Forum & Elections (8:15 a.m.–12 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, May 4–6. 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.



2016 NCCL Schedule

May 5–7, 2016 (preconference May 4)—National Conference of Constituency Leaders—
Sheraton Kansas City Hotel at Crown Center—Kansas City, MO

Wednesday, 5/4/2016

2:00–5:45 p.m.	Leadership Training Preconference
	2:00–3:00 p.m. Leadership Workshop
	3:15–4:45 p.m. First-Time Attendee Orientation and Resolution Overview
	4:45–5:45 p.m. Leadership Workshop
6:00–7:00 p.m.	Meet & Greet

Thursday, 5/5/2016

6:00–6:45 a.m.	Yoga
7:15–8:30 a.m.	Networking Breakfast
8:00–8:30 a.m.	Resolution Recap
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
1:00–3:15 p.m.	Resolution Writing
3:15–4:15 p.m.	Joint Session Caucus (2017 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, 5/6/2016

6:00–6:45 a.m.	Pilates
7:00–8:15 a.m.	Chapter Peers Breakfast
7:30–8:00 a.m.	Town Hall Meeting
8:00–8:20 a.m.	MACRA Update
8:30–10:00 a.m.	Constituency Caucuses and Elections (includes Member Constituency Co-Convener, New Physicians Alternate Delegate, New Physician Board Candidate, and 2017 NCCL Convener)
8:30 a.m.–3:15 p.m.	Exhibits Open
10:00–10:30 a.m.	Refreshment Break
10:15–11:00 a.m.	Reference Committee Hearing on Health of the Public & Science
10:45–11:30 a.m.	Reference Committee Hearing on Organization & Finance
11:30 a.m.–1:15 p.m.	Awards, Lunch, and Plenary
1:30–2:15 p.m.	Reference Committee Hearing on Practice Enhancement
2:00–2:45 p.m.	Reference Committee Hearing on Advocacy
2:30–3:15 p.m.	Reference Committee Hearing on Education
2:45–3:15 p.m.	Refreshment Break
3:15–4:30 p.m.	Breakout Sessions
4:45–5:15 p.m.	Breakout Sessions

Saturday, 5/7/2016

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

SHERATON KANSAS CITY HOTEL AT CROWN CENTER FLOOR PLAN





Resolution Form

May 5–7, 2016 (preconference May 4, 2016) — National Conference of Constituency Leaders —
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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 3:15 p.m. on Thursday, May 5, 2016.

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 _____



Candidate Declaration Form

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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, May 5.

‡ New Physician Board Candidates must submit declaration by 12:00 p.m. on Thursday, May 5.



NCCL Chapter Representation

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Chapter	Women	Minority	New Physicians (residency completion 4/30/09 – 4/30/16)	IMG	GLBT
Alabama	Julia Boothe, MD, MPH, FAAFP			Prashanth Bhat, MD, MPH	Anita Eason, MD
Alaska					
Arizona	Gail Guerrero-Tucker, MD, FAAFP	Mariolga Mercado, DO*	Sarah Coles, MD*	Trupti Patel, MD	Randy Gelow II, MD
Arkansas					
California	Shannon Connolly, MD	Shani Muhammad, MD Minority Co-Convener	Arthur Ohannessian, MD	Sharif Latif, MD	Brent Sugimoto, MD, MPH
Colorado	Lisa Winkler, MD*	Josina O'Connell, MD*	Ann Navarro-Leahy, MD*	Alan Vargas, MD*	Ingrid Justin, MD, FAAFP*
Connecticut		Alex Faustin, MD*	Christopher Doan, MD*		
Delaware		Margot Savoy, MD, MPH, CPE, FAAFP			
District of Columbia	LaTasha Seliby, MD*	James Huang, MD*	Kandie Tate, MD		LCDR Johnny Guzman, DO, MS*
Florida	Danielle Carter, MD*	Alma Littles, MD, FAAFP*	Michelle Henne, MD	Alfred Gitu, MD, FAAFP*	Craig Levoy, MD
Georgia	Monica Parker, MD*	Eddie Richardson, MD, FAAFP	Collyn Steele, MD*	Jairaj Goberdhan, MD*	Elvan Daniels, MD, MPH
Hawaii					
Idaho	Sarah Gerrish, MD*				Scott Culpepper, MD*
Illinois	Patricia Chico, MD*	Jamila Williams, MD, MPH, FAAFP*	Santina Wheat, MD*	Lubna Madani, MD*	Javier Guevara Jr., MD*
Indiana					
Iowa	Sarah Olsasky, DO	Eleanor Lavadie-Gomez, MD	Margaret Vitiritto-Khan, DO	Anna Holzer, MD*	Joseph Freund, MD
Kansas	Danelle Perry, MD*	Margaret Smith, MD	Sarah Tully Marks, MD	Pei-Chi Fu, MD	Jennifer Brull, MD, FAAFP
Kentucky	Nancy Swikert, MD, FAAFP	Karen Krigger, MD, FAAFP*	Michael "Eli" Pendleton, MD*	Adnan Ahmed, MD	Syed Naseeruddin, MD, FAAFP
Louisiana	Lisa Casey, MD*	Tobe Momah, MBBS, FAAFP	Richard Bridges, MD	Jody George, MD	
Maine	Cathleen London, MD		Jessica Richmond, MD*	Silwana Sidorczuk, MD*	
Maryland	Tobie-Lynn Smith, MD, MPH, FAAFP	Marc Wilson, MD*	Matthew Burke, MD, FAAFP New Physicians Co-Convener	Daniel Gold, MD*	Kisha Davis, MD, MPH, FAAFP
Massachusetts	Julie Johnston, MD*	Khalil Alleyne, MD	Miguel Concepcion, MD*		Miranda Balkin, MD
Michigan	Rachel O'Byrne, MD*	Preston Thomas, MD*	Leanne Swiderski, MD*	Jorge Plasencia, MD, FAAFP*	Tina Tanner, MD

Chapter	Women	Minority	New Physicians (residency completion 4/30/09 – 4/30/16)	IMG	GLBT
Minnesota	Elizabeth Cozine, MD*	Nicole Winbush, MD*	Alberto Marcelin, MD*	Javaid Saleem, MD, FAAFP	David Goodman, MD*
Mississippi	Sue Simmons, MD*	Susan Chiarito, MD, FAAFP	Carlos Latorre, MD		
Missouri	Afsheen Patel, MD	Sudeep Ross, MBBS, MBA	Kara Mayes, MD*	Wael Mourad, MD	Ashley Millham, MD*
Montana	Lisa Fleischer, MD, FAAFP*	LeeAnna Muzquiz, MD	Maura Davenport, MD*	Edwin Rodriguez, MD*	Steven Williamson, MD
Nebraska		Andrea Jones, MD*			David Hoelting, MD
Nevada	Amanda Magrini, MD			Diana Cheng, MD*	
New Hampshire	Joann Buonomano, MD, FAAFP*		Megan Adamson, MD New Physicians Co-Convener		
New Jersey					
New Mexico					
New York	KrisEmily McCrory, MD, FAAFP	Sneha Chacko, MD	Anita Ravi, MD, MPH	Ani Bodoutchian, MD, FAAFP	Scott Hartman, MD, FAAFP
North Carolina	Jessica Triche, MD	Karen Smith, MD, FAAFP	Shauna Guthrie, MD, MPH*	Waseem Ghannam, MD*	Benjamin Simmons, MD
North Dakota					
Ohio	Sarah Metzger, MD*	Wayne Forde, MD, FAAFP	MiLinda Nimmo Zabramba, MD*	Tamer Said, MD*	Kathleen Meehan-de la Cruz, MD
Oklahoma	Rachel Franklin, MD	Syeachia Dennis, MD	Chad Douglas, MD*	Shadi Edalati, MD	Russell Kohl, MD, FAAFP
Oregon	Kathryn Kolonic, DO		Melissa Hemphill, MD	Jennifer Hernandez, MD	Holly Montjoy, MD*
Pennsylvania	Madalyn Schaefgen, MD, FAAFP	Kevin Wong, MD, CMD, FAAFP	David O'Gurek, MD, FAAFP*	V Hema Kumar, MD, FAAFP	Katherine Homrok, MD*
Puerto Rico					
Rhode Island					
South Carolina	Jony Bolinger, MD	Ada Stewart, MD, FAAFP	Nardin Khalil, MD*	Kenneth Becker, MD, FAAFP*	Marty Player, MD
South Dakota					
Tennessee					
Texas	Christina Kelly, MD, FAAFP	Mary Nguyen, MD, FAAFP	Bhavik Kumar, MD, MPH*	Anna Francisco, MD*	Marian Allen, MD*
Uniformed Services	Kristen Koenig, MD, FAAFP	Marilou Gonzalez, MD*	Kevin Bernstein, MD, MS, USN	LCDR Ana Solis, MD	Patrick Simpson, MD*
Utah	Marlana Li, MD*		Kyle Jones, MD		
Vermont					
Virginia	Valerie Mutchler-Fornili, MD		Sebastian Tong, MD, MPH		Susan Page Osborne, DO
Washington	Heather Kinsel-Evans, MD*	Jessica Guh, MD*	Meghan Lelonek, MD*	Megan Guffey, MD	Kevin Wang, MD, FAAFP
West Virginia			Kimberly Becher, MD		
Wisconsin	Rebecca Lundh, MD	Suhail Shaikh, MD, FAAFP	Robert Sedlacek, MD	Jason Welch, MD*	Leslie Bernstein, MD*
Wyoming					

Chapter	General Registrant	General Registrant	General Registrant	General Registrant	General Registrant
Alabama					
Alaska	Jean Tsigonis, MD, FAAFP*				
Arizona	Ravi Grivois-Shah, MD, FAAFP 2017 NCCL Convener Candidate				
Arkansas					
California	Brea Bondi-Boyd, MD	Jay Lee, MD, MPH, FAAFP	Sarah McNeil, MD	Alex Mroszczyk-McDonald, MD*	Scott Nass, MD, MPA, FAAFP 2017 NCCL Convener Candidate
California, con't	Marie-Elizabeth Ramas, MD New Physician Board Member	Sara Thorp, DO*			
Colorado					
Connecticut					
Delaware					
DC					
Florida					
Foreign	Maria Sofia Cuba Fuentes, MD*				
Georgia	Karla Booker, MD, FAAFP				
Guam					
Hawaii					
Idaho	Douglas Borst, MD* Resident				
Illinois	Emma Daisy, MD*	Lakshmi Emory, MD*	Michael Hanak, MD, FAAFP	Asim Jaffer, MD, FAAHPM, FAAFP	Michelle Meeks, MD*
Illinois, con't	Lauren Oshman, MD, MPH, FAAFP	Tabatha Wells, MD			
Indiana					
Iowa					
Kansas	Jennifer Bacani McKenney, MD, FAAFP				
Kentucky	Gerry Tolbert, MD 2016 NCCL Convener				
Louisiana					
Maine					
Maryland	Richard Bruno, MD, MPH* Resident Board Member	Adebowale (Dayba) Prest, MD			
Massachusetts					
Michigan	Kim Yu, MD, FAAFP Member Constituencies Discussion Leader – CMMS				
Minnesota					
Mississippi					

Chapter	General Registrant	General Registrant	General Registrant	General Registrant	General Registrant
Missouri	Theresa Garcia, MD				
Montana					
Nebraska	Derrick Anderson, MD				
New Hampshire	Jesus Iniguez* Student				
Nevada					
New Jersey					
New Mexico					
New York	Rupal Bhingradia, MD*	Rachelle Brilliant, DO GLBT Co-Convener	Laurel Dallmeyer, MD, FAAFP*	Margarita De Federicis, MD*	Stella King, MD, MHA*
New York, con't	Sonya Sidhu-Izzo, MD, MBA, FAAFP	Venis Wilder, MD			
North Carolina	Viviana Martinez-Bianchi, MD, FAAFP				
North Dakota					
Ohio	Jaividhya Dasarathy, MD, FAAFP IMG Co-Convener	JoAnna Kauffman, MD Women Co-Convener	Ryan Kauffman, MD, FAAFP		
Oklahoma					
Oregon	Laura Pennavaria, MD*				
Pennsylvania	Dennis Gingrich, MD*	Sabesan Karuppiah, MD, MPH, FAAFP AMA-YPS Delegate			
Puerto Rico					
Rhode Island					
South Carolina					
South Dakota					
Tennessee					
Texas	Vartika Atrey, MD	Farron Hunt, MD, FAAFP	Ikemefuna Okwuwa, MD, FAAFP IMG Co-Convener	Erica Swegler, MD, FAAFP	
Uniformed Services	LCDR Maria de Arman, MD Women Co-Convener				
Utah	Saskia Spiess, MD				
Vermont					
Virginia	Soheir Boshra, MD, FAAFP				
Virgin Islands					
Washington	Jonathan Wells, MD GLBT Co-Convener				
West Virginia					
Wisconsin	Joanna Bisgrove, MD, FAAFP AMA-YPS Delegate				
Wyoming					



New Physicians Delegates Report

May 5–7, 2016 (preconference May 4, 2016) — National Conference of Constituency Leaders —
Sheraton Kansas City Hotel at Crown Center

2015 AAFP New Physicians Delegates Report
AAFP Congress of Delegates
September 27–30, 2015
Denver, Colorado

Submitted by:

Kristen Koenig, MD – Delegate
Brent Smith, MD – Delegate
Megan Adamson, MD – Alternate Delegate
Matt Burke, MD, FAAFP – Alternate Delegate

As a delegation, we would like to take this opportunity to thank you for the opportunity to represent you at the 2015 American Academy of Family Physicians Congress of Delegates, held in Denver, CO from Sept. 27th–Sept. 30th. The annual governance meeting of the AAFP, the COD serves as the forum to introduce resolutions relevant to current family physician practice environments, family physician education, and public health issues. This meeting is also the forum wherein the Academy elects new members to the AAFP Board of Directors, Vice Speakers and Speakers for the COD, and a new President-Elect. It is certainly an action-packed four days of hard work and earnest discussion, and we would like to share some highlights from the activities below.

SUNDAY

The opening day of Congress featured a meet the candidate session and a town hall meeting with the AAFP Leadership. The meet the candidate session allowed our delegates and alternates to meet the potential board members, vice-speakers, and presidents face to face and ask questions related to New Physician issues and priorities and serves as the opening of our election process that concludes on Wednesday with elections.

Sunday evening featured a town hall discussion with AAFP Executive Vice President Doug Henley, the three presidents (Reid Blackwelder, Wanda Filer, and Bob Wergin) and was chaired by our current Speaker John Meigs. The purpose of this meeting was to allow members to voice directly their concerns to our leadership and hear their response. The burden of PCMH certification leading to endless “box-checking,” the future of EMRs, and meaningful use were discussed and the Leaders voiced their plans for making sure Family Docs can practice in a PCMH environment with success and happiness. Others expressed concerns about the current educational environment and pipeline as well as scope of training and preparedness for practice. Lastly, the academy previewed its plans to aid family physicians in the transition to ICD-10 and try to limit the potential negative financial impact.

MONDAY

The alarm clocks rang early as we began our day with a New Physicians Caucus to discuss resolutions and reference committee schedules. We then met with the Member Constituencies Caucus to further the discussion. Next, our first business session featured reports from our current and future president. President Bob Wergin extolled our biggest success this year (the repeal of the SGR) while reiterating the advantages of family doctors to the healthcare system. He went on to highlight the oncoming issues with EHRs and meaningful use and the approach that the Academy will use to address them. President-elect Wanda Filer made a timely statement about the current state of family medicine in that while the future is bright for our residents and students, we have many struggling practicing physicians that need the help of our Academy and colleagues to survive and thrive.

Chairman Reid Blackwelder reminded us to remember our passion for family medicine and to help our patients when we feel overwhelmed by the problems and need for change.

The day continued with the five reference committees to discuss the resolutions introduced in the Congress. Members of the New Physician delegation spoke passionately about several issues, which we will detail more later in the report.

Monday concluded with the candidate hospitality suites, where our delegation members worked to get to know the candidates better in preparation for speeches and a question-and-answer session on Tuesday, as well as collected some amazing swag!

TUESDAY

We began early again, as the New Physicians caucused to have our first discussion about candidates as we prepared to hear their speeches and question and answer sessions later in the day. The remainder of the day consisted of two business sessions with interspersed candidate speeches and questions and answers, remarks to the COD from distinguished guests, and reference committee reports.

Remarks and greetings from the leaders of other organizations including WONCA (the world family medicine organization), the American Board of Family Medicine, the College of Family Practice of Canada, the American Medical Association, the AAFP Foundation, the Council of Academic Family Medicine (representing the Society of Teachers of Family Medicine, Association of Family Medicine Residency Directors, the Association of Family Medicine Residencies, and the North American Primary Care Research Group), American College of Osteopathic Family Physicians, FamMEDPAC, AAFP AMA Delegation, and NCCL Convener Christina Kelly. We heard the speeches of the New Physician, Resident, and Student members elected to the Board of Directors. Our own Marie-Elizabeth Ramas delivered a very moving acceptance speech and represented you, as new physicians, very well.

Next, came the speeches and question-and-answer sessions for the board of director candidates. NCCL members had several questions asked to the candidates, and they fielded queries as diverse as dealing with threats to the future of the Academy, connecting with millennials, dealing with difficult and time consuming certification processes for PCMHs, and assisting physicians transitioning from employed to private practice. They all did very well, and no matter what the Academy will be well led going forward.

Interspersed through the day we began the work of voting on the reference committee reports. Four of the five reference committees were heard on Tuesday. Complete reference committee reports can be found online, and here are resolutions that we consider especially pertinent to New Physicians.

Health of the Public and Science

This Reference Committee features several items of high importance to the new physician and member constituency populations:

- Res. 404 calling for the Academy to expand its strategic objectives to include reduction in nutrition and poverty inequities as they represent major drivers of public health
- Res. 406 calling for study of the health impact of discriminatory policing practices. This is a bold step for the Congress and the resolution was adopted after vigorous debate and some of the most impassioned testimony of the Congress. This action was recently highlighted in Medscape.
- Res. 407 aiming at reducing the “school to prison pipeline” of underprivileged populations
- Res. 409 is directed at curtailing public use of E-Cigarettes as they are not fully studied and represent a potential gateway for younger persons to graduate to more traditional tobacco products
- Res. 410 calling for opposition of mandatory drug testing for pregnant women

Education

The Education Reference Committee dealt with topics ranging broadly from human trafficking, GME reform, Maintenance of Certification and physician debt relief. The most notable resolutions were:

- Res. 604 called for supporting educational initiatives aimed at encouraging students and residents to practice in rural areas and better education techniques to prepare them to practice in these challenging environments.

- Res. 607 called for improving procedural training through state licensure reciprocity
- Res. 608 called for providing debt relief resources on AAFP website

Advocacy

The reference committee on advocacy contained many worthwhile resolutions, including those aimed at reducing the cost of prescription drugs, recreational marijuana, Title X funding, broadening vaccine coverage, and eliminating non-medical exemptions, and expanding the benefits of ACA to the American Territories. Of note:

- Res. 501 calling to expand use of naloxone by paramedical and lay persons given the ongoing heroin epidemic and Rx drug overdoses that afflict large areas of the US. There was debate over language regarding devices (injectors can be expensive, difficult to come by).
- Res. 509 called for a prorated approach to loan repayment for the National Health Services Corps instead of standardized 0.5 and 1.0 full time equivalent payments formulas (physicians who work 0.6 to 0.9 FTE only get the 0.5FTE Corps benefit)

Practice Enhancement

The Reference Committee tackled various issues related to contraceptive care, Medicare Advantage plans, Electronic Health Records (EHRs) and Meaningful Use, PCMH, and access to care. Notably:

- Res. 307 dealt with integrating all EHRs
- Res 303 and 304 called for access to all FDA-approved contraceptive methods for Medicare patients
- Res. 301, 302 and 316 called for better coverage and education on long term implanted contraceptives

WEDNESDAY

Final caucusing and voting began the day on Wednesday. Next, the final business session of the day featured the presentation of the T. W. Johnson Award and the AAFP's Humanitarian Reward. Then, came our last reference committee report and election results. That evening we greeted fellow new physicians attending FMX at the new physician reception and took the opportunity to encourage attendance at NCCL 2016. The night concluded with the annual delegates' dinner and presentation of the President's Awards

Organization and Finance

This Reference Committee handled resolutions that spanning a very broad range of topic from *AFP* journal offerings to complimentary/alternative medical therapy to climate change and nuclear disarmament. Passed resolutions that are of most import to New Physicians include:

- Res. 207 calls for the Academy to support efforts to shore up funding to support rural hospitals
- Res. 210 asks the Academy to further study and report on the potential negative impact of ICD-10 implementation on family medicine practices

Election results:

Board of Directors: John Bender, MD, MBA, FAAFP of Colorado
 Gary Leroy, MD of Ohio
 Carl Olden, MD Washington state

New Physician Board Member: Marie-Elizabeth Ramas, MD of California

Resident Board Member: Richard Bruno, MD, MPH of Maryland

Student Board Member: Tiffany Ho, MPH of Maryland

Speaker: Javette Orgain, MD, MPH of Illinois

Vice-Speaker: Allan Schwartzstein, MD of Wisconsin

President Elect: John Meigs, MD, FAAFP of Alabama



Member Constituency Delegates Report

May 5–7, 2016 (preconference May 4, 2016) — National Conference of Constituency Leaders —
Sheraton Kansas City Hotel at Crown Center

2015 AAFP Member Constituency Delegates Report
AAFP Congress of Delegates
September 27–30, 2015
Denver, Colorado

Submitted by:

Robin Barnett, DO, MBA, FAAFP – Delegate
Renee Crichlow, MD, FAAFP – Delegate
Mary Krebs, MD, FAAFP – Delegate
Sonya Sidhu-Izzo, MD, MBA – Delegate
Jonathan Wells, MD – Delegate
Venis Wilder, MD – Delegate
Jaividhya Dasarathy, MD – Alternate Delegate
Maria de Arman, MD – Alternate Delegate
Shani Muhammad, MD – Alternate Delegate
Ikemefuna Okwuwa, MD – Alternate Delegate
Haroon Samar, MD, MPH – Alternate Delegate

Your Member Constituency Delegates and Alternates worked hard to make sure your voice was heard at the 2015 AAFP Congress of Delegates.

After arrival in Denver, CO the delegation walked to a nearby restaurant for our first caucus over brunch. At this meeting we discussed the overall schedule for the upcoming week and clarified some points of confusion for new delegates. Following this, members of the delegation attended the first time attendees' orientation to be acclimated to the nuances of parliamentary procedures and the overall congressional process. Later that evening, the delegation decided on comprehensive questions to pose to the candidates for AAFP office at the Meet the Candidates session. By dividing and conquering, the delegation was able to speak to all candidates, ask questions and listen to the answers given to questions posed by other congress attendees. Sunday concluded with a Town Hall with AAFP leaders Drs. Blackwelder, Wergin, Filer, and Henley. Brief remarks were followed by question-and-answer session with the membership.

The 68th convening of the AAFP Congress of Delegates began with the reports from the Officers, Speaker Dr. John S. Meigs, Jr., President Dr. Robert Wergin, President-Elect, Dr. Wanda S. Filer, Board Chair Dr. Reid Blackwelder, and Executive Vice President Douglas E. Henley. All speeches are available online at <http://www.aafp.org/about/governance/congress-delegates/2015/officer-speeches1.html>.

The Executive Vice President's report in particular highlighted the areas AAFP played an integral role. "The launch of the Health Is Primary campaign is now a year old and initial research indicates a growing awareness among targeted audiences of the role and value of family medicine and primary care. This past January, HHS Secretary Sylvia Burwell announced an aggressive agenda within traditional Medicare to rapidly move to value based payment models. And just a few days later came the announcement of an effort to further drive delivery system and payment reform in the private sector. Then in April, 18 years of the unsustainable growth rate formula came to a screeching halt with the passage of the broadly supported MACRA legislation which mandates a path forward to alternative payment models intended to pay for value over volume and it specifically calls out

the medical home as a delivery and payment model as worthy of being paid differently and better than current fee for service.”

The rest of the first session was announcements of the candidates for Board and Officer positions and the acceptance for consideration of a resolution regarding Long Acting Contraception.

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

Advocacy:

The 2015 Congress of Delegates Advocacy Calendar saw us extract and debate matters on the floor that were ultimately supported and passed by your NCCL delegates including:

- Resolutions 505 & 506/Item 4 were combined to address concerns about inflation in the pricing of generic medications limiting the ability of patients to access the recommended and proven therapies and encourage the AAFP to partner with relevant government entities to investigate how this is occurring.
- Resolution 507/Item 5 "Ending Non-Medical Exemptions for Immunizations" was extracted for debate on the congress floor given concerns that taking such a strong stance might provider barriers to certain religious communities seeking full primary care. However, testimony on the congress floor and during reference committee from multiple constituencies emphasized that our goal as family physicians should be to advocate for the broadest definition of public health and protection for our patients.
- Resolution 508/Item 6 "Expanding Vaccine Programs to Include All Ages" directed the AAFP to advocate for the expansion of vaccination coverage beyond children to include all adults as well as support for its provision by primary care physicians.
- Resolution 509/Item 7 "Prorated Approach to Primary Care Loan Repayment Programs" - this resolution was brought forth by a member of our delegation and passed through this year's NCCL Congress as well as Washington state's congress. While it enjoyed strong and broad support in reference committee, the reference committee had recommended it be referred to the board. However, it was extracted and debated on the Congress floor and again received strong support from delegates interested in flexible schedules, supporting new physicians, and encouraging the primary care pipeline. As adopted, this resolution will have the AAFP advocating that primary care loan repayment be tied to a physicians' actual FTE rather than categories such as full-time or part-time.

In addition, NCCL delegates provided testimony and support during reference committee for several resolutions that were adopted by the Congress without extraction or debate including:

- Resolution 501 "Expanded Use of Naloxone" - which supported the prescription to and use of naloxone by medical and non-medical personnel as a lifesaving treatment and approach to prevention in those with opioid use disorders and dependence.
- Resolution 512 "Oppose Legislative Restrictions on Health Centers Receiving Title X and Medicaid Funding" - which sought support and advocacy from the AAFP for organizations like Planned Parenthood who continue to provide legal and needed preventive services in the face of political attacks and legislative action that would interfere with provision of family planning and preventive health care. The debate in the reference committee centered around the concerns for "entering a political quagmire" versus concerns about loss of access to care for a large number of patients in the country. Ultimately, the AAFP Board of Directors expressed their support for this resolution being passed, which likely aided in its passage through the reference committee and Congress.
- Resolution 513 "Medicare Annual Wellness Visits" - which sought to provide both education and awareness for AAFP members on how to provide annual wellness visits (AWVs) for Medicare as well as to advocate for regulations and protections against the provision of AWVs that are not tied to a patient's medical home.

Organization and Finance:

Several timely topics were addressed and resolutions passed for: Support of Rural Hospitals, the Negative impact of ICD-10 on Family Medicine Practice, Nuclear disarmament, hospice care and the fact that Family Medicine doctors are well prepared to provide such services. Some topics were a bit more divisive and engendered debate. Two resolutions presented were referred to the Board: #201 which requested production of videos for patient education, as there was a significant fiscal note attached to this resolution, and possibly duplication of effort as there are many electronic reference sources for our patients. Resolution #208 on Age Discrimination Employment Act (ADEA) exemption was mildly debated. This resolution was written with intent to allow credentialing organizations to enact dementia-screening programs, in a sense discriminating against older physicians, which the ADEA discourages. However, as this is a legal issue, the author and others supported referring this delicate, sensitive and legal issue to the Board to allow for collaboration with other entities, i.e. AMA.

Resolutions not adopted, #202, called for expansion of online offerings for *American Family Physician (AFP)* as well as electronic publication of materials prior to print release; some present felt this would have a negative impact on our colleagues seeking academic promotion. Additionally noted, *AFP* has editorial independence and is not beholden to AAFP's wishes; therefore, resolution was not adopted. Resolution #205 included a request that AAFP lobby for coverage of complementary therapies at the national level. This resolution also was not adopted, as CAM therapies is a rather broad category and services are not always evidence based.

Health of the Public and Science:

Many of the resolutions discussed in this reference committee had to do with Social Determinants of Health. The Member Constituency Delegates and constituents led the impassioned testimony during this reference committee on such topics as gentrification, the connection between nutrition and poverty, immunization exemptions, clogging the School-to-Prison Pipeline, and discriminatory policing. The latter resolution (Resolution 406-“Discriminatory Policing is a Public Health Concern”) was introduced by New York State and was similar to a resolution that had been presented at NCCL this year. Testimony during this resolution was very emotional with many delegates testifying about their own experiences with discriminatory policing, as well as about the experiences of their patients, family, and friends.

Other resolutions receiving a great deal of testimony were Resolution 410 (“Oppose the Mandatory Drug Testing of Pregnant Women”) and Resolution 403 (“Encourage Climbing Stairs at Meetings”). Testimony for Resolution 410 was largely focused on the fact that, while all agreed that drug testing during pregnancy is important for the health of both the mother and baby, most delegates felt that it should not be mandatory or reportable, as the fear of criminalization may deter pregnant women from seeking healthcare. Testimony for Resolution 403 was largely in opposition. Most delegates agreed that physical activity is important and should be encouraged, but many felt that the resolution was asking for policy that would ultimately become exclusionary, as those who were not able to climb stairs due to disability or health concerns would be singled out for not having a ribbon on their badge. After hearing the overwhelming amount of testimony in opposition to the resolution, the authors of the resolution from the Kansas State Delegation agreed to take all of the ideas into consideration and come back next year with a revamped and more inclusionary resolution regarding the encouragement of fitness.

Other resolutions dealt with driving safety of older adults, electronic cigarettes, and quantification of increased risk. As mentioned above, the Member Constituency Delegates and Alternates did a fantastic job of testifying during this reference committee, and the majority of the resolutions did get adopted, either in their entirety or as amended or substituted.

Education:

Resolution 601 on “Human Trafficking Education and Training for Family Medicine Physicians” was discussed in detail. The delegation was in support of this resolution. Recognizing the signs and health implications of human trafficking is critical to public health and competency of these signs is low among health care professionals. AAFP adopted Substitute Resolution No. 601 on this and will develop a position statement on human trafficking.

Resolution 603 on “Promoting Transparency in Medical Education and Access to Training in Settings Affiliated with Religious Healthcare Organizations” – It has potential impact on training in women’s health. Due to complexity of this issue, it was referred to board of Directors.

Resolution 605 on “Support of Miscarriage Management Training in Family Medicine Residencies” – AAFP currently supports this notion and specifically addresses the topic in the AAFP recommended Curriculum Guidelines. Last year the COD did not approve this.

Practice Enhancement:

Resolution 301: *Support Placement and Coverage of Long-Acting Reversible Contraceptives (LARC) in the Early Postpartum Period.* The COD approved to adopt the substitute Resolution 301 in lieu of Resolution 301 and 302. The substitute resolution, RESOLVED, women could have the option prior to hospital discharge and RESOLVED, *The American Academy of Family Physicians support a policy assuring coverage of long-acting reversible contraceptive device and placement separate from the global fee, prior to hospital discharge...* Member constituencies gave strong testimony for the resolution.

Resolution 303: *Access to All FDA-Approved Contraceptive Methods for Medicare Patients.* The COD approved to adopt substitute resolution 303 in lieu of resolution 303 and 304. RESOLVED, and be it further The AAFP write a letter to the Centers for Medicare and Medicaid Services advocating for full coverage of all contraceptive options for men and women of reproductive ages.

Resolution 305: *Medicare Advantage Plans.* The COD approved to adopt this resolution.

Resolution 306: *Electronic Health Records Designation as Medical Devices.* The COD recommended not adopting the resolution. The resolution was extracted and further discussed briefly. The COD voted to not adopt the resolution.

Resolution 309: *Determining the Cost to Clinic of Patient-Centered Medical Home Innovations.* The COD voted to refer to the Board of Directors.

Resolution 310: *Generic Prescription Exclusions.* The COD voted to refer to the Board of Directors.

Resolution 311: *Patient Satisfaction Measurement.* The COD voted to adopt the substitute resolution in lieu of Resolution 311. RESOLVED, *AAFP advocate for legislation and/or changes to the Centers for Medicare and Medicaid Services rules that would require standardized, and clinically validated instruments of patient engagement, focused on measurement of the patient experience of care and the Triple Aim goal of improving the patient experience of care(including quality and satisfaction); improving the health populations: and reducing the per capita coast of health care, and be it further the measurements be used as incentives and not penalties and be applied in a way which distinguishes clinically significant difference in scores purely statistical differences and cost effective for physicians in small practices.*

Resolution 312: *Telemedicine as a Reimbursed Component of Established Patient and Physician Relationship.* The COD voted to refer to the Board of Directors.

Resolution 313: *Assisting Family Physicians in Eliminating Hurdles to Appropriate Medications for Medicare Patients.* The COD voted to adopt the substitute resolution in lieu of Resolution 313. RESOLVED, *AAFP advocate to modify the Medicare Part D plans, so patients have adequate and affordable choices for their physicians to treat their chronic conditions, and be it further RESOLVED, the Part D plans covers a broader choice of medications with less paperwork and fewer hindrances that can delay the provisions of timely, quality medical care.*

Resolution 314: *PCMH, CPCI, and other Bad Acronyms.* The COD voted to not adopt resolution.

Resolution 315: *Release of Transitions of Care Information from Hospitals.* The COD voted to adopt the substitute resolution in lieu of 315. Resolved, *AAFP investigate the rules governing release of information from*

hospitals and care facilities be clarified and enforced so necessary records are made available in time for the transition of care visit with primary care providers throughout the country.

Resolution 316: *Support and Placement and Coverage of Long-Acting Reversible Contraceptive Devices and for Regulation of Dysfunctional Uterine Bleeding.* The COD voted to above the resolution. Member Constituencies gave strong testimony to this resolution, which helped tremendously in passing the resolution.

On Monday evening, after the first session and hours of passionate testimony at reference committees, the delegation along with other delegates were hosted by the various members running for office at hospitality night. The delegation discussed and shared questions in a question bank and went around to the various booths hosted by members running for office in an effort to get to know the candidates better for the purpose of making informed decisions on voting. Candidates' booths were colorfully decorated and included giveaways ranging from mobile device chargers, to spicy salsa, old bay seasoning, and chocolates.

The 2nd session of the 68th AAFP Congress of Delegates began with the introduction of past AAFP presidents. The Speaker (Dr. John S. Meigs Jr.) then called on the Reference Committee on Education to give their report.

The Reference Committee on Education, chaired by Dr. David Hoelting, gave their report. Adopted resolutions include that requesting the AAFP to identify and disseminate model elements of medical school curricula and admission practices that prepares medical students for practice in rural and underserved areas. The complete report by the committee is available online at: <http://www.aafp.org/about/governance/congress-delegates/2015/resolutions.html>.

The Directors Candidates' Forum commenced after the report by the Reference Committee on Education. Candidates were: Tiffany Ho (Student Member); Richard Bruno, MD, MPH (Resident Member) and Marie-Elizabeth Ramas, MD (New physician Member). Director candidates were: John L. Bender, MD, MBA, FAAFP; Gary L. Leroy, MD, FAAFP; Carl R. Olden, MD, FAAFP; Patricia A. Czapp, MD; and Ada D. Stewart, MD, FAAFP. All candidates gave speeches with question-and-answer sessions for the Director Candidates.

After the Directors Candidates' Forum, the Reference Committee on Health of the Public and Science, chaired by Dr. Louis Kazal, gave its report. Of note was the resolution about discriminatory policing as a public health concern. Substitute resolution to oppose mandatory drug testing of all pregnant women was referred to the Board of Directors. Full report of the committee is available online at: <http://www.aafp.org/about/governance/congress-delegates/2015/resolutions.html>.

The morning session ended after the Reference Committee on Health of the Public and Science report.

The 3rd session of the 68th AAFP Congress of Delegates began with Awards presentation. The chairs of reference committees on Advocacy and Practice Enhancement were called and individual committee reports were given.

The Reference Committee on Advocacy report was presented by the Chair Dr. Sterling Ranson. The discussion involved the extracted resolutions regarding "Decreased Generic Medication," "Ending Non-Medical Exemptions for Immunizations," "Expanding Vaccine Programs to Include All Ages," "Prorated Approach to Primary Care Loan Repayment Programs." The detailed reports by the Advocacy committee is available online at: <http://www.aafp.org/about/governance/congress-delegates/2015/resolutions.html>.

The report from the Reference Committee on Practice Enhancement was presented by the Chaired, Dr. Karen Smith, presented. The resolution regarding "Electronic Health Records Designation as a Medical Device" was extracted and discussed. The complete report of the committee is available online at: <http://www.aafp.org/about/governance/congress-delegates/2015/resolutions.html>.

The candidate for Speaker, Dr. Javette Orgain ran uncontested. She presented her acceptance speech. The candidate forum for Vice Speaker included Drs. Mark Stephens and Alan Schwartzstein. The two candidates gave speeches and answered questions.

Your 2015 NCCL Convener, Dr. Christina Kelly, reported to the Congress on the success of this year's NCCL and the excitement for the next year's NCCL in Kansas City.

In the final session of the AAFP COD 2015, elections were held. The following are the newly elected officers of the Academy:

AAFP President: Dr. Wanda Filer of York, Pennsylvania
President-elect: Dr. John Meigs of Centreville, Alabama
Speaker of the Congress of Delegates: Dr. Javette Orgain of Chicago, Illinois
Vice Speaker of the Congress of Delegates: Dr. Alan Schwartzstein of Oregon, Wisconsin
Board of Directors: Dr. John Bender of Fort Collins, Colorado, Dr. Gary Leroy of Dayton, Ohio, and Dr. Carl Olden, from Yakima, Washington
New Physician Member to AAFP Board of Directors: Dr. Marie-Elizabeth Ramas
Resident Member to the AAFP Board of Directors: Dr. Richard Bruno
Student Member to the AAFP Board of Directors: Ms. Tiffany Ho

We enjoyed celebrating our outgoing president and new Board Chair, Dr. Bob Wergin with entertainment performed by a one-man show of juggling and lights at the Delegates Dinner.

Several states announced candidates they put forth for next year's election. Finally, the Florida Academy invited the entire Congress to visit Orlando, Florida for the 2016 AAFP COD and FMX.

Thank you for your confidence in us as we represented you at the Congress of Delegates. We enjoyed making a difference for our patients and fellow members.



AMA-YPS Report

May 5–7, 2016 (preconference May 4, 2016) — National Conference of Constituency Leaders —
Sheraton Kansas City Hotel at Crown Center

REPORT
AMERICAN MEDICAL ASSOCIATION (AMA) –
Young Physicians Section (YPS)
JUNE 2015

Submitted by:

Joanna Bisgrove, MD, FAAFP

Saby Karuppiah, MD, MPH, FAAFP

The Annual Meeting of the American Medical Association's (AMA) Young Physician's Section (YPS) was held in Chicago, IL June 4-7, 2015. Your Delegates, Dr. Joanna Bisgrove and Dr. Saby Karuppiah 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, held before the section meetings at both AMA annual and AMA interim each year, is designed to develop a coordinated strategy amongst all of the sections. Each of these initial caucus sessions are attended by AAFP executive leadership, who help section delegates work together to speak with a unified voice on AMA issues in which there is AAFP policy. This allows us to better represent family physicians as a whole.

On June 5th, your delegates attended the AMA-Young Physician's Section 2015 Annual meeting. There were two YPS Resolutions which were presented for consideration:

YPS Resolution 1: "Transgenerational Effects of Environmental Toxins on Reproductive Health," asks that AMA study the evidence on the possible transgenerational effects of environmental toxins on reproductive health and development, with a report back at the 2016 Interim Meeting. This resolution was passed by the YPS assembly and was submitted at the 2015 AMA Interim Meeting.

YPS Resolution 2: "Formalizing the MSS–RFS–YPS Coalition." In brief, there has been much discussion over the past several AMA meetings regarding that section delegates do not feel like their collective voices and viewpoints are being valued within the broader House of Delegates. This resolution was created to help formalize a coalition between the sections to increase influence within the AMA. Ultimately, the resolution was amended to ask for a study on how best to formalize a coalition and report back to the sections at the 2015 Interim meeting.

Of note, the discussion on how to gain influence among the broader AMA House of Delegates continued after the section meetings at an open forum for delegates from all sections on June 8th, after the section meetings had formally ended. During the forum, your AAFP delegates, along with AAFP members representing their state delegations, spoke of the success of the National Conference of Constituency Leaders in working together with AAFP executive leadership to gain a voice within the AAFP. As discussions go forward with regards to a potential coalition, your YPS delegates will continue to spread the philosophy and example of the AAFP amongst our section colleagues.

Other important topics discussed by the YPS pertinent to AAFP young physicians were widely accepted and actively supported by the YPS during the formal House of Delegates meeting. Such topics included:

- Reaffirmation of policy which advocates for continuation of the Medicaid Children's Health Insurance Program and Vaccines for Children Payment Reform.
- Adoption of policy by the AMA which would advocate for reimbursement to physicians who provide End-of-Life counseling.
- A Board of Trustees report recommending health care strategies to reduce gun violence.
- Increased funding for Public Health at the local, state, and national level.
- Holding EMR vendors accountable for the functionality of their product.
- Providing education regarding strategies to help prevent firearm-related injury and morbidity in youth.
- Preservation of the confidentiality and right to speak freely in the physician-patient relationship (an issue brought about by many state houses in the US trying to prevent physicians from asking about guns in the home and counseling about gun safety).
- Improving toy gun safety.
- Broader and stricter regulation of electronic cigarettes, as well as raising the age to legally purchase tobacco products from 18 to 21.

Complete final actions on each of these can be found on the AMA HOD website at: <http://www.amaassn.org/sub/meeting/reportsresolutions.html>.

The YPS testified on 31 items of business in total during the annual House of Delegates meeting and the House was aligned with the YPS positions on most of the reports and resolutions, including the family medicine pertinent resolutions as noted above.

As always, it is an honor to serve you as your AAFP YPS delegates at this meeting. In that same manner, we remain involved in YPS operations to continue to have the voices of the AAFP New Physicians heard at the AMA. Dr. Karupiah was able to start his term early to replace Dr. Lindsay Botsford, who stepped down before the end of her term to prepare for the arrival of her son. Both Dr. Bisgrove and Dr. Karupiah testified on behalf of the YPS and the AAFP during House of Delegates business proceedings.

If you have any questions, please do not hesitate to contact us at:

Jo4ASL@yahoo.com (Dr. Joanna Bisgrove)

Sabesan@yahoo.com (Dr. Saby Karupiah)

**REPORT
AMERICAN MEDICAL ASSOCIATION (AMA) –
Young Physicians Section (YPS)
NOVEMBER 2015**

Submitted by:

Joanna Bisgrove, MD, FAAFP

Saby Karupiah, MD, MPH, FAAFP

The Interim Meeting of the American Medical Association's (AMA) Young Physician's Section (YPS) was held in Atlanta, GA November 12-15, 2015. Your Delegates, Dr. Joanna Bisgrove and Dr. Saby Karupiah represented you, the young physicians of 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, held before the section meetings at both AMA annual and AMA interim each year, is designed to develop a coordinated strategy amongst all of the sections. Each of these initial caucus sessions are attended by AAFP executive leadership, who help section delegates work together to speak with a unified voice on AMA issues in which there is AAFP policy. This allows us, your representatives, to better represent young family physicians as a whole.

On November 13th, 2015, the AMA-YPS commenced its Interim Meeting. The following resolutions were submitted directly to the YPS section:

- 1) Late resolution 1: Parity in Reproductive Health Insurance Coverage for Same-Sex Couples. This was ultimately removed from consideration.
- 2) Late resolution 2: Clarification of Medical Necessity for Treatment of Gender Dysphoria. This was adopted.
 - a. Testimony included the need for evidence based medical and surgical standards be established to help guide physicians towards appropriate treatment of patients with gender dysphoria.
- 3) Late resolution 3: Infertility Benefits for Wounded Warriors. This was adopted
 - a. Testimony noted that there is currently legislation in the US House of Representatives which lifts a current ban on the VA system which precludes veterans from receiving coverage for infertility treatments. It was noted that this benefit is covered while a patient is an active member of the military. However, that benefit ends the day they retire from active duty. Testimony noted that removing the ban would allow for veterans, whose reproductive systems are at risk while they are active. One delegate noted that wounded warriors are often focused on their recovery and do not consider starting a family until after they have been discharged from the military.

The YPS also debated resolutions submitted to the House of Delegates directly in order to formulate consensus opinion. Topics discussed which are pertinent to young AAFP members included:

- 1) Testifying in favor of Board of Trustees Report #9, which direct the AMA to vigorously affirm the physician-patient relationship with respect to advanced care planning, and that the AMA continue to oppose any state and/or federal legislation which seeks to invalidate an established advanced care directive based on a patient's pregnancy status.
- 2) Directing the AMA to advocate for delay of Meaningful Use III to allow for improved EHR interoperability, and also push vendors to actively develop and improve EHR interoperability without significant increased cost to their customers.
- 3) Actively oppose a resolution put forth by an individual physician which asks the AMA to advocate in favor of defunding Planned Parenthood.

- 4) Actively supporting a multi-state resolution which opposed restrictions on federal fund distribution (Title X or otherwise) to qualified health care programs and centers.
- 5) Actively supporting an AMA resolution which advocates in favor of removing a Congressional ban on insurance coverage for infertility benefits for veterans, which was identical in language to the resolution adopted separately by the YPS.
- 6) Actively supporting the AMA work to increase the diversity of the age of representatives to the House of Delegates, particularly with respect to including more young physicians as delegates to the HOD.

During the opening session of the formal House of Delegates on Saturday, November 14th, 2015 Speaker Barbara Bailey, MD acknowledged the Paris terrorist attacks the evening before, and issued a statement that the AMA was standing in solidarity with all of the physicians and healthcare staff attending to the wounded in Paris.

The House of Delegates re-convened on Sunday, November 15th with an unusual parliamentary debate. Using a new parliamentary procedure, The American College of Obstetrics and Gynecology moved to have resolution 220: Defund Planned Parenthood indefinitely tabled and moved from consideration by the HOD. After much debate regarding the use of this new parliamentary procedure which many believed was setting a dangerous precedent regarding the ability to remove any topic from debate by the house, a supermajority (more than 2/3 vote) of the HOD voted to remove resolution 220 from consideration. The sole author of the resolution then asked for it to be reconsidered, and that request was denied by a majority vote. A motion to then table Resolution 224: Opposing Funding Restrictions on Health Care Centers Receiving Title X and/or Medicare Funding was defeated by a supermajority.

Reference Committees then commenced, with debate and testimony occurring on topics regarding Advocacy (the theme of the Interim meeting), updates to the Council on Constitutions and Bylaws, and modernization of the AMA's Code of Ethics. All testimony was taken into consideration as the reference committees compiled their reports.

On Monday, November 16th, the House of Delegates met to begin debate. Before debate began, our speaker announced that, in response to the concerns raised about the new parliamentary procedure and how it could be used to suppress minority opinion, the Speaker announced the creation of a Speaker's Task Force to address the concerns and review the new parliamentary rules and potentially offer revisions to House of Delegate policy which both fall in line with the new rules and do not suppress minority opinion of the House. The AAFP has encouraged our president-elect, immediate past speaker and beloved leader of NCCL Dr. John Meigs to apply to be on this task force. We hope he is successful in doing so.

Of interest to AAFP young physicians, the HOD passed resolutions which directed the AMA to collaborate with the American Public Health Association (APHA) to create a national campaign to investigate and address the root causes of racism in health care. Also of interest, the HOD voted to voice opposition to direct marketing to consumers by pharmaceutical companies, voted to create a national campaign on education the public about the needs for increased GME funding as well as voting to advocate for increased GME residency slots as well as potentially explore alternate means to fund GME slots.

Debate continued on Tuesday, November 17, 2015 as the HOD sought to complete business. One topic of interest included directing the AMA to advocate to the US government to establish and enforce EHR usability and interoperability standards. The other major topic of interest was the resolution which opposed restrictions on federal funding to qualified health care centers and organizations, including Planned Parenthood. Once again, a motion to specifically single out Planned Parent to be not eligible for federal funds was made but soundly defeated by the HOD 83.4% to 16.6%. The resolution was then passed in its entirety by a similar margin.

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. Bisgrove served on the Credentials Committee and both Dr. Bisgrove and Dr. Karuppiah provided testimony to the HOD Reference Committees on behalf of the AAFP and YPS. Dr. Bisgrove was also

appointed to a one year delegate position with the full AAFP delegation to the House of House of Delegates, and Dr. Karuppiah continues to represent AAFP young physician voices through his long standing affiliation with the IMG Section.

If you have any questions, please do not hesitate to contact us at:

Jo4ASL@yahoo.com (Dr. Joanna Bisgrove)

Sabesan@yahoo.com (Dr. Saby Karuppiah)



Parliamentary Procedure at a Glance

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

May 5–7, 2016 (preconference May 4, 2016) — 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—May, 2012*)

PRINCIPAL RULES GOVERNING MOTIONS								
<i>Order of precedence¹</i>	<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?⁵</i>	<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.