Summary of Actions of the 2007 Congress of Delegates

October 1-3, 2007 – Chicago, IL

THIS SUMMARY OF ACTIONS INCLUDES ITEMS WHICH WERE ADOPTED, REFERRED OR REJECTED. THIS SUMMARY OF ACTIONS ALSO INCLUDES ITEMS WHICH WERE ACCEPTED FOR INFORMATION OR FILED FOR REFERENCE.

RESOLUTIONS

Res. **No.**	**Subject**	**Ref. Comm.**	**Page in Report of Ref. Comm.**	**Action of Congress**	**Referrals**
101	**Chronic Disease Registries in Electronic Health Records** *RESOLVED, That the American Academy of Family Physicians strongly encourage electronic health vendors to include chronic disease registries' software in their products, and be it further* *RESOLVED, That the American Academy of Family Physicians strongly encourage the standardization of disease registry technology software across all Electronic Health Records (EHR's) systems, and be it further* *RESOLVED, That the American Academy of Family Physicians encourage and provide appropriate educational support for its members to use chronic disease registries, particularly those embedded in Electronic Health Records (EHR's).*	Special Issues	1-2	Adopted	1st and 2nd Resolved Clauses - Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org 3rd Resolved Clause – Commission on Quality jkrieger@aafp.org jleiker@aafp.org
102	**Electronic Health Records** *RESOLVED, That the American Academy of Family Physicians support full access by the patient's family physician to health information, electronic and otherwise, within the context of the patient's medical home.*	Special Issues	2	Substitute Adopted	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org dkibbe@aafp.org
103	**Encouraging Interoperability for Electronic Health Records** *RESOLVED, That the American Academy of Family Physicians vigorously promote the inclusion of Continuity of Care Record (CCR) generation capability in electronic health records (EHRs), and be it further* *RESOLVED, That the American Academy of Family Physicians work to define best practices for electronic health record (EHR) vendors regarding the implementation of a Continuity of Care Record (CCR) standard, and be it further*	Special Issues	2-4	Substitute Adopted	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org

RESOLUTIONS					
103 Cont	*RESOLVED, That the American Academy of Family Physicians continue to provide input for specifications of the data set to be included in electronically exported clinical data, as appropriate for use by patients, emergency departments, hospitals, or other physicians, and that the specifications state the types of clinical information to be included and to what extent historical information will be transmitted, and be it further* *RESOLVED, That the American Academy of Family Physicians inform its members as to which electronic health record (EHR) systems are currently capable of generating Continuity of Care Records (CCRs).*				
104	**Conduct a Market Survey to Determine Managed Care Market Share** *RESOLVED, That the American Academy of Family Physicians continue to work with the American Medical Association (AMA) and other medical specialty societies to share the results of the AMA market survey on the consolidation in the health insurance market with the Executive Branch, Congress, Federal Trade Commission and Department of Justice and encourage that they use these data to conduct a comprehensive study on the impact that health insurance consolidation has had on patients' access to care.*	Special Issues	4-5	Substitute Adopted	Joint referral to the Commission on Governmental Advocacy and Commission on Practice Enhancement jswanson@aafp.org kburke@aafp.org
105	**AAFP Clinical Data Repository** *RESOLVED, That the American Academy of Family Physicians (AAFP) expedite an exploration of creating and owning (directly, or indirectly such as the model used for development of COLA) a secure commercial-grade Clinical Data Repository, which members could submit to and retrieve from clinical data for purposes such as qualifying for Pay For Performance bonus fees or Medical Home Designation programs, and be it further* *RESOLVED, That the AAFP expedite the creation of a business model for the start-up and operation within 12-18 months of a members' Clinical Data Repository, using expertise within the American Academy of Family Physicians (AAFP) and TransforMED, with external consulting if needed, and be it further*	Special Issues	5-6	Adopted	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org

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105 cont	*RESOLVED, That the American Academy of Family Physicians (AAFP) evaluate both the member service and the fiscal risks and rewards of a members' Clinical Data Repository, with appropriate action, if a positive result is obtained, and with a report to the 2008 Congress of Delegates, no matter what the outcome.*				
106	**EHR Endorsement** *RESOLVED, That before recommending an electronic health record (EHR), the American Academy of Family Physicians (AAFP) require that the company agree to provide data in a recoverable format at the company's expense that can be transferred to another EHR in case of failure of the company or end of service, and be it further* *RESOLVED, That any electronic health record (EHR) recommended by the AAFP must include the Continuity Care Record interoperability function.*	Special Issues	6-7	Substitute Adopted	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
201	**To Allow Members to Make Financial Contributions to State Chapter Foundations with AAFP Membership and Membership Renewal** *RESOLVED, That the American Academy of Family Physicians include a mechanism to allow new and renewing members an opportunity to contribute to their state chapter sponsored foundation in their membership and renewal materials.*	Organization and Finance	9	Referred to the Board of Directors	EVP for appropriate referral to staff dvalponi@aafp.org cdoane@aafp.org
202	**Retail Health Clinics** *RESOLVED, That the introduction to the AAFP Desired Attributes of Retail Health Clinics be amended to read as follows (new wording is indicated by a double underscore):* *AAFP does not endorse retail health clinics and believes that such health care delivery could interfere with the medical home. The AAFP has identified the following attributes that are important to the patient care offered by retail health clinics. It is the individual physician's choice whether or not to work cooperatively with a retail clinic operation, using the following attributes as a guide in decision-making. AAFP urges all retail clinics to abide by these principles.*	Organization and Finance	4-6	Substitute Adopted as amended from the floor	EVP for appropriate referral to staff tdicus@aafp.org Desired Attributes updated on policy website completed No further action necessary
203	**Retail Health Clinics** *RESOLVED, That the American Academy of Family Physicians (AAFP) support physicians who do not want to provide "back-up" or on call services to the care rendered in retail health clinics,*	Organization and Finance	4-6	Not Adopted	

RESOLUTIONS					
203 cont	*and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the legal problems associated with receiving lab reports or other notes from retail health clinics, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) reconsider their guidelines to make such retail clinics less destructive to the U.S. healthcare system.*				
204	**Pharmaceutical Support of the AAFP Activities** *RESOLVED, That the AAFP develop a more detailed single source, logical and consistent accounting of income from the pharmaceutical industry and provide this information at the 2008 Congress of Delegates.*	Organization and Finance	3-4	Adopted as amended from the floor	EVP for appropriate referral to staff mspringer@aafp.org
205	**AAFP Conflict of Interest Statements** *RESOLVED, That the AAFP make it clear to members that Conflict of Interest Statements are available on request and how members can obtain this information both in written and electronic formats.*	Organization and Finance	6-7	Adopted as amended from the floor	To obtain information re conflict of interest statements go to: http://www.aafp.org/online/en/home/aboutus/theaafp/officersetc/directors.html)
206	**Change in Bylaws Regarding Membership Eligibility** *RESOLVED, That criteria for active American Academy of Family Physicians membership be expanded to include family physicians who are board certified by the American Board of Family Medicine (ABFM) through reciprocity agreements between the ABFM and foreign colleges of family or general practice.*	Organization and Finance	6	Referred to the Board of Directors	Commission on Membership and Member Services swymer@aafp.org
207	**Reestablish AAFP Committee on Rural Health** *RESOLVED, That the American Academy of Family Physicians establish a Working Group on Rural Health. This Working Group on Rural Health would be composed of at least one member of each AAFP Commission with rural practice backgrounds. This Working Group on Rural Health would meet at the time of cluster meetings and submit its report to the Board.*	Organization and Finance	7-8	Adopted as amended from the floor	EVP for appropriate referral to staff jbelshe@aafp.org
208	**Using Our Pool of Experience** *RESOLVED, That the American Academy of Family Physicians (AAFP) explore and report back to the Congress of Delegates development of organizational mechanisms to facilitate better utilization of the skills and knowledge of its retiring leaders and members on behalf of its members and our patients, and be it further*	Organization and Finance	8	Referred to the Board of Directors	EVP for appropriate referral to Academy entity dhenley@aafp.org tdicus@aafp.org

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208 cont'd	*RESOLVED, That these mechanisms could include (but not be limited to) such activities as technical advisers to commissions and committees, mentoring younger members, lobbying on behalf of the Academy, serving in volunteer practices such as healthcare for the homeless, or caucus sessions at the annual meeting.*				
Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
301	**Anal Pap** *RESOLVED, That the American Academy of Family Physicians support universal availability of anal Human Papilloma Virus (HPV) testing and anal Pap testing for all male and female patients at risk for anal HPV infection and anal cancer, and be it further* *RESOLVED, That the American Academy of Family Physicians develop and support education materials on the identification of patients at risk for anal Human Papilloma Virus (HPV) infection and anal cancer and performance of anal Pap testing, and be it further* *RESOLVED, That the American Academy of Family Physicians advocate for development of appropriate coding and billing for anal Pap testing to facilitate payment for this service, and be it further* *RESOLVED, That the American Academy of Family Physicians endorse the payment by third party payors for anal Pap testing of all male and female patients at risk for Human Papilloma Virus (HPV) infection and anal cancer.*	Health Care Services	1-2	Referred to the Board of Directors	1st and 2nd Resolved Clauses - Commission on Science bschoof@aafp.org 3rd and 4th Resolved Clauses – Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
302	**CPT & E & M Codes** *RESOLVED, That the American Academy of Family Physicians thoroughly study for its utility and possible adoption a system to modify CPT E&M codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, with the results of this study reported back to the 2008 Congress of Delegates, and be it further* *RESOLVED, that the American Academy of Family Physicians obtain reaction, comment, and support from*	Health Care Services	2-4	Not Adopted	

RESOLUTIONS					
302 cont'd	*other specialty organizations and components of organized medicine on a revised system of modifying CPT E&M codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed.*				
303	**Multiple CPT Code Study** *RESOLVED, That the American Academy of Family Physicians thoroughly study for its utility and possible adoption a system to modify Current Procedural Terminology (CPT) evaluation and management (E&M) codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, with a report back to the 2008 Congress of Delegates, and be it further* *RESOLVED, That part of the study regarding modifying Current Procedural Terminology (CPT) evaluation and management (E&M) codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, involve obtaining reaction, comment, and support from other specialty organizations and components of organized medicine.*	Health Care Services	2-4	Not Adopted	
304	**Modifying CPT – E & M Codes** *RESOLVED, That the American Academy of Family Physicians thoroughly study for its utility and possible adoption a system to modify Current Procedural Terminology (CPT) E&M codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, with a report back to the 2008 Congress of Delegates (CoD), and be it further* *RESOLVED, That part of the study regarding modifying Current Procedural Terminology (CPT) E&M codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes*	Health Care Services	2-4	Referred to the Board of Directors	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org

RESOLUTIONS					
304 cont'd	*are payable for multiple surgeries performed on the same patient visit, involve obtaining reaction, comment, and support from other specialty organizations and components of organized medicine.*				
305	**Multiple CPT Code Study** *RESOLVED, That the American Academy of Family Physicians thoroughly study for its utility and possible adoption a system to modify Current Procedural Terminology (CPT) evaluation and management (E&M) codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, with a report back to the 2008 Congress of Delegates, and be it further* *RESOLVED, That part of the study regarding modifying Current Procedural Terminology (CPT) evaluation and management (E&M) codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, involve obtaining reaction, comment, and support from other specialty organizations and components of organized medicine.*	Health Care Services	2-4	Not Adopted	
306	**Special Conversion Factors for E & M Codes** *RESOLVED, That the American Academy of Family Physicians (AAFP) thoroughly study the impact of the use of multiple conversion factors, and be it further* *RESOLVED, that part of the study include a report by state of major carriers conversion factors and how they are applied, and be it further* *RESOLVED, that this study be published nationally and shared with the carriers sited in the study, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) convene a forum for the purpose of educating carriers on the business case for family medicine and the medical home.*	Health Care Services	12-13	Referred to the Board of Directors	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org

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Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
307	**Education Modifier** *RESOLVED, That the American Academy of Family Physicians work to develop a student modifier coded with the evaluation and management (E&M) codes to be reimbursed at an appropriate level to offset the decrease in productivity seen while directly teaching a medical student in a family medicine ambulatory setting.*	Health Care Services	4-5	Not Adopted	
308	**Industry Required Paperwork** *RESOLVED, that the AAFP revise current policy on "Physician's Right Relative to Imposed Administrative Costs" to read: "The Academy believes that physicians should be able to charge and receive payment for administrative requirements imposed by any public or private health plan, or by any regulatory authority, employer, or other entity, unless such charges are prohibited by contract or regulation. This would include, but not be limited to, the costs associated with changes of individual prescriptions made solely for formulary compliance. This would also include completion of Family Medical Leave Act and other forms not directly related to patient care."*	Health Care Services	6	Substitute Adopted	jswanson@aafp.org kmoore@aafp.org Policy Updated on website No further action necessary
309	**Reform the Composition of the Relative Value Scale Update Committee to Reflect the Composition of the Physician Workforce** *RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that the composition of the RUC be changed to provide primary care representation at least equal to the proportion of primary care physicians in the physician workforce.*	Health Care Services	9-10	Adopted	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
310	**Elimination of Medical Specialty as a Criterion for Medicare Reimbursement for Performing Diagnostic Tests in Independent Diagnostic Facilities** *RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services (CMS) and/or the United States Congress to eliminate the requirements that would prevent appropriately trained physicians from performing and being reimbursed for diagnostic testing procedures performed in Independent Diagnostic Testing Facilities (IDTFs).*	Health Care Services	6-7	Referred to the Board of Directors	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org

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Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
311	**Reimbursement for Mental Health Services** *RESOLVED, That the AAFP work with the insurance industry to resolve the issue of non-payment and/or under-payment to family physicians for mental health services, where such issues exist, and be it further* *RESOLVED, That the AAFP educate large group purchasers of insurance, such as through the National Business Group on Health, about the expertise of family physicians in providing mental health care and the value it brings to their members.*	Health Care Services	7-8	Substitute Adopted as amended from the floor	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
312	**Reimbursement for Women's Health Exams** *RESOLVED, That the American Academy of Family Physicians develop a patient-centered policy statement regarding coding and payment for preventive services provided to female patients both when a breast and pelvic exam is included and when a breast and pelvic exam is not included.*	Health Care Services	8-9	Substitute Referred to the Board of Directors	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
313	**Certification of Care in the Medical Home** *RESOLVED, That the American Academy of Family Physicians explore quality measurement programs which utilize population severity adjusted strategies allowing rural, urban, inner city and underserved practices to successfully obtain certification as a qualified medical home.*	Health Care Services	10	Not Adopted	
314	**Impact of Primary Care Reimbursement on Medial Career** *RESOLVED, That the AAFP AMA Delegation draft and submit a resolution to the AMA House of Delegates to address the payment disparity between primary care and other specialties and the impact of this disparity on medical student career choices, on the medical profession as a whole, and on access to healthcare in the United States.*	Health Care Services	9	Substitute Adopted	Commission on Practice Enhancement & AAFP Delegation to the AMA jswanson@aafp.org kmoore@aafp.org dosterga@aafp.org
315	**Medicare Credentialing** *RESOLVED, That the American Academy of Family Physicians (AAFP), in concert with the American Medical Association (AMA) and appropriate governmental agencies, develop a process for Medicare participation credentialing, which is clear and efficient for physician-applicants, and be it further*	Health Care Services	11	Referred to the Board of Directors	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org

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315 cont'd	*RESOLVED, That the American Academy of Family Physicians (AAFP) petition the Centers for Medicare and Medicaid Services (CMS) to adopt a policy whereby a physician-applicant for Medicare credentialing will be notified within two weeks of filing an application, regarding any missing documents or information, and the final determination on their completed application will be made within 60 days of receipt of all information by CMS, or its contractors.*				
316	**Reclassify Adult Varicella Vaccine as Medicare Part B Benefit** *RESOLVED, That the American Academy of Family Physicians support efforts to reclassify adult varicella zoster vaccine as a Medicare Part B benefit allowing physician offices to be directly reimbursed for the cost of the vaccine as well as the administration of the vaccine.*	Health Care Services	11-12	Not Adopted	
317	**Physician Payment for Adult Vaccines** *RESOLVED, That the American Academy of Family Physicians (AAFP) support efforts allowing physician offices to be directly paid for the cost of vaccines as well as the administration of the vaccine by all carriers including Medicare.*	Health Care Services	11-12	Adopted	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
318	**AAFP Sponsorship for Coding Change Request to the AMA Department of CPT Editorial Research and Development** *RESOLVED, That the American Academy of Family Physicians submit to the American Medical Association (AMA) Department of Current Procedural Terminology (CPT) Editorial Research and Development a coding change request form suggesting new Category I CPT codes for the services provided by physicians to be compensated in accordance with new AMA policy adopted by the 2007 AMA House of Delegates as Resolution 704.*	Health Care Services	5	Referred to the Board of Directors	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
319	**To Help Preserve Primary Care, Fix the Conversion Factor(s)** *RESOLVED, That the American Academy of Family Physicians seek dialogue with the leadership of national insurance companies to resolve the payment disparity between procedural and primary care physicians and develop possible solutions regarding this payment disparity, and be it further* *RESOLVED, That the American Academy of Family Physicians work with Congress if necessary to resolve the payment disparity between procedural and primary care physicians.*	Health Care Services	17-18	Reaffirmed as Current Policy or Already Being Addressed in Current Projects	jswanson@aafp.org kmoore@aafp.org kburke@aafp.org No further action necessary

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Res. **No.**	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
320	**Multiple E&M Codes** *RESOLVED, That the American Academy of Family Physicians thoroughly study for its utility and possible adoption a system to modify Current Procedural Terminology (CPT) Evaluation and Management (E&M) codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, with a report back to the 2008 Congress of Delegates, and be it further* *RESOLVED, That part of the study regarding modifying Current Procedural Terminology (CPT) Evaluation and Management (E&M) codes to allow for multiple E&M codes for the same patient visit in which multiple chronic problems are addressed, modeled after the way in which multiple CPT codes are payable for multiple surgeries performed on the same patient visit, involve obtaining reaction, comment, and support from other specialty organizations and components of organized medicine.*	Health Care Services	2-4	Not Adopted	
321	**Proper Reimbursement for Vaccines** *RESOLVED, That the American Academy of Family Physicians seek dialogue with payers who reimburse at less than the cost of vaccines to urge a reimbursement rate for family physicians that covers at least the cost of the vaccine, storage and handling involved in administration of the vaccine, and be it further* *RESOLVED, That the American Academy of Family Physicians work with Congress if necessary to seek a reimbursement rate for family physicians that covers at least the cost of the vaccine, storage and handling involved in administration of the vaccine.*	Health Care Services	11-12	Not Adopted	
322	**Physician Grading and Reporting** *RESOLVED, That the American Academy of Family Physicians (AAFP) review and revise its current policies to formulate, and then publish a set of "minimum standards" for physician grading and reporting which include no less than the following:* *1. All physician grading programs are*	Health Care Services	13-15	Referred to the Board of Directors	Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org

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322 cont	*based on methods of data gathering and reporting that insure that the methodology is sound and the data are complete, 2. All physician grading programs are transparent, understandable, and standard, 3. All physician grading programs provide a mechanism by which physicians can review the data for completeness and accuracy, 4. All physician grading programs assure that the data is timely and represents current performance, 5. All physician grading programs adjust for case mix, severity of illness, and socioeconomic status of the patients, 6. All physician grading programs have uniform methodology across health plans, allowing the pooling of data, and be it further RESOLVED, That the American Academy of Family Physicians (AAFP) actively work with third party payors and governmental agencies to implement a set of "minimum standards" for physician grading and reporting which include no less than the following: 1. All physician grading programs are based on methods of data gathering and reporting that insure that the methodology is sound and the data are complete, 2. All physician grading programs are transparent, understandable, and standard, 3. All physician grading programs a mechanism by which physicians can review the data for completeness and accuracy, 4. All physician grading programs assure that the data is timely and represents current performance, 5. All physician grading programs adjust for case mix, severity of illness, and socioeconomic status of the patients, 6. All physician grading programs have uniform methodology across health plans, allowing the pooling of data, and be it further RESOLVED, That upon the creation of "minimum standards" for physician grading and reporting, the American Academy of Family Physicians (AAFP) actively and aggressively advocate against any physician grading and reporting system that does not meet*				

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322 cont'd	*these minimum standards with such advocacy that would include, but not be limited to, the creation of tools for use by state chapters in local advocacy for these standards with state or regional health plans, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) take a position that any methodology designed to grade physician performance with regard to quality indicators be designed such that it discourages discharge of patients who might adversely affect that physician's scores ("cherry-picking").*				
401	**Reparative Therapy** *RESOLVED, That AAFP opposes the use of "reparative" or "conversion" therapy in lesbian, gay, bisexual or transsexual individuals.*	Public Health & Science	2	Substitute Adopted	Commission on Health of the Public jadmire@aafp.org Policy Updated on Website No further action necessary
402	**Policy Principles for Improving Cultural Proficiency and Care to Minority and Medically Underserved Communities** *RESOLVED, That the American Academy of Family Physicians Congress of Delegates refer to the AAFP Board of Directors for consideration and adoption the following updated statement of policy principles relating to Improving Cultural Proficiency and Care to Minority and Medically Underserved Communities:* ***Public Policy Principles for Improving Cultural Proficiency and Care to Minority and Medically Underserved Communities*** ***1. Introduction: Importance of Improving Cultural Proficiency in the Delivery of Health Services*** ▪ *The American Academy of Family Physicians is committed to ensuring quality of care and patient safety by promoting access for limited English proficient (LEP) patients, cultural proficiency, expanded health workforce diversity, and reduced health disparities in the provision of medical care to our nation's LEP and racial/ethnic medically-underserved populations. Cultural proficiency is a necessary component for patient safety and compliance. All*	Public Health & Science	7-12	Referred to the Board of Directors	Commission on Health of the Public zrodrigu@aafp.org

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402 cont	*persons, regardless of race, ethnicity or primary language deserve access to high quality health services.* ▪ *Cultural proficiency is defined as a set of congruent behaviors, attitudes and policies that come together in a system, agency or among health professionals that enables work in cross-cultural situations. A culturally proficient organization values diversity; conducts cultural self-assessments; is conscious of and manages the dynamics of difference; institutionalizes cultural knowledge; and adapts services to fit the cultural diversity of the community served.* ***2. Organizing Principles*** ***Provider Education*** ▪ *Medical societies and provider associations should work with their members to educate them about cultural proficiency, health disparities among racial and ethnic medically-underserved populations, and the impact on health outcomes of limited English proficiency. These organizations should link to available information, trainings, and other resources so that health professionals may continually improve access to quality care and reduce health and health care disparities.* ▪ *Health professionals should be aware of, and sensitive to, the cultural and ethnic diversity of patients they serve so they can develop and implement best practices such as providing interpreter services and culturally proficient care in their offices. Health professionals should be aware of the connection between good cross-cultural communication and ensuring patient safety.* ▪ *The Office for Civil Rights should disseminate information and provide technical assistance about best practices in the provision of culturally, ethnically, and linguistically sensitive care delivery.* ***Workforce Issues*** ▪ *The American Academy of*				

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402 cont	*Family Physicians should advocate for the federal government to encourage the racial, ethnic, religious, and linguistic diversity of the health care workforce to reflect the needs of the population.* ▪ *Medical and other health professional schools should increase efforts to recruit and retain minority faculty and promote minority faculty into leadership positions.* ▪ *Cultural proficiency training should be incorporated into residency programs in every specialty and should be available as part of the continuing professional development of health professionals.* ▪ *To meet the needs of LEP patients, the federal government should provide incentives for the development of a trained interpreter workforce.* ▪ *Medical school admissions policies should reflect the importance of increasing the representation of under-represented minority students.* **Language Access** ▪ *Language assistance services, including, but not limited to, qualified bilingual health professionals, trained health care interpreters, telephonic and video language services, translated or in-language written materials, and translated or in-language signage, are an essential element of delivering culturally proficient care in all settings, particularly to LEP, racial and ethnic medically-underserved communities.* ▪ *Any language access requirements placed on health professionals must recognize the logistical difficulties in the provision of interpreter services for unusual/rarely encountered languages and in urgent/emergent situations, and provide exemptions and additional assistance for these situations, as appropriate.* ▪ *National, state, regional and local systems of language assistance service should take into account the limited*				

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402 cont	*capabilities and resources of health plans, hospitals, clinics, health departments, medical groups, physician practices and other health professionals. To the extent possible, there should be efforts to collaborate, coordinate and centralize the provision of language assistance services to increase efficiencies and minimize costs and administrative burdens to health professionals.* ▪ *Payment for interpreter services in both publicly- and privately-funded health care systems must be the responsibility of the insuring or purchasing entity.* ***Research and Data Collection*** ▪ *Health insurers and health care plans should be required to collect and/or report socio-cultural health information (e.g., patient race and ethnicity, including subpopulations, primary language, etc.) to assist physician offices, while respecting the individual privacy of patients. This data collection shall not be delegated to the treating physician without an explicit paid, contractual agreement.* ▪ *Culturally and ethnically diverse populations must be fully represented in clinical studies supported by both private and public sector funds. Researchers from minority communities must be trained to conduct research and clinical trials.* ▪ *Diseases and conditions disproportionately affecting LEP, racial and ethnic medically-underserved populations should be adequately investigated. Research on specific populations should be conducted to document health issues and successful interventions.* ***Health Care Financing*** ▪ *The availability of, and access to, quality, affordable health services are integral to eliminating disparities among LEP, racial and ethnic medically-underserved populations.* ▪ *Public insurance programs should promote access for*				

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402 cont	*beneficiaries by advertising availability, providing applications and other documents in other languages, and reviewing application processes to see what barriers may exist for eligible populations.* ***Written Resources*** ▪ *National, state and other interested stakeholders should examine the feasibility of clearinghouses for translated or in-language materials that could increase access to quality health education, medication information, and other health-related information.* ***Quality Assessment*** ▪ *Quality indicators that measure cultural proficiency should be developed.* ▪ *A review of current quality assessment measures should be conducted to identify areas for integration of cultural proficiency measures and make appropriate recommendations.* ***Payment*** ▪ *Payment for interpreter services in both publicly- and privately-funded health care systems must be the responsibility of the insuring or purchasing entity.* ▪ *The primary financial entity (state, insurance company, or managed care company) should contract with and pay interpreters directly unless medical groups or physicians explicitly choose to accept risk for such services in their contracts. Health professionals, including medical groups, shouldn't unwillingly bear the burden or expense of providing interpreter services.* ▪ *There should be consideration of reimbursement of physician office bilingual staff who serve as interpreters, as long as they have been trained and assessed for linguistic competency. There should be consideration of compensation for bilingual physicians who would otherwise require an interpreter, provided they have been assessed for linguistic competency.*				

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402 cont	***3. Policy Options*** ***Medicaid/SHIP/Medicare*** ▪ *The federal government should work with the Centers for Medicare and Medicaid Services (CMS) and the State Health Insurance Programs (SHIPs) to ensure the cultural and linguistic proficiency of their respective staffs. Materials used to detail Medicare services, in particular Medicare-covered preventive care, should meet the language and health literacy levels of the beneficiaries they serve. CMS should evaluate the materials and strategies used by SHIPs to reach the LEP, racial and ethnic populations they serve.* ▪ *The federal government should work with CMS to ensure that reliable and comprehensive data are collected and reported with regard to beneficiaries' race, ethnicity, and primary language, while respecting the individual privacy rights of beneficiaries.* ▪ *The federal government should work with CMS to ensure that any program developed by CMS that bases a payment, bonus or reward on quality measures, includes quality measures of care for minority beneficiaries.* ▪ *The federal government should seek federal matching funds for the provision of interpreter services for patients in the Medicaid and SHIP programs; state governments should also address funding issues within the workers' compensation programs.* ▪ *The AAFP should work with federal policy makers to ensure that language services are a covered benefit under the Medicare program.* ▪ *AAFP should advocate for a centralized service for interpretation that can be accessed easily by physicians. Models with significant promise include that in place in Washington State and the national telephonic interpreting service in Australia. AAFP should support a regional pilot project to test delivery models for such a service.*				

RESOLUTIONS					
402 cont	***Managed Care/Health Plans*** ▪ *Managed care/health plan organizations, including public and private HMOs, should work with physician and other health provider organizations to ensure the development, evaluation, and diffusion of curricula, training, and education programs that address cultural proficiency, medically underserved communities, and health disparities.* ▪ *Managed care organizations/health plans and health plan regulators should use cultural proficiency and the provision of high quality, easily accessed language services, as indicators of access and quality.* ▪ *Both public and private HMOs and health plans should be asked to take explicit responsibility for paying and arranging for interpreter services as a covered benefit for members with the caveat that such services are the responsibility of the primary financial entity (HMO or purchaser) and are not to be born by fiscal intermediaries such as local medical groups or physicians and other health professionals, unless they have explicitly contracted for the provision of such interpreter services.* ▪ *Managed care organizations/ health plan organizations should negotiate with both public and private payers for adequate reimbursement to cover the expenses of interpreter services so that they can establish services without burdening physicians.* ***Private Industry*** ▪ *Private industry should be engaged by medical organizations, including AAFP, and patient advocacy groups to consider innovative ways to provide interpreter services to both employees and the medically underserved.*				

RESOLUTIONS					
Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
403	**Disaster Planning** *RESOLVED, That the American Academy of Family Physicians actively engage the federal government to involve family medicine in a disaster plan, and be it further* *RESOLVED, That the American Academy of Family Physicians actively engage the American Medical Association (AMA) for both inclusion in disaster planning and in course development and training for family physicians, and be it further* *RESOLVED, That the American Academy of Family Physicians aid constituent chapters to work with state government agencies responsible for disaster planning and continued care following disasters.*	Public Health & Science	2-4	Not Adopted	
404	**Disaster Preparedness** *RESOLVED, That the AAFP continue their efforts to provide scientific information, continuing education activities and maintenance of the website monitored by the Member Advisory Panel on disaster preparedness, and be it further* *RESOLVED, That the AAFP actively engage the federal government to involve family physicians in disaster preparedness and include them in the plan for initial response and continuing care.*	Public Health & Science	2-4	Substitute Adopted	1st Resolved Clause - Commission on Health the Public jadmire@aafp.org 2nd Resolved Clause – jadmire@aafp.org
405	**Organizational Support for the Family Physicians Inquiries Network (FPIN)** *RESOLVED, That the American Academy of Family Physicians (AAFP) support the Family Physician Inquiries Network's (FPIN) mission by becoming a founding organizational member of the Family Physician Inquiries Network.*	Public Health & Science	6	Referred to the Board of Directors	Executive Vice President with report back to the Board of Directors dosterga@aafp.org
406	**Fitness Renaissance** *RESOLVED, That the American Academy of Family Physicians join the North Carolina Academy of Family Physicians in endorsing the Fitness Renaissance school-based fitness awards program.*	Public Health & Science	6	Referred to the Board of Directors	Commission on Health of the Public jadmire@aafp.org
407	**Emphasis on Health Care Disparities is Important to AAFP Members** *RESOLVED, That the American Academy of Family Physicians continue to give high priority and emphasis to activities and policies related to the elimination of health care disparities.*	Public Health & Science	14-15	Reaffirmed as Current Policy or Already Being Addressed in Current Projects	Commission on Health of the Public jadmire@aafp.org No further action necessary

RESOLUTIONS					
Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
408	**Supporting Military Families Leading Up to, During and After Military Deployment** *RESOLVED, That the American Academy of Family Physicians provide educational opportunities designed to offer the civilian family physician community information that will provide guidance on the unique needs and stressors of military families and information on the various resources available to military families in need.*	Public Health & Science	1	Adopted	Commission on Continuing Professional Development mmckenna@aafp.org
409	**Coordinated School Health Programs** *RESOLVED, That the American Academy of Family Physicians encourage and attempt to coordinate with state family medicine academies efforts with their state legislatures to require information about the eight coordinated school health program (CSHP) components be publicized in their local public and private schools and to require at all schools any CSHP components that have been excluded, and be it further* *RESOLVED, That the American Academy of Family Physicians encourage its members to learn more about the eight coordinated school health program (CSHP) components and to become involved with student health in their local schools by becoming members of their schools' wellness committees and by assisting in the implementation of school health programs.*	Public Health & Science	7	Referred to the Board of Directors	Commission on Health of the Public jadmire@aafp.org
410	**Establishing a Coordinated American Health Awareness Day** *RESOLVED, That the American Academy of Family Physicians appoint a task force to work with appropriate organizations to establish an "American Health Awareness Day" with nationwide health screening events at hospitals, clinics, and/or schools annually, and be it further* *RESOLVED, That this task force also work with these organizations to coordinate physician involvement in these health screenings throughout the nation on that day.*	Public Health & Science	12-13	Not Adopted	

RESOLUTIONS					
Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
411	**Promoting National Standards for End-of-Life Treatment** *RESOLVED, That the American Academy of Family Physicians (AAFP):* *1) formally endorse the work of the national Physician Orders for Life-Sustaining Treatment (POLST) Paradigm Initiative,* *2) encourage AAFP constituent chapters support adoption of the POLST form in their state,* *3) establish a liaison relationship with the national POLST Paradigm Initiative, and* *4) collaborate, as appropriate, with other relevant medical organizations (e.g., the American Medical Association, the American Academy of Hospice and Palliative Medicine) to promote the work of the national POLST Paradigm Initiative.*	Public Health & Science	12	Referred to the Board of Directors	Commission on Health of the Public jadmire@aafp.org
412	**Support and Funding for National Tar Wars** *RESOLVED, That the American Academy of Family Physicians (AAFP) as a whole including the AAFP Board of Directors and AAFP Congress of Delegates reaffirm their continuing support and funding of the Tar Wars program, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors consult with the National Tar Wars Advisory Council on ways to improve and expand the National Poster Contest to increase the visibility of Tar Wars in Washington D.C. and with federal legislators, and be it further* *RESOLVED, That adequate funding be provided to the National Tar Wars program by the American Academy of Family Physicians (AAFP) consistent with the intent of the adopted 2002 AAFP Congress of Delegates' Resolution 210 which reads:* *RESOLVED, That the American Academy of Family Physicians Board commit to seeking funding partners to continue the growth of the Tar Wars program on a national level, and be it further* *RESOLVED, That the American*	Public Health & Science	4-5	Substitute Adopted	Commission on Health of the Public jadmire@aafp.org

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412 cont	*Academy of Family Physicians continue to fully support the Tar Wars Program until such sponsorship is found, and be it further* *RESOLVED, That the American Academy of Family Physicians retain overall ownership of Tar Wars with or without such sponsorship now and in the future, and be it further* *RESOLVED, That the American Academy of Family Physicians Board of Directors provide a report on Tar Wars to the 2008 Congress of Delegates.*				
501	**Support for Same-General Legal Marriage or Civil Unions** *RESOLVED, That the AAFP supports the legal recognition of domestic partnership benefits regarding health care in an effort to eliminate health care inequities.*	Public Policy	1-2	Substitute Adopted	Commission on Governmental Advocacy Update policy website completed - No further action necessary
502	**Condemn the Criminalization of Medical Practice** *RESOLVED, That the American Academy of Family Physicians (AAFP) create an official policy statement on criminalization of medical practice in line with colleague organizations.*	Public Policy	2-3	Not Adopted	
503	**Withdraw AAFP Support of the Family Smoking Prevention and Control Act** *RESOLVED, That the AAFP work toward the elimination of abuse of tobacco products, and be it further,* *RESOLVED. That the AAFP support legislation to regulate tobacco and tobacco products which grant the FDA authority to use all means available to help people stop smoking and to prevent children and adults from starting. The FDA must have the authority to:* *• Reduce the nicotine in tobacco products to zero* *• Ban use of menthol and clove as additives in tobacco products* *• Increase the size of required warning labels on all tobacco products* *• Ban non-ceremonial or non-religious consumption of tobacco products* *• Apply all regulatory standards to all existing and future tobacco products, and be it further* *RESOLVED, That the American Academy of Family Physicians actively support amendment of S. 625/H.R.1008 to remove restrictions on FDA regulation of tobacco.*	Public Policy	3-5	Adopted as amended from the floor	Commission on Governmental Advocacy kburke@aafp.org

RESOLUTIONS					
Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
504	**Patient/Physician Confidentiality** *RESOLVED, That the American Academy of Family Physicians engage its lobbyists in advocacy to prevent the inadvertent violations of confidentiality that occur when health insurance explanations of benefits or medical bills are sent to the home, and be it further.* *RESOLVED, That the American Academy of Family Physicians advocate to prevent the inadvertent violations of confidentiality that occur when health insurance explanations of benefits or medical bills are sent to the homes of adolescent patients and insure that adolescents with coverage be able to use their health insurance plans to obtain confidential services without triggered reports that release sensitive medical information to their parents.*	Public Policy	5-6	Referred to the Board of Directors	1st Resolved Clause - Commission on Governmental Advocacy kburke@aafp.org 2nd Resolved Clause – Commission on Practice Enhancement jswanson@aafp.org kmoore@aafp.org
505	**Repeal the Hyde Amendment** *RESOLVED, That the American Academy of Family Physicians endorse the principle that women receiving healthcare paid for through health plans funded by state or federal governments should be provided with access to the full range of reproductive options when facing an unintended pregnancy, and be it further* *RESOLVED, That the American Academy of Family Physicians engage in advocacy efforts to overturn the Hyde Amendment which bans federal funding for abortions.*	Public Policy	6-7	Not Adopted	
506	**Repeal the Hyde Amendment** *RESOLVED, That the American Academy of Family Physicians (endorse the principle that women receiving healthcare paid for through health plans funded by state or federal governments should be provided with access to the full range of reproductive options when facing an unintended pregnancy, and be it further* *RESOLVED, That the American Academy of Family Physicians engage in advocacy efforts to overturn the Hyde Amendment which bans federal funding for abortions.*	Public Policy	6-7	Not Adopted	
507	**Translator Services** *RESOLVED, That the AAFP support efforts to provide federal funding for federally required interpretive and translation services for all patients needing these services.*	Public Policy	7	Substitute Adopted	Commission on Governmental Advocacy kburke@aafp.org

RESOLUTIONS

Res. No.	***Subject***	***Ref. Comm.***	***Page in Report of Ref. Comm.***	***Action of Congress***	***Referrals***
508	**Request for Assistance** *RESOLVED, that the AAFP assist constituent chapters to develop "Community Care of North Carolina Look-alikes" in their respective states, and be it further* *RESOLVED, that the AAFP develop an education campaign to promote Community Care of North Carolina's (CCNC) Medicaid patient-centered medical home model at the various state government policy forums, such as the Council of State Governments, and be it further* *RESOLVED, That the AAFP investigate model state legislation that would assist states in adopting a Community Care of North Carolina's (CCNC) Medicaid patient-centered medical home.*	Public Policy	7-8	Substitute Adopted	Commission on Governmental Advocacy kburke@aafp.org
509	**Federal Trade Commission** *RESOLVED, That the American Academy of Family Physicians (AAFP) actively encourage the United States Congress to pass legislation that would ease Federal Trade Commission (FTC) restrictions related to primary care physicians' contract negotiations with third party payors.*	Public Policy	9	Adopted	Commission on Governmental Advocacy kburke@aafp.org
510	**Nurse Practitioners** *RESOLVED, That the American Academy of Family Physicians advocate nationwide support for individual states to seek legislation moving the regulation of nurse practitioners from the state nursing boards into the state Board of Medical Examiners.*	Public Policy	9	Not Adopted	
511	**Vaccines** *RESOLVED, That the American Academy of Family Physicians actively encourage the United States Congress to develop legislation aimed at allowing states which include private funding in their vaccine financing systems to purchase all vaccines at the Vaccines for Children (VFC) rate when part of a state's Universal Status Immunization Initiative.*	Public Policy	9-10	Referred to the Board of Directors	Commission on Governmental Advocacy kburke@aafp.org
512	**Medicare Opt Out Rule for Physicians to Increase Continuity of Care & Consumer & Patient Freedom to Choose their Primary Care Physician Regardless of Opt Out Status or Insurance Network Status** *RESOLVED, That the American Academy of Family Physicians support*	Public Policy	10-11	Referred to the Board of Directors	Joint referral to the Commission on Governmental Advocacy and Commission on Practice Enhancement

RESOLUTIONS					
512 cont'd	*legislation to remove the two year restriction from Section 4507 of the Balance Budget Act of 1997, and be it further* *RESOLVED, That the American Academy of Family Physicians enact policy reflecting the support of free choice of physicians for patients/consumers regardless of contracted insurance plans or Medicare Opted out Status, and be it further* *RESOLVED, That the American Academy of Family Physicians support legislation to allow greater access and choice if healthcare options and physicians for patients.*				jswanson@aafp.org kmoore@aafp.org kburke@aafp.org
513	**Medical School Loan Legislative Relief** *RESOLVED, That the American Academy of Family Physicians seek federal legislative relief to offer a tax credit for family physicians' medical school debts, and be it further* *RESOLVED, That the funds used as a recruitment tool designated for loan repayment be exempt from taxes at the Federal Level, and be it further* *RESOLVED, That the American Academy of Family Physicians provide model legislation for state chapters on tax credit relief for medical school debt as well as provide staffing support to help state chapters successfully pass this legislation.*	Public Policy	11	Referred to the Board of Directors	Commission on Governmental Advocacy kburke@aafp.org
514	**Anti-Trust** *RESOLVED, That the American Academy of Family Physicians (AAFP) actively encourage the United States Congress to revoke any current act or oppose any proposed act which allows the business of insurance to be exempt from federal anti-trust laws.*	Public Policy	11-12	Not Adopted	
515	**Criminalization of Medical Practice** *RESOLVED, That the AAFP take all reasonable and necessary steps to ensure that medical decision-making and treatment, exercised in good faith, does not become a violation of criminal law.*	Public Policy	2-3	Substitute Adopted	Commission on Governmental Advocacy kburke@aafp.org Policy updated on website No further action necessary
601	**Enhancing Procedural Training in Family Medicine Residencies** *RESOLVED, That the 2007 listing of a standard group of core family medicine procedures as proposed by the Society of Teachers of Family Medicine (STFM) Group on Hospital Medicine and Procedural Training be recommended*	Education	1	Referred to the Board of Directors	Commission on Education ppugno@aafp.org

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601 cont'd	*to the Residency Review Committee for Family Medicine for integration into the program requirements for accreditation of family medicine residencies.*				
602	**Medical Manpower** *RESOLVED, That the American Academy of Family Physicians assist constituent chapters in developing model legislation addressing funding, facilities, training opportunities and incentives for increasing the number of graduates from U.S. medical schools seeking careers in family medicine so that every American may have a medical home.* *RESOLVED, That the American Academy of Family Physicians develop strategies to change the culture in U.S. medical schools to a more favorable environment toward family medicine and primary care, and be it further* *RESOLVED, That the American Academy of Family Physicians collaborate with the American Academy of Pediatrics, the American College of Physicians and other appropriate specialty societies to increase the number of medical students entering primary care.*	Education	2-3	1st Resolved Clause Substitute Adopted 2nd and 3rd Resolved Clauses Reaffirmed as Current Policy or Already Being Addressed in Current Projects	1st Resolved Clause – Commission on Governmental Advocacy kburke@aafp.org 2nd and 3rd Resolved Clauses – no further action necessary
603	**A Comprehensive Integrated and Sustained Approach to the Education, Recruitment and Retention of Family Physicians for Rural Practice** *RESOLVED, That the AAFP engage with other members in the healthcare industry, educational institutions, hospitals, and organizations within the community of family medicine, to explore and develop viable innovative training models appropriate for rural practice skills maintenance and enhancement with potential models that might include mini-fellowships for focused skills development, "Town and Gown" faculty/rural physician exchange programs, regional mobile training teams to provide on-site team-based critical care training, procedures institutes for specific skills acquisition based upon community needs, and distance learning utilizing podcast, videoconferencing, computer-based teaching, and simulator models along with face-to-face hands-on training.*	Education	3	Adopted	Commission on Education ppugno@aafp.org