



Summary of Actions: 2016 National Congress of Family Medicine Residents

July 26-28, 2016– National Conference of Family Medicine Residents and Medical Students, Kansas City, MO

RESOLUTIONS

Note: Resolutions adopted by the National Congress of Family Medicine Residents are *not* AAFP policy. Based on recommendations from the AAFP Commission on Education, NCFMR resolutions are referred by the AAFP Board Chair to the appropriate Academy entity. This group then reviews the resolution and determines if further action is appropriate and if policy should be developed relating to the topic of the resolution. ***Pending outcome of resolution(s) before the Congress of Delegates**

Res. No.	Title and Resolved	Referral(s)	Action <i>Options: Accept for Information, Reaffirm, Agree, or Agree with Modification</i>
R1-401	Resident Physician Wellness Program RESOLVED, That the American Academy of Family Physicians continue their work on resident physician wellness and coordinate these efforts with other organizations.	Executive Vice President	Accept for Information This resolution has been included in the ongoing efforts on Family Physician Well Being and Burnout. Recent activity includes ongoing coordination with AFMRD and STFM. Multiple presentations at PDW-RPS addressed improving resident and residency faculty well-being and shared best practices.
R1-402	Increase Access to Appropriate Nutritional Resources for Residents on Night Call RESOLVED, That the American Academy of Family Physicians develop policy supporting access to well-balanced food options, as recommended by the United States Department of Agriculture (USDA), for residents during all work hours to include night shifts, and be it further RESOLVED, That the American Academy of Family Physicians write a letter to the Accreditation Council for Graduate Medical Education (ACGME) asking them to require that well-balanced food options, as recommended by the United States Department of Agriculture (USDA), be made available for residents during all work hours including night shifts.	Commission on Education	Agree The ACGME addresses resident well-being in the Clinical Learning Environment Review (CLER). While the ACGME requirements do not specify food choices, they do focus on resident wellness in general. The new proposed Common Program Requirements address residents having flexibility to schedule health care and dental appointments. The COE agreed that writing a letter to the ACGME to reinforce the importance of health food options is important to resident well-being which addresses the 2nd resolved clause. Most hospitalists provide healthy food options in their cafeterias for residents while in the hospital, including overnight call, and the COE agreed that an AAFP policy should be developed for approval. In June 2017, SGC will discuss the first resolved clause regarding a policy.
R1-403	Oath of AAFP Fellows RESOLVED, That the Pledge of Fellowship for the American Academy of Family Physicians (AAFP) Degree of Fellow be changed to the following drafted by the AAFP Commission on Membership and Member Services: As a Fellow of the American Academy of Family Physicians I promise to dedicate myselfto the principles upon which our Academy was founded,to providing comprehensive lifelong care to my patients,to exemplifying the highest traditions of my profession, andto enhancing my professional skills through	Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 204 was adopted and referred to appropriate staff	COD Resolution 204--Adopted Degree of Fellow Oath RESOLVED, That the Pledge of Fellowship for the American Academy of Family Physicians (AAFP) Degree of Fellow be changed to the following as drafted by the 2015 AAFP Commission on Membership and Member Services: As a Fellow of the American Academy of Family Physicians I promise to dedicate myselfto the principles upon which our Academy was founded,

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	<p>continuing medical education. I pledge my commitment to improving the health of my patients, their families, and communities, and to advancing the specialty of Family Medicine, now and in the future.</p>		<p>...to providing comprehensive lifelong care to my patients, ...to exemplifying the highest traditions of my profession, and ...to enhancing my professional skills through continuing medical education. I pledge my commitment to improving the health of my patients, their families, and communities and to advancing the specialty of family medicine, now and in the future.</p> <p>Action: Oath updated in all materials.</p>
R1-404	Sustaining Clinical Collaboration and Integration with Advanced Practice Nurse Practitioners	Moved to Reaffirmation Calendar	
R1-405	Call for Physical Activity Vital Signs <p>RESOLVED, That the American Academy of Family Physicians policy reflect and formally endorse the World Health Organization policy that adults aged 18-64 should do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate – and vigorous-intensity activity, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop policy endorsing the routine and widespread practice of measuring patient’s habitual physical activity and to engage patients in conversation and preventative counseling in order to ensure they are aware of and understand the proven connection between regular physical activity and optimal health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians explore collaborations with like-minded organizations, such as American Society of Sports Medicine, American College of Sports Medicine, Exercise is Medicine, among others, to provide tools, references, and resources to allow physicians to better and more accurately assess patient’s physical activity, counsel them, and connect them to resources in the community accordingly.</p>	Commission on Health of the Public and Science	<p>Agree with Modification</p> <p>The commission will develop a policy statement that encourages family physicians to perform physical activity vital signs during clinical visits. Its Subcommittee on Public Health Issues is currently working on the policy language.</p>

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R1-406	<p>Endorse Access Without Age Restriction to Over-the-Counter Oral Contraceptive Pills</p> <p>RESOLVED, That the American Academy of Family Physicians write to the appropriate entities to urge that adolescents be included in the over-the-counter (OTC) oral contraceptives studies to determine whether OTC access is appropriate for this population.</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 501 was referred to the Commission on Governmental Advocacy</p>	<p>COD Resoution 501—Substitute Adopted</p> <p>Endorse Access Without Age Restriction to Over-the-Counter Oral Contraceptive Pills</p> <p>RESOLVED, That the American Academy of Family Physicians write to the U.S. Food and Drug Administration (FDA) to encourage that adolescents, regardless of age, be included in the over-the-counter (OTC) oral contraceptives studies required by the FDA (e.g., label comprehension study, actual use study) to determine whether OTC access is appropriate for this population.</p> <p>Action: The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by writing to the U.S. Food and Drug Administration (FDA) to encourage that adolescents, regardless of age, be included in the over-the-counter (OTC) oral contraceptives studies required by the FDA (e.g., label comprehension study, actual use study) to determine whether OTC access is appropriate for this population.</p>
R1-407	<p>A Virtual Platform for Wellness and Burnout Prevention</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) create a comprehensive online platform for medical students, residents, and attending faculty to enter into an open forum for discussion and prevention of burnout, and be it further</p> <p>RESOLVED, That resources, discussions blogs, and webinars to address burnout prevention and wellness promotion be made available to medical students, residents, and faculty utilizing an online platform.</p>	<p>Executive Vice President</p>	<p>Accept for Information</p> <p>This resolution has been included in the ongoing efforts on Family Physician Well Being and Burnout. A web based portal on family physician well-being will be launched in 2017. The web portal will be available to all categories of members including residents and students.</p>
R1-408	<p>Recycling at National Conference</p>	<p>Not Adopted</p>	
R1-409	<p>Advocate for Green Initiatives at AAFP events</p> <p>RESOLVED, That the planning committees for American Academy of Family Physicians events include environmentally friendly efforts into their planning decisions, including repurposing food waste and implementing recycling programs, and be it further</p> <p>RESOLVED, That the American Academy of Family Physician collaborate with and encourage vendors and caterers to adopt less wasteful practices, and be it further</p>	<p>Executive Vice President</p>	<p>Accept for Information</p> <p>The Meetings team has implemented environmentally friendly efforts into their planning decisions as allowable and possible. Most paper handouts and programs onsite have been eliminated in lieu of apps, web pages and social media communications to inform attendees of meeting details. Recycling opportunities are always leveraged and we have preferred hotels that follow Green guidelines at their facilities. We have attempted to negotiate in the donation of food, but have not found hotels or caterers willing to participate in this practice due to food safety and liability issues. That said, we have take on the practice</p>

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	RESOLVED, That the American Academy of Family Physician encourage vendors to donate all donatable food products that would otherwise be discarded in accordance with local regulations.		of requesting leftovers be offered to hotel staff, and have also become much more conservative in our estimations to endure there is less waste overall
R1-409	Reduce Food Waste at the American Academy of Family Physician Conference Events	Not Adopted	
R1-410	Involving the Center for Global Health Initiatives in the Coordination and Planning of the National Conference RESOLVED, That the American Academy of Family Physicians Center for Global Health Initiatives be involved in the planning and coordination of all global health related programming at the National Conference of Family Residents and Medical Students, and be it further RESOLVED, That the National Conference of Family Medicine Residents and Medical Students increase the number of global health related speakers and skills based workshops.	Executive Vice President	Agree with Modification The Board Chair approved a recommended modification to the second resolved to read: That the National Conference of Family Medicine Residents and Medical Students consider increasing the number of global health related speakers and skills based workshops. This was done as the resolutions cannot instruct/require actions by the National Conference Planning Committee.
R1-411	Increasing the Visibility of Global Health on the American Academy of Family Physicians Website	Moved to Reaffirmation Calendar	
R1-412	CPT Coding System Revision RESOLVED, That the American Academy of Family Physicians delegation to the American Medical Association encourage the creation of new CPT codes that capture all of the physician's work and complexity to allow family physicians to adequately care for all of their patients' concerns in each visit and be compensated accordingly.	Commission on Quality and Practice	Reaffirmed The commission agreed to reaffirm NCFMR Resolution R1-412 on the basis that the resolution is already being addressed through current AAFP activities within the AMA CPT editorial panel. The current AAFP CPT team is working diligently to build alliances with other societies to further the interests of family medicine and bridge the gap of self-interest among specialties. The AAFP CPT team works hard to develop codes that capture the volume of work and decision making that adequately reflects the complexity of services provided by family physicians. It is important to note that while CPT has codes that describe work performed in family medicine; Medicare and private insurance choose whether or not to recognize these for payment. It is important to note that actual payment for services is not a function that can be influenced within the CPT Editorial Panel.

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R1-413	<p>Allow Natural Death Terminology in Code Status and End-of-Life Discussions</p> <p>RESOLVED, That the American Academy of Family Physicians joins the Hospice Patients Alliance and palliative care communities in endorsing the terminology "Allow Natural Death" as a compassionate alternative to "Do Not Resuscitate" during code status and end-of-life discussion, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for The Joint Commission to endorse "Allow Natural Death" as acceptable language for code status orders, set specific standards for code status discussions and require institutions to demonstrate compliance with these standards to be accredited.</p>	Commission on Health of the Public and Science	<p>Lateral referral to another commission (requires recommendation to the Board Chair.</p> <p>The lateral referral to CGA was denied. CHPS is currently reviewing this resolution to determine action.</p>
R1-414	Early Postpartum Long-Acting Reversible Contraception Coverage for Medicare and Medicare Patients	Moved to Reaffirmation Calendar	
R1-415	Repurposing Food Waste	Not Adopted	
R1-416	Establishing a Relationship Between the American Academy of Family Physicians and the American Psychiatric Association	Not Adopted	
R1-417	<p>Support for Sexual Orientation and Gender Expression Nondiscrimination</p> <p>RESOLVED, That the American Academy of Family Physicians develop a policy in support of sexual orientation and gender expression nondiscrimination specifically with regard to employment, housing, access to public places, education, and any other areas where lesbian, gay, bisexual, and transgender (LGBT) discrimination occurs, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to pass the current proposed Equality Act in both the Senate and House of Representatives.</p>	Commission on Governmental Advocacy	<p>Agree</p> <p>The commission voted to agree with the resolution and recommend to the Board that AAFP release a letter in support of the Equality Act as consistent with AAFP policy.</p>
R1-418	<p>Feasibility of Virtual Resolution Meetings</p> <p>RESOLVED, The American Academy of Family Physicians investigate the use of virtual meetings (via video chat, social media, discussion forums, etc.) to provide a means for dialogue with residents and students in order to result in improved resolution development prior to the National Conference of Family Medicine Residents and Medical Students.</p>	Commission on Education	<p>Agree</p> <p>Staff investigated the mechanics and potential costs for meetings in the future. Board Chair approved 4/17/2017 recommendations for changes to the NC Rules of Order, which will revise the resolution submission process.</p>

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RESOLUTIONS			
<p>R1-419</p>	<p>Improving Medical Care in Immigrant Detention</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for detained immigrants to receive healthcare to meet or exceed Commission on Correctional Health Care standards for prison and jail healthcare, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate that inspections of medical care at immigrant detention centers provide meaningful oversight in order to assure that healthcare delivery meets or exceeds Commission on Correctional Health Care standards, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to remove supervision of medical care in immigrant detention centers from Immigration and Customs Enforcement to maintain clinical independence, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for channels to shift current funding for detention to community-based alternatives which will allow people to seek medical attention and receive support from family, legal counsel and community.</p>	<p>Commission on Health of the Public and Science</p>	<p>Accept for Information</p> <p>The commission determined that whether or not immigrant detainees have medical care that is equal to that of the National Commission on Correctional Health Care for prisons and jails is beyond the scope of the AAFP's current strategic priorities. In addition, it would require significant time to determine which standards of immigrant detainee medical care do or do not align with those of the National Commission on Correctional Health Care. The commission recognizes the importance of this issue as it has the potential to impact even more people.</p>
<p>R1-420</p>	<p>Revisiting the Creation of an Electronic Health Record by the American Academy of Family Physicians</p> <p>RESOLVED, That the American Academy of Family Physicians develop and publish person-centric guidelines of what should be included in an electronic health record.</p>	<p>Commission on Quality and Practice</p>	<p>Accept for Information</p> <p>Staff recommends that the commission accept for information 2016 NCFMR Resolution R1-420 on the basis that creation of a preferred functionality profile would not promote or render the change requested within the resolution.</p>
<p>R1-421</p>	<p>Improving Anal Cancer Care</p> <p>RESOLVED, That the American Academy of Family Physicians educate its members about anal cancer and the risks and benefits of screening, diagnosis, and treatment.</p>	<p>Commission on Health of the Public and Science</p>	<p>Accept for Information</p> <p>In 2016, CHPS considered a similar resolution from the NCCL on anal pap smears. The commission determined that there is not enough information available on the topic to make a recommendation for anal pap smears for cancer screening. The topic of anal cancer screening was nominated to the United States Preventive Services Task Force. As the AAFP does not make screening recommendations without sufficient evidence, the commission accepted this part of the resolution for information and will wait for the USPSTF to determine if an evidence review will be conducted.</p>

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R1-422	<p>Promoting Cross-Cultural and Linguistic Education for Residents and Medical Students About Hispanic and Latino Populations to Improve Health Care Communications</p>	<p>1st Resolved Clause: Commission on Continuing Professional Development and Commission on Education (COCPD to take lead);</p>	<p>As a CME provider, the AAFP offers relevant, compliant, and high-quality CME that addresses practice needs in family medicine. The AAFP's CME Curricular Framework serves as a foundation to ensure educational activities are clinically relevant, evidence-based, and scientifically valid.</p>
	<p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide a focused cross-cultural and linguistic educational session at AAFP national conferences to improve communication between physicians and Hispanic and Latino population with limited English proficiency, and be it further</p>		<p>In 2008, the AAFP conducted a session at the National Conference for Family Medicine Residents and Medical Students entitled Caring for Latino Patients Inside and Outside our Borders.</p>
	<p>RESOLVED, That the American Academy of Family Physicians disseminate cross-cultural and linguistic education resources to Family Medicine Interest Groups across the country to improve communication between physicians and Hispanic and Latino populations with limited English proficiency.</p>	<p>2nd Resolved Clause: Commission on Education</p>	<p>AAFP policy approved in 2008 and updated in 2013, indicates that the AAFP "urged its members to use the National Standards on Culturally and Linguistically Appropriate Services (CLAS) to make their practices more culturally and linguistically accessible in order to satisfy the federal health care mandates for their practice type." http://www.aafp.org/about/policies/all/linguistically-appropriate.html</p>
			<p>In 2014, the AAFP reaffirmed its workforce reform stating that, "The U.S. physician workforce must be prepared to care for a larger, increasingly diverse and older population with an increasing number of chronic medical conditions." http://www.aafp.org/about/policies/all/workforce-reform.html</p>
			<p>A review of the AAFP's CME portfolio revealed 13 activities on cultural competency since 2009. One of these was a video (utilized from 2009-11), that specifically addressed issues specific to Hispanic American / Latino patients, as they related to limited proficiency with the English language and certain culturally specific mores'. The remaining activities included seven live sessions such as Scientific Assembly/FMX Table Topics, Tabletop Discussions, and National Live Courses (NLCs); as well as five other enduring activities, including two additional videos and three Self-Study Packages (SSPs). The scope of these events likely included communication with Hispanic and Latino patients, though this may not have been a primary objective.</p>
R2-501	<p>Dementia Awareness, Taskforce, and Toolkit Creation</p>	<p>Commission on Health of the Public and Science</p>	<p>The CHPS Executive Committee is reviewing for further action. The AAFP's National Research Network recently conducted a Cognitive Impairment in older adults toolkit project: http://www.aafp.org/patient-care/nnr/studies/all/cognitive-impairment-project.html. The toolkit is being transitioned to the AAFP's website for member use.</p>
	<p>RESOLVED, That the American Academy of Family Physicians advocate for comprehensive dementia research and awareness initiatives.</p>		

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R2-502	<p>Advocating for the Removal of Prescriber Restrictions for Hepatitis C Direct Acting Antivirals</p> <p>RESOLVED, That the American Academy of Family Physicians create a collection of advocacy resources to disseminate to chapters in states where prescriber restrictions exist in order to assist in raising awareness of the impact of Direct Acting Antiviral (DAA) prescriber restrictions and advocating for their removal.</p>	Commission on Health of the Public and Science	<p>Lateral referral to another commission (requires recommendation to the Board Chair.</p> <p>Laterally referred to the Commission on Governmental Advocacy</p>
R2-503	<p>Fostering Training in Hepatitis C Primary Care</p> <p>RESOLVED, That the American Academy of Family Physicians create a curriculum guideline on Hepatitis C detection and management.</p>	Commission on Education	<p>Agree with Modification</p> <p>Revised wording: That the AAFP revise Reprint 277 - Substance Abuse Disorders to include information on Hepatitis C detection and management. The Curriculum Guidelines (CGs) cover broad content areas. With over 40 CGs, it is not practical to create a CG for the detection and management of each specific disease. Information referencing the detection and management of specific diseases is included in the knowledge section of the appropriate CG(s). Reprint 277, Substance Abuse Disorders, will be updated to include information about Hepatitis C detection and management.</p>
R2-504	<p>Incorporating Health Policy Education into Medical Schools and Residency Programs</p>	Not Adopted	
R2-505	<p>Support Contraceptive Implant Training Among Family Physicians</p> <p>RESOLVED, That the American Academy of Family Physicians offer implant insertion and removal training for both residents and practicing family physicians, including consistent provision of hands-on training at state and national conferences, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians petition the United States Food and Drug Administration to remove the mandatory industry-sponsored insertion and removal training session in favor of a peer-based training model.</p>	<p>1st Resolved Clause: Commission on Continuing Professional Development and Commission on Education (COCPD taking lead);</p> <p>2nd Resolved Clause: Commission on Governmental Advocacy</p>	<p>Agree</p> <p>The commission voted to agree and recommend that Board take steps to implement the resolution.</p>
R2-506	<p>Residency Closure Assistance Program</p> <p>RESOLVED, That the American Academy of Family Physicians develop resources for residents and faculty to navigate program closures, such as an online reference guide, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) identify a representative in the AAFP's GME department to serve as a contact person for residents concerned about residency</p>	Board of Directors	Accept for Information.

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	program closures.		
R2-507	Physician Suicide Preventio	Moved to Reaffirmation Calendar	
R2-508	Supporting Common Sense Gun Legislation	Moved to Reaffirmation Calendar	
R2-509	A Shot in the Dark: The Lack of Gun Violence Research is a Public Health Issue	Moved to Reaffirmation Calendar	
R2-510	<p>Improving Patient Education of Limited English Proficiency Patients</p> <p>RESOLVED, That the American Academy of Family Physicians add links such as ethnomed.org to its official website, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide continuing medical education at such events as the Family Medicine Experience and National Conference of Family Residents and Medical Students to educate physicians on providing culturally competent care.</p>	<p>1st Resolved Clause: Executive Vice President;</p> <p>2nd Resolved Clause: Commission on Continuing Professional Development and Commission on Education (COCPD to take lead)</p>	<p>Accept for Information</p> <p>During 2016, the patient education content on familydoctor.org has all been rewritten to a 7th grade reading level or lower to ensure optimal and standardized comprehension. In addition, all content is available in both English and Spanish.</p> <p>Agree with Modification</p> <p>As a CME provider, the AAFP offers relevant, compliant, and high-quality CME that addresses practice needs in family medicine. The AAFP's CME Curricular Framework serves as a foundation to ensure educational activities are clinically relevant, evidence-based, and scientifically valid.</p> <p>AAFP has made the recognition of and sensitivity to cultural/ethnic differences among patients a policy priority for physician education for over 30 years (1985), and continues to regard this and the special considerations of patient/physician language differences as highly important, with its policy on Culturally Proficient Health Care having been updated in 2013. "The AAFP recommends that all physicians learn about and respect the cultural/ethnic background of their patients. Sensitivity to cultural and individual perceptions of health, family and illness should be incorporated into a patient's care and the development of treatment plans as appropriate. When treating patients whose language differs from that of the physician, the physician must follow federal mandates to provide appropriate interpretive services."</p> <p>http://www.aafp.org/about/policies/all/culturally-</p>

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		<p>proficient.html</p> <p>The AAFP has also had a policy since 2001, most recently updated in 2015, on Cultural Proficiency Guidelines. “The AAFP believes in working to address the health and educational needs of our many diverse populations. Informational or CME material and programs should promote cultural proficiency, be sensitive to the issues of diverse populations of patients and physicians, and address specific health issues as they relate to diverse populations.” http://www.aafp.org/about/policies/all/cultural-guidelines.html</p> <p>The AAFP adopted policy in 2008, and updated it in 2015, in support of Linguistically Appropriate Health Care. The AAFP “urged its members to use the National Standards on Culturally and Linguistically Appropriate Services (CLAS) to make their practices more culturally and linguistically accessible in order to satisfy the federal health care mandates for their practice type.” http://www.aafp.org/about/policies/all/linguistically-appropriate.html</p> <p>A review of the AAFP’s CME portfolio revealed 13 activities on cultural competency since 2009. The activities included seven live sessions such as Scientific Assembly/FMX Table Topics, Tabletop Discussions, and National Live Courses (NLCs); as well as six enduring activities, including three videos and three Self-Study Packages (SSPs).</p> <p>Additionally, in 2007 and 2012, the AAFP conducted sessions at the National Conference for Family Medicine Residents and Medical Students entitled You Just Don’t Understand – Healthcare for People with Low English Proficiency, and Health through the Eyes of Culture: Modifying Health Interventions for a New Cultural Context, respectively.</p> <p>A 2015 article on cultural competency and cross-cultural end-of-life care in AAFP’s American Family Physician (AFP) featured a Cochrane review which demonstrated low quality evidence suggesting that training health care professionals in patient centered communication improves engagement of patients from culturally and linguistically diverse backgrounds (strength of recommendation level C), but that interventions which were primarily interventional appeared to be ineffective. The AAFP also regularly publishes articles in the AFP journal that address care of Asian American, Latino, Muslim and refugee patient populations, as well as general articles on diversity and culturally sensitive care.</p> <p>NOTE: This resolve was jointly referred to the Commission on Education (COE) with the Commission on Continuing Professional Development (COCPD) taking lead. The COE</p>

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			<p>recommends the following modifications:</p> <p>Improving Patient Education of Limited English Proficiency Patients</p> <p>RESOLVED, That the American Academy of Family Physicians explore provide providing continuing medical education at such events as the Family Medicine Experience and National Conference of Family Residents and Medical Students to educate physicians on providing culturally competent care.</p> <p>NOTE: A very similar resolution, S1-108, was passed at the 2016 National Congress of Student Members (NCSM) with nearly identical language.</p>
R2-511	<p>Improving Mental Health Care in the Primary Care Setting</p> <p>RESOLVED, That the American Academy of Family Physicians provide a liaison to the American Psychiatric Association to facilitate cohesion between mental health and family medicine patient care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide continuing medical education at such events as Family Medicine Experience and the National Conference of Family Medicine Residents and Medical Students to improve physician diagnosis of mental health disorders.</p>	<p>1st Resolved Clause: Commission on Health of the Public and Science;</p> <p>2nd Resolved Clause: Commission on Continuing Professional Development and Commission on Education (COCPD to take lead)</p>	<p>The CHPS is determining whether a liaison to the American Psychiatric Assopciation would be beneficial and reciprical with that organization.</p> <p>Reaffirm</p> <p>As a CME provider, the AAFP offers relevant, compliant, and high-quality CME that addresses practice needs in family medicine. The AAFP's CME Curricular Framework serves as a foundation to ensure educational activities are clinically relevant, evidence-based, and scientifically valid.</p> <p>AAFP policy indicates that "...diagnosis and treatment of mental illness in the individual and family context are integral components of family medicine. Family physicians are uniquely positioned to recognize and treat problems in the continuum from mental health to mental illness." http://www.aafp.org/about/policies/all/mental-responsibility.html (1982, 2012)</p> <p>Since 2008, the AAFP has held 126 live sessions on the diagnosis and management of mental health disorders through Assembly/FMX; Board Review Express; AAFP's Chapter Lecture Series; and many AAFP National Live Courses (NLCs), including: Infant, Child, and Adolescent Medicine; Geriatric Medicine; Family Medicine Update; Emergency & Urgent Care; Selected Topics in Internal Medicine; Chronic Conditions; and Family Centered Maternity Care.</p> <p>Those sessions have addressed topics such as overview of mood disorders, mental disorders in children, ADD/ADHD, developmental disabilities and delays, autism spectrum disorders, conduct disorders, substance abuse and addiction,</p>

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			depression, anxiety, phobias, bipolar disorders, delirium, dementia, Alzheimer's disease, eating disorders, updates in mental health disorders from the literature, mental disorders in the setting of co-morbid chronic medical conditions, caregiver stress, mental health disorders related to military service, care coordination and transfer of care for patients with mental health disorders, personality disorders, and cultural competency and communication for patients with mental health disorders.
R2-512	<p>Offering Guidance to the ABFM Regarding the Maintenance of Certification Family Practice (MC-FP)</p> <p>RESOLVED, the American Academy of Family Physicians recommend that the American Board of Family Medicine allow the AAFP credit system to certify Continuing Medical Education (CME) events as meeting Maintenance of Certification requirements provided they meet mutually agreed upon standards.</p>	Executive Vice President	<p>Agree (requires recommendation to Board)</p> <p>The Board Chair approved a recommendation to send letters to the ABFM and ABMS regarding the burdensome processes for MOC and asking for reconsideration by each entity</p>
R2-513	<p>The American Academy of Family Physicians to Support Accreditation Council for Graduate Medical Education Accredited Residencies in Obtaining Osteopathic Recognition</p> <p>RESOLVED, That the American Academy of Family Physician (AAFP) create a statement of support regarding residency programs seeking to obtain osteopathic recognition.</p>	Executive Vice President	<p>Reaffirm</p> <p>The COE Executive Committee reaffirmed this resolution and noted that the AAFP is supportive of the ACGME recognition.</p>
R2-514	<p>Talking Explicitly About Implicit Bias</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a policy statement acknowledging the role of implicit bias on health outcomes, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that family physicians, residents, and student evaluate their own implicit biases and take steps to reduce their impacts on health outcomes.</p>	Commission on Health of the Public and Science	<p>Agree</p> <p>The commission will develop a policy statement on this topic.</p>
R2-515	<p>Educating AAFP Constituents on Anti-Violence Movements in the Community</p>	Not Adopted	
R2-516	<p>Resolution in Support of Promoting Health in Trade Agreements</p> <p>RESOLVED, That the American Academy of Family Physicians urge the U.S. Congress and U.S. Trade Representatives to ensure that trade agreements promote public health, access to medicines and access to care by actions such as opposing Investor State Dispute Settlement (ISDS) and restrictive intellectual property provisions,</p>	Commission on Governmental Advocacy	<p>Accept for Information</p> <p>The commission voted to accept for information as trade policy is generally outside of AAFP's strategic priorities.</p>

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RESOLUTIONS			
	and be it further RESOLVED, That the American Academy of Family Physicians urge the U.S. Trade Representative (USTR) to ensure transparency and openness in all trade agreement negotiations including public access to negotiating texts and meaningful opportunities for stakeholder engagement during agreement negotiations.		
R2-517	Resident Rotation Exchange	Not Adopted	
R2-518	Support of Physician Transparency (& Sunshine) RESOLVED, That the American Academy of Family Physicians support transparency and open reporting of family physician's relationships with pharmaceutical and medical device manufacturers including support of effective and efficient implementation of existing Physician Payment Sunshine reporting requirements.	Baord of Directors	Accept for Information
R2-519	Ending Direct Consumer Advertising RESOLVED, The American Academy of Family Physicians change its policy to support a ban on direct-to-consumer advertising of prescription drugs and medical devices, and be it further RESOLVED, That the American Academy of Family Physicians coordinate with the American Medical Association to advocate for a ban on direct to consumer advertising.	Resolution from Congress of Delegates (COD) on same topic takes precedence on 1st Resolved Clause. COD Resolution No. 308 1st Resolved Cause was referred to the Commission on Governmental Advocacy.	Accept for Information The commission voted to accept for information since 2016 COD Resolution 302 is under review by the Board.
R2-520	Against Public Funding of Crisis Pregnancy Centers RESOLVED, That the American Academy of Family Physicians oppose legislation that requires women to attend crisis pregnancy centers prior to obtaining an abortion or requires physicians to provide information about crisis pregnancy centers.	Commission on Governmental Advocacy	Reaffirm The commission voted to reaffirm as AAFP works to support women's right to access health services and to defend the integrity of the doctor-patient relationship.
R2-521	Advocacy for a Federal Ban on Reparative Therapy RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to place a federal ban on "reparative therapy" practiced by licensed professionals on minors and recognize this practice as harmful under federal law.	Commission on Governmental Advocacy	Accept for Information The commission voted to accept for information after a discussion of our strong policy on sexual orientation and the need to focus on key priorities.

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
<p>R2-522</p>	<p>Advocacy and Policy Education and Training in Family Medicine Residency Programs</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) support family medicine residency programs to encourage their residents to engage in advocacy and policy education and training, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) strengthen the educational materials and promotion of materials currently available on http://www.aafp.org/advocacy and develop a Curriculum Guideline to address the need for education, training, and skills development in advocacy and policy during residency, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) write a letter to the Accreditation Council for Graduate Medical Education (ACGME) to consider using the AAFP's curriculum guidelines concerning health policy education.</p>	<p>Commission on Education</p>	<p>Reaffirm</p> <p>1st & 2nd Resolved Clauses - Support for residency program to teach advocacy already exists through AAFP resources and those provided by other family medicine organizations;</p> <p>Accept for Information</p> <p>3rd Resolved Clause - Asking the ACGME to use Curriculum Guidelines is beyond the scope of AAFP work.</p>
<p>R3-601</p>	<p>Eliminating the Gender Salary Wage Gap</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a non-clinical policy statement and a strategic objective that supports improvement of payment equity for male and female family physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to eliminate payment inequity between male and female family physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians discuss and promote existing and potential programs to eliminate payment inequity between male and female family physicians.</p>	<p>1st Resolved Clause: Board Chair;</p> <p>2nd and 3rd Resolved Clauses: Commission on Quality and Practice</p>	<p>1st Resolved Clause: Accept for Information by Board Chair</p> <p>2nd and 3rd Resolved Clauses: Accept for Information</p> <p>The commission agreed accept for information the second and third resolved clause of 2016 NCFMR Resolution R1-601 on the bias that the AAFP already advocates to eliminate payment inequity between male and female family physicians. The AAFP discusses and promotes existing and potential programs to eliminate payment inequity between male and female family physicians, as we are aware of them. The commission does not find this issues to be a top strategic priority of the AAFP at this time.</p>
<p>R3-602</p>	<p>Uniformed Services Student Dual Membership</p> <p>RESOLVED, That medical students who self-identify as active duty, reserve, or receipt of a Health Professions Scholarship be able to obtain a secondary membership to the Uniformed Services Academy of Family Physicians in addition to their primary state chapter members.</p>	<p>Commission on Membership and Member Services</p>	<p>Accept for Information</p> <p>The current default for the assignment of chapter membership for medical students is the state where the medical school that the student is attending is located. If a medical student applicant indicates they are attending the Uniformed Services University of the Health Sciences medical school in Maryland they are assigned to the Uniformed Services chapter. This ensures that the student member receives communications from the chapter where they</p>

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
			are attending school and has the opportunity to take advantage of chapter membership benefits where they are living and engage and participate with peers and family physicians in their state.
R3-603	<p>Uniformed Services Members Self-Identification</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the feasibility of a mechanism of self-identification as active duty, reserve or recipient of a Health Professions Scholarship for the purposes of increasing awareness and membership in the Uniformed Services Academy of Family Physicians.</p>	Commission on Membership and Member Services	<p>Agree with Modification</p> <p>With the launch of the new online membership application in the second quarter of 2017, staff has been able to easily modify language on the new application so that applicants can indicate if they are "active duty military or a current health professions scholarship recipient". These student members will still be affiliated with the chapter where their medical school is located. A list of the student member applicants who indicate they are scholarship recipients will be provided to the Uniformed Services chapter for outreach purposes. This would only apply to student members who join after the new online membership application is released. Members who wish to receive communications from the Uniformed Services chapter will have the option to become a secondary member of the Uniformed Services through this process.</p>
R3-604	Advocate for Medication Coverage until Prior Authorization is Decided	Not Adopted	
R3-605	Protecting Resident Education by Limiting Time Spent on Prior Authorizations	Not Adopted	
R3-606	<p>Asking Gender Identity and the Clinic Experience of Transgender Patients</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) develop best practices regarding transgender and gender non-binary patients that include asking the gender identity of all patients as a distinct entity from their sex assigned at birth in accordance with the most recent Health Resources and Services Administration (HRSA) policy, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians petition electronic health record vendors to include a designated space in their demographic sections to specifically ask patients' gender identity as distinct from their sex assigned at birth in the medical record.</p>	<p>1st Resolved Clause: Commission Health of the Public and Science;</p> <p>2nd Resolved Clause: Commission on Quality and Practice</p>	<p>Accept for Information</p> <p>The commission recognized the importance of asking patients about sexual orientation and gender identity due to health disparities affecting lesbian, gay, bisexual, and transgender (LGBT) people.</p> <p>Collecting this data is consistent with the Healthy People 2020 recommendations as well as the National Academy of Medicine's report, The Health of Lesbian, Gay, Bisexual, and Transgender People. Data gathering will help health care providers customize patient care based on health disparities.</p> <p>Accept for Information</p> <p>The commission agreed to accept the 2016 NCFMR Resolution R1-606 for information on the bias that certification requirements will ensure technology has these capabilities in place. The commission discussed this issue previously in 2015 NCCL Resolution No. 5012, which was accepted for information. The environment has not changed since that discussion. Since there are standards tied to 2015 Edition Certified EHR Technology that address requirements of technology to accept and place these data, and certification requirements will ensure technology has these capabilities in place.</p>

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
R3-607	<p>Enhanced Understanding of MACRA, Medicare Access and CHIP Reauthorization Act of 2015, for Resident and Student AAFP Members</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) create an online module, handout, or webinar addressing Medicare Access and CHIP Reauthorization Act of 2015 and its quality payment programs (QPP), merit-based payment system (MIPS) and alternative payment programs (APMs), at the appropriate level and context for family medicine residents and medical students on the AAFP website as well as on the Family Medicine Interest Group (FMIG) Network, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians offer Medicare Access and CHIP Reauthorization Act of 2015 based informative lectures for family medicine residents and medical students at the National Conference for Family Medicine Residents and Medical Students.</p>	<p>Commission on Quality and Practice and</p> <p>Commission on Education (CQP to take lead)</p>	<p>Agree</p> <p>The commission agreed to recommend to the Board of Directors that the AAFP to implement resolutions R3-607 and S3-306 as follows:</p> <p>Practice Advancement staff will work with medical education staff to cross-promote on the FMIG website the MACRA online educational modules, frequently asked questions, timeline, and the AAFP MACRA supplement that features the pathway graphic. All of the resources are at an appropriate level for residents and student and prevents having two levels of resources that would require editing at least twice a year with the release of the MACRA proposed and final rules.</p> <p>Practice Advancement staff is currently working with medical education staff to secure educational sessions at the National Conference around MACRA.</p> <p>Agree with Modification</p> <p>SRSI/COE recommends that Practice Advancement and Medical Education staff work together to leverage existing resources and materials on MACRA for residents and students at an appropriate level of information, and contextualized to their needs and interests. SRSI/COE reviewed the online content on MACRA already developed by the AAFP and considered it to be robust and informative. SRSI/COE are sharing feedback with CQP on additional content and resources as well. CQP is the lead on this resolution.</p>
R3-608	<p>Climate Change Policy Adjustments</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) update their climate change and air pollution policy to specifically include language about "greenhouse emissions from human activities," i.e. "In recognition of the numerous and serious health consequences resulting from pollution, greenhouse emissions from human activities, climate change, and ozone layer depletion, the American Academy of Family Physicians (AAFP) recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere and water."</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence. COD Resolution No. 404 was referred to the Commission on Health of the Public and Science</p>	<p>COD Resolution 404 --Adopted</p> <p>Climate Policy</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) update their climate change and air pollution policy to specifically include language about "greenhouse emissions from human activities." For example:</p> <p>"In recognition of the numerous and serious adverse health consequences resulting from pollution, greenhouse emissions from human activities, climate change, and ozone layer depletion, the AAFP recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere</p> <p>Action: The commission recommended revising the policy statement based on the CoD resolution and it was approved by the board in April 2017.</p>

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
R3-609	<p>Policy Recommendations on Men Who Have Had Sex With Men (MSM) Blood Donation</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the Food and Drug Administration to adopt blood donation policies that protect the safety of blood donation while avoiding discrimination towards presumed risk groups such as men who have had sex with men.</p>	Commission on Health of the Public and Science	<p>Reaffirm</p> <p>In 2016, the commission acted on a similar resolution from the 2015 NCCL that called for the AAFP to send a letter to the FDA in support of modification of the lifetime ban on blood and tissue donation for men who have sex with men. The commission agreed with the resolution and a letter was sent to the FDA.</p>
R3-610	<p>Discontinuation of Discriminating Native American Imagery</p> <p>RESOLVED, That the AAFP encourage organizations that use native imagery to engage their local communities to better understand their impact and make modifications as appropriate.</p>	Commission on Health of the Public and Science	<p>Accept for Information</p> <p>The AAFP policy statement on health equity supports valuing everyone equally and addressing avoidable inequalities, including historical and contemporary injustices. Family physicians promote health and can address health inequity by balancing social determinants that impact individuals, families, communities, and populations. The AAFP addresses inequalities and anti-discrimination in its current policies, including, but not limited to, health equity, hate crimes, and social determinants of health.</p>
R3-611	<p>Partnerships in Developing a Rural Training Database</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with the Rural Training Track Collaborative and National Rural Health Association to help develop a database of rural training opportunities for family physicians, residents, and medical students.</p>	Commission on Education	<p>Agree with Modification</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with the Rural Training Track Collaborative and National Rural Health Association to explore new ways to increase medical student exposure to rural training opportunities and grow the rural physician workforce.</p>
R3-612	<p>Lobby to End Step 2 CS and Level PE</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) lobby the Federation of State Medical Boards and their member licensing boards to advocate for elimination of the United States Medical Licensing Examination (USMLE) Step 2 CS and the COMLEX Level 2 PE as a requirement for Liaison Committee on Medical Education accredited and Commission on Osteopathic College Accreditation accredited medical school graduates who have passed a school-administered clinical skills examination.</p>	Commission on Education	<p>Agree with Modification</p> <p>RESOLVED, That the AAFP encourage and support options to waive the USMLE Step 2 CS and the COMLEX Level 2 PE as a requirement for LCME accredited and COCA accredited medical school graduates who have otherwise proven competency.</p>
R3-613	<p>Student Debt Reform</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative advocacy and lobbying efforts to support legislation that reduces the debt burden of past and current student borrowers, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians use its legislative</p>	Commission on Governmental Advocacy	<p>1st Resolved Clause—Reaffirm</p> <p>2nd Resolved Clause—Accept for Information</p>

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
	<p>advocacy to influence the U.S. Congress to enact policies that would curb the growth of tuition, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians use its legislative advocacy to influence the U.S. Congress to increase the funding to student loans at a discounted interest rate for medical students who commit to specializing in family medicine, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that reduces the interest rate of student loans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians use its legislative advocacy and lobbying efforts to support legislation that removes the adjusted gross income cap to qualify for student loan interest payment tax deduction.</p>		<p>The 2nd resolved clause does not propose an actionable policy intervention to hold medical school tuition rates steady and does not align with the current strategic priorities</p> <p>3rd Resolved Clause—Reaffirm</p> <p>4th Resolved Clause—Reaffirm</p> <p>5th Resolved Clause—Reaffirm</p>
R3-614	<p>No Child Lead Behind – Improving Awareness, Detection and Prevention of Lead Contamination</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) support future research collaborations with other epidemiological and public health organizations regarding water sampling techniques and reporting protocols to better detect and how to reduce human exposure to lead at the point of consumption, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support innovative testing practices for water utilities and at risk populations, such as schools and child care facilities, to accurately measure and reflect lead contamination levels in water, incorporating Environmental Protection Agency testing guidelines, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support improved open public access to testing data on water lead levels by requiring all public water system testing results be posted on a publicly available website in an appropriate and timely fashion, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support federal legislation to reduce, and ultimately, remove lead from the country's public and private water infrastructure, especially focusing on low-income areas, which have the highest burden of lead poisoning, and be it further</p>	<p>1st - 3rd and 5th - 6th Resolved Clauses: Commission on Health of the Public and Science;</p> <p>4th Resolved Clause: Commission on Governmental Advocacy</p>	<p>Accept for Information</p> <p>AAFP clinical recommendations state there is insufficient evidence to support routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at increased risk. The AAFP recommends against routine screening for elevated blood lead levels in asymptomatic children aged 1 to 5 years who are at average risk and for asymptomatic pregnant women. There is insufficient or poor evidence to support the effectiveness of regulatory, environmental, or educational interventions on human health.</p> <p>Reaffirm</p> <p>The commission voted to reaffirm in light of AAFP support for current federal lead poisoning prevention and research efforts. The commission also recommended that the AAFP use its member-facing communication resources to share research on current lead</p>

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
	<p>RESOLVED, That the American Academy of Family Physicians support efforts by the Environmental Protection Agency (EPA) to examine compliance with the Safe Drinking Water Act for appropriate water utilities and to exercise the EPA's oversight and enforcement authority to ensure public protection from lead contamination, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support research and collaboration with the Environmental Protection Agency (EPA) and other public health stakeholders into the development of a standardized national reporting procedure for blood levels of toxic metals.</p>		<p>poisoning risks during Lead Poisoning Prevention Week in October.</p>
R3-615	<p>Climate Change Advocacy</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) endorse U.S. efforts to develop and implement national policies that facilitate U.S. compliance with the 2015 United Nations Framework Convention on Climate Change international agreement reached by over 190 countries in Paris, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend to medical schools, National Board of Medical Examiners (NBME), the Liaison Committee on Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), and the American Board of Family Medicine that medical education curricula, core competencies and/or milestones should include the effects of climate change on human health, including on the social determinants of health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support local and national climate change mitigation and adaptation strategies which seek to realize the United States' Nationally Determined Contribution by (1) endorsing state and federal legislation and regulations to curb greenhouse gas emissions and (2) collaborating with other health professional and environmental organizations to promote ambitious national and international action on climate change, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide education to its members on methods for achieving environmental sustainability of medical workplaces (e.g. reducing energy use, increasing energy efficiency, etc.), and be</p>	<p>Resolution from Congress of Delegates (COD) on same topic takes precedence on 1st, 2nd, 4th and 5th Resolved Clauses. COD Resolution No. 403</p> <p>1st Resolved Clause was referred to Commission on Continuing Professional Development and Commission on Health of</p>	<p>Accepted for information COD Resolution 403 which takes precedence over this resolution.</p> <p>A new policy statement on "Climate Change and Air Pollution" was approved by the Board in April 2017. A new webpage is being considered to focus content on this topic. The Medical Society Consortium on Climate and Health(medsocietiesforclimatehealth.org) released a report on March 15 titled Medical Alert! Climate Change Is Harming Our Health(medsocietiesforclimatehealth.org) that warns about health hazards associated with climate change, including the spread of infectious diseases and injuries due to increasingly violent weather. The AAFP is one of several physician associations that joined the consortium to raise public awareness of the issue and educate policymakers. http://www.aafp.org/news/health-of-the-public/20170320climatechange.html A Leader's Blog on A Changing Climate Threatens Our Health by Matthew Burke, MD, the new physician member of the AAFP Board of Directors, highlights the effects of climate change on health.</p> <p>Data on practice gaps and learning needs assessment does not indicate that climate change is appropriate to be prioritized as a stand alone topic within the AAFP's CME Curricular Framework, which guides AAFP's provision of CME activities.</p>

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
	<p>it further</p> <p>RESOLVED, That the American Academy of Family Physicians express to appropriate entities in writing its support for the prioritization of epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment.</p>		
R3-616	<p>Researching Publically-Financed, Privately-Delivered National Health Care Systems</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) create and disseminate a brief survey designed to gauge member support for “government legislation to establish national health insurance” in order to achieve actual universal health coverage, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians create a task force to study the various possible mechanisms to achieve actual universal health coverage, and issue a report at several American Academy of Family Physicians venues throughout the 2016-2017 year, including but not limited to the National Conference of Family Medicine Residents and Medical Students, Congress of Delegates, and Family Medicine Experience (FMX), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask the Robert Graham Center to study the effect of various health care systems (Canada, Germans, U.S.A, etc.) on those countries’ primary care outcomes, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians include lectures and continuing medical education, including but not limited to, American Academy of Family Physicians FMX and National Conference of Family Medicine Residents and Medical Students, focusing on comparing, contrasting, and analyzing the overlap between various currently popular models of payment reform, including but not limited to direct primary care, publicly-financed, privately-delivered national health care, and complete free market insurance.</p>	Board of Directors	Not yet addressed.

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
R3-617	<p>Advocation of Lesbian, Gay, Bisexual, Transgender Non-Discrimination Policies within Residency Contracts</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage family medicine residency programs and program directors by writing a letter to AFMRD to advocate for a lesbian, gay, bisexual, transgender and queer (GLBTQ) non-discrimination policy within resident contracts at their respective institutions</p>	Commission on Education	<p>Accept for Information</p> <p>Resident contracts are between the employer and the resident, and fall under the purview of human resources. Contracts created either by residency programs or sponsoring institutions must be written within the context of local, state and federal laws. Almost all family medicine residency programs participate in the NRMP. As participants in the NRMP, they must agree to their Code of Conduct, which includes: "Refraining from asking illegal or coercive questions. Program directors shall recognize the negative consequences that can result from questions about age, gender, religion, sexual orientation, and family status, and shall ensure that communication with applicants remains focused on the applicant's goodness of fit within their programs."</p>
R3-618	<p>Enacting a Divestment Strategy</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) develop policy and/or a committee to guide future investment practices, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians' investment goal be to eliminate investment in companies or mutual funds including companies that produce or utilize tobacco, conflict minerals, conflict diamonds, weapons of war or defense, guns, alcohol, sugar sweetened beverages, fast food companies, candy making companies, fossil fuel companies that do not have clean energy divisions, pharmaceutical companies engaging in unethical price adjustments, and private health insurance.</p>	Commission on Finance and Insurance	<p>Reaffirm</p> <p>Reaffirm 1st Resolved Clause The Commission Reaffirmed the first portion of the resolution NCFMR R3-618, Enacting a Divestment Strategy asking that the AAFP develop policy and/or a committee to guide future investment practices, as the Commission on Finance & Insurance addresses this resolution through current policy.</p> <p>Accept for Information 2nd Resolved Clause The Commission Accepted for Information the second portion of the resolution NCFMR Re-618, Enacting a Divestment Strategy asking that the AAFP investment goal be to eliminate investment in companies or mutual funds including companies that produce or utilize tobacco, conflict minerals, conflict diamonds, weapons of war or defense, guns, alcohol, sugar sweetened beverages fast food companies, candy making companies, fossil fuel companies that do not have clean energy divisions, pharmaceutical companies engaging in unethical price adjustments, and private health insurance. The Commission recognizes these are continuing issues and will be mindful of how they will impact our investment portfolio while balancing the AAFP mission and the Commission's fiduciary responsibility.</p>
R3-619	<p>Public Facility Use and Transphobia</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) endorse existing state and federal laws that protect people from discrimination based on gender expression and identity, and oppose laws that compromise the safety and health of transgender people by failing to provide this protection, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians actively support the ability of transgender people to use the</p>	Resolutions from Congress on Delegates (COD) on same topic takes precedence. COD Resolution No. 508 was referred to the Commission on Governmental Advocacy.	

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
	public facilities of the gender with which they identify and actively oppose any legislation which would infringe upon that ability.		
R3-620	<p>Supporting Medicare Drug Negotiating Powers</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) create policy in support of allowing Medicare Part D to negotiate for drug prices, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the appropriate senators, and representatives, encouraging them to support legislation that would allow Medicare Part D to negotiate for drug prices.</p>	Commission on Governmental Advocacy	<p>Accept for Information</p> <p>The Commission voted to accept for information as the AAFP Board is considering action on the 2016 COD Resolution 504 urging the AAFP to “support legislation to allow Medicare to negotiate drug prices.”</p>
R3-621	<p>Protecting Rural Family Medicine Training Programs During the AOA/ACGME Merger</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for continued viability of traditionally osteopathic family medicine residencies throughout the United States, especially in the rural areas, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for expansion of Centers of Medicare and Medicaid Services (CMS) resident caps to allow funding for the full, four-resident class required by the Accreditation Council of Graduate Medical Education (ACGME), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with interested organizations such as the American Osteopathic Association (AOA), Association of Family Medicine Residency Directors (AFMRD), and the American College of Osteopathic Family Physicians (ACOFP) to expand existing resources for financially accessible consultative services for traditionally osteopathic programs to help understand and achieve requirements set by the ACGME for accreditation, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with organizations such as the Rural Training Track Collaborative and National Rural</p>	<p>1st - 3rd Resolved Clauses: Board Chair;</p> <p>4th Resolved Clause: Commission on Education</p>	<p>1st - 3rd Resolved Clauses: Accepted for Information by Board Chair</p> <p>4th Resolved Clause: Reaffirm</p>

Summary of Actions of the 2016 NCFMR, continued

RESOLUTIONS			
	Health Association (NRHA) to facilitate interested rural family medicine programs in adapting to become rural training tracts of existing larger urban programs.		The preservation of training positions during the migration to the Single Accreditation System by 2020 is a high strategic priority for the AAFP. Multiple tactics exist under consideration to achieve this aim. Among the tactics are: technical resources via consultation and specific conference programming by RPS; creation of geospatial mapping of existing AOA-only accredited and ACGME-accredited family medicine residency programs and planned communication to encourage new collaborations/mergers/affiliations that may assist under-resourced AOA programs (particularly in rural areas); and collaboration with the Robert Graham Center to produce advocacy materials targeted toward small rural AOA programs that may be at risk. The Rural Training Track Collaborative and the National Rural Health Association are certainly potential partners for collaboration.
R3-622	Promoting The Resident And Student Discussion Forum	Moved to Reaffirmation Calendar	