



# Summary of Actions of the 2008 Congress of Delegates

**September 15-17, 2008 – San Diego, CA**

*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.*

Res. No.	Subject	Ref. Comm.	Action of Congress	Recommended Referrals
201	<p><b>Repeal the Sunset Clause for Special Constituencies Delegate Seats</b>  <u>Substitute Resolution:</u>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) retain the delegate seats for special constituencies that currently exist under Chapter XI Section 2 of the AAFP Bylaws with a new sunset date of 2015.</i></p>	Organization and Finance	Substitute Adopted in lieu of Resolution Nos. 201, 202 and 203	Bylaws Workgroup  <a href="mailto:tdicus@aafp.org">tdicus@aafp.org</a> <a href="mailto:dhille@aafp.org">dhille@aafp.org</a>
202	<p><b>Repeal the Sunset Clause for Special Constituencies Delegate Seats</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) retain the delegate seats for special constituencies that currently exist under Chapter XI Section 2 of the AAFP Bylaws with the addition of a regular review process.</i></p>	Organization and Finance	Substitute Adopted in lieu of Resolution Nos. 201, 202 and 203	
203	<p><b>Repeal the Sunset Clause for Special Constituencies Delegate Seats</b>  <i>RESOLVED, That the six delegate and six alternate delegate seats to the American Academy of Family Physicians' Congress of Delegates, held by members from the Women, Minority, International Medical Graduate, and Gay, Lesbian, Bisexual &amp; Transgender constituencies remain in place under the same rules that currently exist in Chapter XI, Section 2 of the Bylaws with no sunset date.</i></p>	Organization and Finance	Substitute Adopted in lieu of Resolution Nos. 201, 202 and 203	

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<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
204	<p><b>Continuation of the National Conference of Special Constituencies (NCSC)</b>            Adopted as amended on the floor:  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) continue the National Conference of Special Constituencies (NCSC) and Annual Leadership Forum (ALF) as national meetings of the AAFP with similar travel funding policies, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) continue to financially support the National Conference of Special Constituencies (NCSC) at a level to ensure adequate participation, specifically, by continuing to provide resources for travel reimbursement for the NCSC delegates.</i></p>	Organization and Finance	1 <sup>st</sup> Resolved Clause – Adopted as amended on the floor 2 <sup>nd</sup> Resolved Clause – Referred to the Board of Directors including a recommendation that the Board provide a report to the 2009 Congress of Delegates on member participation at the 2009 National Conference of Special Constituencies	Bylaws Workgroup  <a href="mailto:ccastro@aafp.org">ccastro@aafp.org</a> <a href="mailto:nfisher@aafp.org">nfisher@aafp.org</a>
205	<p><b>Dues “Check Off” for Family Medicine PAC and State Chapter PACs</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) add “dues check off” boxes for the national Political Action Committee (PAC) and legal state chapter Political Action Committees (PACs) to the annual AAFP dues statement.</i></p>	Organization and Finance	Referred to the Board of Directors	Board of Directors  <a href="mailto:mcribbs@aafp.org">mcribbs@aafp.org</a>
206	<p><b>Support of U.S. Military Reduction of Dues and Waive Continuing Medical Education (CME) Requirements</b>            Substitute Resolution:  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) provide deployed military AAFP members information on mechanisms for reduction in the annual AAFP dues should they face extreme financial hardship.</i></p>	Organization and Finance	Substitute Adopted	Commission on Membership and Member Services  <a href="mailto:econrad@aafp.org">econrad@aafp.org</a>
207	<p><b>Retail Health Clinics</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy that retail health clinics meet the following minimum guidelines:</i></p> <ol style="list-style-type: none"> <li>1. Any midlevel provider, whether Nurse Practitioner or Physician Assistant, should be physically located in the same state as the primary practice location of the supervising physician with which they have a collaborative practice agreement;</li> <li>2. The maximum number of clinical sites (as defined by a specified</li> </ol>	Organization and Finance	Referred to the Board of Directors	Commission on Practice Enhancement/Quality  <a href="mailto:lschmidt@aafp.org">lschmidt@aafp.org</a>

## Summary of Actions of the 2008 Congress of Delegates, continued

	<p>address or facility location) that would be supervised by a physician should be four; however, academic institutions, prisons and psychiatric institutions and sites in counties defined as medically underserved (HPSA – Health Professional Shortage Areas) would be exempt from these recommended limitations;</p> <ol style="list-style-type: none"> <li>3. Facilities should have adequate hand washing opportunities and facilities available within each retail clinic as having a hand washing facility available in the retail store but not within the clinic is considered insufficient;</li> <li>4. Retail health clinics should adhere to the Health Insurance Portability and Accountability Act (HIPAA), Occupational Safety and Health Administration (OSHA), and other local, state and federal regulations required of outpatient medical offices;</li> <li>5. The scope of clinical services should be clearly defined and made available widely to the public to ensure that patients do not delay definitive care for certain conditions due to falsely believing they can obtain that service at the retail health clinic, and it should be considered illegal to misrepresent scope of practice in advertising;</li> <li>6. Clinical services in retail health clinics should be evidence-based with treatment plans that are quality improvement oriented;</li> <li>7. Supervisory relationships should be with physicians that are readily available for consultation or referral, and whose scope of practice and training is consistent with the patient base served by the retail health clinic;</li> <li>8. To maintain continuity of comprehensive care, all patients seen at a retail health clinic should be referred back to their current primary care physician. If no primary care relationship exists for a patient seen at a retail health clinic, then referral should be made to a primary care physician in the local community for follow-</li> </ol>			
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	<p>up, including private practices, public health clinics or other primary care offices;</p> <p>9. The name, title, practice address, and phone number of the supervising physician should be posted in a clearly visible location at retail health clinics. That physician should also be available by phone during the hours that the retail health clinic is open for any questions that patients may have that cannot be answered by the mid-level provider at that location. This posting will also indicate all mid-levels that are currently being supervised by the physician along with their practice locations;</p> <p>10. Efficient and timely referral systems should be in place to refer patients to a physician when the patients' symptoms or condition exceed the scope of practice of the retail health clinic. A discharge summary containing a standard SOAP (Subjective, Objective, Assessment and Plan) Note, and all diagnoses and treatment plans should be forwarded immediately to the patients' primary care physician;</p> <p>11. Clearly visible notification should be made to patients seen at retail health clinics that they do not have to get prescriptions at the retail pharmacy where care is delivered. This notice should specifically include addresses and phone numbers of other nearby pharmacies where medications might be obtained at a lower price.</p>			
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<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
208	<p><b>Sale of Tobacco Products on Premises with Providers of Health Care</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) policy statement on retail health clinics be amended to add:</i></p> <ul style="list-style-type: none"> <li><i>The AAFP recommends that all retail health clinics be located within premises that do not sell cigarettes and other tobacco products.</i></li> </ul>	Organization and Finance	Substitute Resolution No. 209 adopted in lieu of Resolution Nos. 208, 209 and 212	
209	<p><b>Prohibition of the Sale of Tobacco Products in Places that Provide Health Services</b>  <u>Substitute Resolution:</u>  <i>RESOLVED, That the American Academy of Family Physicians develop a policy against the sale of tobacco products in facilities that provide health care services, including pharmacies and retail clinics, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for state and federal legislation to ban the sale of tobacco products and/or tobacco by-products in facilities that provide health care services, including pharmacies and retail outlets housing store-based health clinics.</i></p>	Organization and Finance	Substitute Resolution No. 209 adopted in lieu of Resolution Nos. 208, 209 and 212	<p>1<sup>st</sup> Resolved Clause – Commission on Health of the Public and Science  <a href="mailto:hyoung@aafp.org">hyoung@aafp.org</a>  <a href="mailto:ihaas@aafp.org">ihaas@aafp.org</a></p> <p>2<sup>nd</sup> Resolved Clause – Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a>  <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a></p>
210	<p><b>Constituent Chapter Support</b>  <u>Adopted as amended on the floor:</u>  <i>RESOLVED, That the AAFP examine the challenges faced by small constituent chapters and continue to ensure the viability and success of small constituent chapters, and that the result of this examination be reported to the 2009 Congress of Delegates.</i></p>	Organization and Finance	Adopted as amended on the floor	<p>Commission on Membership and Member Services and EVP for appropriate referral  <a href="mailto:econrad@aafp.org">econrad@aafp.org</a>  <a href="mailto:nfisher@aafp.org">nfisher@aafp.org</a></p>

## Summary of Actions of the 2008 Congress of Delegates, continued

Res. No.	Subject	Ref. Comm.	Action of Congress	Recommended Referrals
211	<p><b>American Academy of Family Physicians (AAFP) Commissions</b>            Substituted on the floor:  <i>RESOLVED, That the Congress of Delegates commends the Board of the American Academy of Family Physician's for its stewardship of the AAFP's budget and finance and the accomplishment of the difficult process of achieving a balanced operational budget, and be it further</i></p> <p><i>RESOLVED, That the Congress of Delegates respectfully advises the Board of the AAFP that it wishes to maintain the schedule of two face-to-face meetings each year of AAFP Commissions, and considers that this is a priority which requires adequate budget funding. The Congress understands that this re-alignment of priorities will require a restructure of the budget and reduction of other activities; and, be it further</i></p> <p><i>RESOLVED, That the Board study mechanisms by which the Congress of Delegates can, in the future, advise the Board of its priorities for ordering competing funding projects, and report this to the 2009 Congress of Delegates; and, be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians Board of Directors consider optimal timing of the face-to-face Cluster meeting(s) and solicit recommendations from Commissions if the work of the Commissions allow reduction, or warrant additional face-to-face meetings (that may be held in conjunction with other Academy meetings in a fiscally responsible manner).</i></p>	Organization and Finance	1 <sup>st</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> Resolved Clauses - Adopted as Substitute on the Floor 2 <sup>nd</sup> Resolved Clause – Not Adopted	1 <sup>st</sup> , 3 <sup>rd</sup> and 4 <sup>th</sup> Resolved Clauses – Board of Directors  <a href="mailto:dmcdanie@aafp.org">dmcdanie@aafp.org</a>  2 <sup>nd</sup> Resolved Clause – no further action necessary
212	<p><b>Ban Sale of Tobacco Products and/or By-Products</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for state and federal legislation to ban the sale of tobacco products and/or tobacco by-products in retail outlets housing store-based health clinics.</i></p>		Substitute Resolution No. 209 adopted in lieu of Resolution Nos. 208, 209 and 212	

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<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
301	<b>Physician Ranking by Insurance Companies</b> <i>RESOLVED, That the American Academy of Family Physicians oppose family physician ranking by the insurance industry.</i>	Practice Enhancement	Not Adopted	
302	<b>Medicare No Pay Movement</b> <u>Substitute Resolution:</u> <i>RESOLVED, That the American Academy of Family Physicians Board of Directors study the Medicare hospital "never events" "No Pay" policy as it relates to future Medicare physician payment and form a response or a policy statement.</i>	Practice Enhancement	Substitute Adopted	Commission on Practice Enhancement/Quality  <a href="mailto:kmoore@aafp.org">kmoore@aafp.org</a>
303	<b>Medicare Election Period</b> <u>Substitute Resolution:</u> <i>RESOLVED, That the American Academy of Family Physicians petition the Centers for Medicare and Medicaid Services to modify the Medicare physician participation agreement to permit physicians to change their Medicare participation status with 90 days notice in between each annual election period.</i>	Practice Enhancement	Substitute Adopted	Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>
304	<b>Medicare and Diabetic Care</b> <i>RESOLVED, That the Academy of Family Physicians (AAFP) encourage the Centers for Medicare and Medicaid Services (CMS) to cover diabetic supplies, and be it further</i>  <i>RESOLVED, That the Academy of Family Physicians (AAFP) encourage the Centers for Medicare and Medicaid Services (CMS) to investigate the cost of diabetic supply items to our patients and invest in other means to acquire these supplies at bulk or discounted prices.</i>	Practice Enhancement	Not Adopted	
305	<b>Medicare Preventive Care</b> <u>Substitute Resolution:</u> <i>RESOLVED, That the American Academy of Family Physicians advocate with Congress to include, as a covered Medicare benefit, immunizations recommended by the AAFP, without co-payments or deductibles.</i>	Practice Enhancement	Substitute Adopted	Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>
306	<b>Hospital Bylaws</b> <u>Substitute Resolution:</u> <i>RESOLVED, That the American Academy of Family Physicians develop a policy statement to address fair methods for physicians resuming hospital-related privileges after a period of outpatient-only medical services.</i>	Practice Enhancement	Substitute Adopted	Commission on Practice Enhancement/Quality  <a href="mailto:giones@aafp.org">giones@aafp.org</a>

## Summary of Actions of the 2008 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
307	<p><b>Delivering More than One Service to Patients</b>  <b>Substitute Resolution:</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) will work to abolish the payment rules amongst all payers that deny or reduce payment for the delivery of more than one service to a patient in a single day.</i></p>	Practice Enhancement	Substitute Resolution No. 307 adopted in lieu of Resolution Nos. 307 and 308	Commission on Practice Enhancement/Quality  <a href="mailto:kmoore@aafp.org">kmoore@aafp.org</a>
308	<p><b>Delivering More than One Service to Patients</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) will work to abolish the payment rules amongst all payers that penalize the delivery of more than one service to patients at a single encounter, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) will work with all payers to provide incentive payments to encourage the delivery of multiple services to patients at a single encounter.</i></p>	Practice Enhancement	Substitute Resolution No. 307 adopted in lieu of Resolution Nos. 307 and 308	
309	<p><b>Medication Prior Authorization Rule Transparency</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work to ensure that when an insurance company requires prior authorization paperwork be filled out, it must include drug-specific information about the criteria that must be met for the drug to be authorized.</i></p>	Practice Enhancement	Referred to the Board of Directors	Commission on Quality and Practice  <a href="mailto:tstone@aafp.org">tstone@aafp.org</a>
310	<p><b>Voting in the RUC</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work to make the voting in the RUC proportional to the number of physicians that make up the constituent voting entities, and be it further</i></p> <p><i>RESOLVED, That if proportionate representation is not achieved, the American Academy of Family Physicians (AAFP) disengage from the RUC and pursue other means to assign appropriate compensation for physician services.</i></p>	Practice Enhancement	Referred to the Board of Directors	Board of Directors

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<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
311	<p><b>Centers for Medicare &amp; Medicaid Services (CMS) Development of Independent Relative Value Scale (RVS) Advisory Board</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) petition the Centers for Medicare &amp; Medicaid Services (CMS) to develop an independent Relative Value Scale (RVS) Advisory Board with membership representative of the current physician workforce providing care to Medicare recipients or mandate representative restructuring of the Relative Value Scale Update Committee.</i></p>	Practice Enhancement	Referred to the Board of Directors	Board of Directors
312	<p><b>Electronic Health Records Data</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) assist members in the use of non-identifiable clinical and administrative data derived from physicians' electronic health records (EHRs) by educating them to the value of this data as a potential source of revenue, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) identify those health care entities, such as commercial health plans, in need of non-identifiable clinical and administrative data collected for free from physicians' electronic health records (EHRs) and make the names of those companies that sell such information available to members as a possible source of revenue.</i></p>	Practice Enhancement	Referred to the Board of Directors	Commission on Quality and Practice  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a> <a href="mailto:swaldren@aafp.org">swaldren@aafp.org</a>
313	<p><b>Federal Government Support for Implementing Electronic Health Record (EHR) Systems</b>  <i>RESOLVED, That the Department of Health and Human Services be petitioned to provide loans of \$20,000 per physician to support the implementation of an approved Certification Commission on Healthcare Information Technology (CCHIT) electronic health record (EHR) system to include, but not limited to, hardware procurement, Internet access, staff training, and conversion of current systems, and be it further</i>  <i>RESOLVED, That loans from the Department of Health and Human Services of \$20,000 per physician to support the implementation of an approved Certification Commission on Healthcare Information Technology (CCHIT) electronic health record (EHR) system will be forgiven after 12 months</i></p>	Practice Enhancement	Referred to the Board of Directors	Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>

## Summary of Actions of the 2008 Congress of Delegates, continued

	<p><i>if the practice is operationally integrated and the EHR is functional, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) petition the Centers for Medicare and Medicaid Services (CMS) to provide a significant increase in global payments for care to all physician practices incorporating a Certification Commission on Healthcare Information Technology (CCHIT) approved electronic health record (EHR) system.</i></p>			
314	<p><b>Insurance Card Identification of Date Issued</b></p> <p><u>Substitute Resolution:</u></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) requests that insurance companies, third party administrators, and/or other entities that provide or verify health care coverage for qualified individuals include on the plan card the date the insurance or card was issued.</i></p>	Practice Enhancement	Substitute Adopted	<p>Commission on Quality and Practice</p> <p><a href="mailto:tstone@aafp.org">tstone@aafp.org</a></p>
315	<p><b>Post Payment Reviews Conducted by the Centers for Medicare and Medicaid Services (CMS) Subcontractors</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) communicate concerns regarding post payment audits to the Centers for Medicare and Medicaid Service (CMS) and Office of Inspector General (OIG) for further review and appropriate action allowing for the method of post payment audits to be conducted in the manner as outlined by the CMS procedure manual allowing due process for the physician without responding in a "guilty until proven innocent" manner, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) present the concerns regarding post payment audits to the American Medical Association (AMA) delegation for review by other subspecialty constituencies who have voiced similar concerns and a desire to work in a concerted manner to resolve this issue on behalf of all physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) establish a mechanism of communication allowing physicians to share their experience with post payment audits with other members for the benefit of providing support in the form of potential resources, peer to peer education, and basic professional/colleague support.</i></p>	Practice Enhancement	<p>1<sup>st</sup> and 2<sup>nd</sup> Resolved Clauses – Referred to the Board of Directors</p> <p>3<sup>rd</sup> Resolved Clause – Reaffirmed as current policy</p>	<p>1<sup>st</sup> Resolved Clause – Commission on Quality and Practice</p> <p><a href="mailto:kmoore@aafp.org">kmoore@aafp.org</a></p> <p>2<sup>nd</sup> Resolved Clause – AAFP Delegation to the AMA</p> <p><a href="mailto:dosterga@aafp.org">dosterga@aafp.org</a></p> <p>3<sup>rd</sup> Resolved Clause – no further action necessary</p>

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<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
316	<p><b>Health Plan Employer Data and Information Set (HEDIS®) Audits</b>  <u>Substitute Resolution:</u>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to health plans that family physicians should be fairly compensated for medical care reporting activities required by the health plan (e.g. HEDIS® audits).</i></p>	Practice Enhancement	Substitute Adopted	Commission on Quality and Practice  <a href="mailto:lschmidt@aafp.org">lschmidt@aafp.org</a>
317	<p><b>Payment at Time of Service/Point of Service Payment Systems</b>  <u>Substitute Resolution:</u>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the development of payment systems, such as standardized magnetically activated or bar coded insurance cards, that facilitate point of service claims adjudication.</i></p>	Practice Enhancement	Substitute Resolution No. 317 adopted in lieu of Resolution Nos. 317 and 318	Commission on Quality and Practice  <a href="mailto:tstone@aafp.org">tstone@aafp.org</a>
318	<p><b>Billing Assistance by Insurance Companies</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with the insurance companies to develop and implement electronic systems which would provide timely accounts of patient charges, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with the insurance companies to provide a payment code for payment of the additional work required when patient balances and charges are not provided at the time of the service, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with insurance companies to assist physician offices in billing the insurance company's clients for missed or defaulted payments to the physician office.</i></p>	Practice Enhancement	Substitute Resolution No. 317 adopted in lieu of Resolution Nos. 317 and 318	
319	<p><b>Billing Health Plans and Pharmacy Benefit Managers for Care Coordination</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) seek development of new Current Procedural Terminology (CPT) codes that specifically define any mandated care coordination to include actual time involved to complete the task.</i></p>	Practice Enhancement	Not Adopted	

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<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
320	<b>Modifiers for Americans with Disabilities Act (ADA) Services</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the creation of ICD-9 code modifiers and increased payment for required services to disabled patients, such as interpreters for the deaf.</i>	Practice Enhancement	Not Adopted	
401	<b>Refuse Federal Funding for Abstinence-Only-Until-Marriage Programs</b> <u>Substituted on the Floor:</u> <i>RESOLVED, That the AAFP advocate for the federal government to provide funding only for those educational programs on sexuality and pregnancy prevention that are age appropriate, comprehensive and provide medically-accurate and evidence-based information.</i>	Health of the Public & Science	Adopted as substituted on the floor	Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>
402	<b>Flu Vaccine</b> <u>Substituted on the Floor:</u> <i>RESOLVED, That the AAFP disseminate to the state chapters the Rhode Island legislation on state purchasing of flu vaccine as potential model legislation.</i>	Health of the Public & Science	Adopted as substituted on the floor	Referred to the EVP for appropriate referral to staff  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a>  Sent to chapter executives via CHEX MIX
403	<b>Promotion of Primary Care Research Funding</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with existing federal research funding agencies, particularly the Agency for Healthcare Research and Quality (AHRQ), to develop new K-type award mechanisms suitable for community-based academic family medicine faculty.</i>	Health of the Public & Science	Referred to the Board of Directors	Commission on Health of the Public/Science  <a href="mailto:hyoung@aafp.org">hyoung@aafp.org</a>
404	<b>Promotion of Primary Care and Preventive Medicine Research Institute</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote the creation of a National Institutes of Health (NIH)-level center or institute for primary care and community-based preventive medicine research.</i>	Health of the Public & Science	Referred to the Board of Directors	Joint Referral to the Commission on Health of the Public/Science and Commission on Governmental Advocacy  <a href="mailto:hyoung@aafp.org">hyoung@aafp.org</a> <a href="mailto:kburke@aafp.org">kburke@aafp.org</a>

## Summary of Actions of the 2008 Congress of Delegates, continued

Res. No.	Subject	Ref. Comm.	Action of Congress	Recommended Referrals
405	<p><b>Promoting Early Literacy at Health Supervision Visits</b>  <b>Substitute Resolution:</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) recommends that family physicians promote early literacy development as an important evidence-based intervention at health supervision visits for children from six months through six years of age by:</i></p> <ol style="list-style-type: none"> <li><i>1) advising parents and caregivers about the importance of reading aloud to young children,</i></li> <li><i>2) counseling parents and caregivers about specific age- and developmentally-appropriate reading activities, and</i></li> <li><i>3) encourage that family physicians participate in early literacy programs when possible, by making information about access to such programs available on the Academy Web site and to support provision of federal and state funding for such programs.</i></li> </ol>	Health of the Public & Science	Substitute Adopted	Commission on Health of the Public/Science  <a href="mailto:hyoung@aafp.org">hyoung@aafp.org</a> <a href="mailto:jhaas@aafp.org">jhaas@aafp.org</a>
406	<p><b>Opposing Unnecessary Direct-to-Consumer Screening Exams</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy against unnecessary screening exams marketed directly to consumers, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) help members advocate for their patients in regard to unnecessary direct-to-consumer screenings by alerting physicians and prominently displaying patient education materials on the AAFP Web site, as well a sample letter to empower local physicians to send an evidence-based, personalized letter to medical entrepreneurs or civic, religious, or other groups who are considering hosting a direct-to-consumer screening program, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with other organizations such as the American Medical Association (AMA), American Association of Health Plans, American Association of Retired Persons (AARP), and others, to advocate for patients by educating the public about unnecessary health care screening exams marketed directly to patients.</i></p>	Health of the Public & Science	Adopted	Commission on Health of the Public/Science  <a href="mailto:hyoung@aafp.org">hyoung@aafp.org</a> <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a>

## Summary of Actions of the 2008 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
407	<p><b>A Mandate to Develop a Plan to Decrease Tobacco Consumption</b>  <i>RESOLVED, That the American Academy of Family Physicians develop a long term plan to decrease with the aim to ultimately eliminate non religious or non ceremonial consumption of tobacco products in the United States taking into consideration medical, legislative, judicial, marketing and other means to achieve this goal and to report this plan to the Congress of Delegates.</i></p>	Health of the Public and Science	Not Adopted	
501	<p><b>AAFP Endorsement of Single Payor Health Insurance</b>  <i>RESOLVED, That the American Academy of Family Physicians promote, through its lobbyists and through member contact with national legislators, a national single payer health insurance system.</i></p>	Advocacy	Referred to the Board of Directors	Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>
502	<p><b>Remove Barriers to Contraceptive Access for California Women</b>  <u>Substitute Resolution:</u>  <i>RESOLVED, The AAFP supports the provision of insurance coverage for the full array of available contraceptive methods; this includes payment for IUDs and contraceptive implants and their insertion, and be it further</i></p> <p><i>RESOLVED, The AAFP encourages all payers, including Medicaid, to allow for yearly single dispensing of a minimum of a one year supply of contraceptives unless there are medical contraindications to doing so, in which case the decision should be made by the physician, using clinical judgment, considering a patient's situation and needs.</i></p>	Advocacy	1 <sup>st</sup> Resolved Clause – Substitute Adopted 2 <sup>nd</sup> Resolved Clause – Substitute Adopted as amended on the floor	Commission on Quality and Practice  <a href="mailto:lschmidt@aafp.org">lschmidt@aafp.org</a>
503	<p><b>Repeal the Hyde Amendment</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the principle that women receiving healthcare paid for through health plans funded by state or federal governments be provided with access to the full range of reproductive options when facing an unintended pregnancy, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians engage in advocacy efforts to overturn the Hyde Amendment, which bans federal funding for abortions.</i></p>	Advocacy	1 <sup>st</sup> Resolved Clause – Adopted 2 <sup>nd</sup> Resolved Clause – Not Adopted	1 <sup>st</sup> Resolved Clause – Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>  2 <sup>nd</sup> Resolved Clause – no further action necessary

## Summary of Actions of the 2008 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
504	<p><b>Medical Legal Partnership: Promoting Health through Preventative Law</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) educate its members about "medical legal partnerships," in which lawyers work with members to identify and resolve legal issues affecting the health and well being of children and adults in America.</i></p>	Advocacy	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p><a href="mailto:kmoore@aafp.org">kmoore@aafp.org</a></p>
505	<p><b>Sustainability of the Robert Graham Center</b></p> <p><u>Substitute Resolution:</u></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) recognizes the excellence of the Robert Graham Center, and be it further</i></p> <p><i>RESOLVED, That the AAFP Board of Directors report back to the 2009 Congress of Delegates on its plans to provide long-term stable funding for the Robert Graham Center.</i></p>	Advocacy	Substitute Adopted	<p>Board of Directors</p> <p><a href="mailto:rsweeney@aafp.org">rsweeney@aafp.org</a></p>
506	<p><b>Health Insurance Portability and Accountability Act (HIPAA) Exclusions</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP), through the Robert Graham Center, study the impact of Title I Health Insurance Portability and Accountability Act (HIPAA) exclusions have on access and continuity of care for Americans employed in small businesses, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) and Board of Directors provide a report to the 2009 Congress of Delegates on access and continuity of care for the Health Insurance Portability and Accountability Act (HIPAA) Title I effected individuals.</i></p>	Advocacy	Referred to the Board of Directors including a recommendation that the Board provide a written report of its findings and recommendations to the 2009 Congress of Delegates	<p>Commission on Quality and Practice</p> <p><a href="mailto:gjones@aafp.org">gjones@aafp.org</a></p>
507	<p><b>Immunizations</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) lobby the U.S. Congress to nationally mandate that physicians and hospitals be reimbursed at a cost basis for essential immunizations and immune globulins.</i></p>	Advocacy	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p><a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a></p>

## Summary of Actions of the 2008 Congress of Delegates, continued

Res. No.	Subject	Ref. Comm.	Action of Congress	Recommended Referrals
508	<p><b>Capitation Rates and Data</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) communicate to national insurers, legislators, regulatory agencies, and other persons and organizations of influence, its members' strong opposition to health plans' refusal to share actuarial processes and data by which these insurers determine capitation rates, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) communicate to appropriate legislators the unfair business practice of health insurers' refusal to share the actuarial processes and data by which these insurers determine capitation rates, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) instruct its Government Relations staff to work with legislators to introduce and pass legislation requiring that health insurers share the actuarial processes and data by which these insurers determine capitation rates.</i></p>	Advocacy	Referred to the Board of Directors	<p>Joint referral to the Commission on Governmental Advocacy and the Commission on Quality and Practice</p> <p><a href="mailto:kburke@aafp.org">kburke@aafp.org</a>  <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>  <a href="mailto:lschmidt@aafp.org">lschmidt@aafp.org</a></p>
601	<p><b>Disaster Medicine Certificate of Added Qualifications (CAQ)</b>  <i>RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine to pursue the establishment of a Certificate of Added Qualifications (CAQ) in Disaster Medicine.</i></p>	Education	Not Adopted	
602	<p><b>Requirements for Maintenance of Licensure</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage all member states to support Maintenance of Licensure and Maintenance of Certification (MOC) endeavors of the Federation of State Medical Boards (FSMB), the National Board of Medical Examiners (NBME) and the American Board of Medical Specialties (ABMS).</i></p>	Education	Not Adopted	

## Summary of Actions of the 2008 Congress of Delegates, continued

Res. No.	Subject	Ref. Comm.	Action of Congress	Recommended Referrals
603	<p><b>The American Board of Family Medicine (ABFM) Fees for Maintenance of Certification (MOC)</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) request that the American Board of Family Medicine (ABFM) review their current fee structure and take into consideration reducing the fees for physicians who complete an approved alternative activity which satisfies the Part IV Maintenance of Certification (MOC) with a report back to the 2009 Congress of Delegates.</i></p>	Education	Adopted	<p>Board of Directors – referred to the Joint Executive Committees of the AAFP and ABFM on January 29, 2009</p> <p><a href="mailto:dosterga@aafp.org">dosterga@aafp.org</a></p>
604	<p><b>AAFP Live!</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) institute a policy whereby the Continuing Medical Education (CME) Division, or any other division responsible for regional programming, will consult equally with any constituent chapter within a 100 mile radius and/or from which the AAFP can reasonably expect to draw attendance before scheduling any AAFP Live! or similar program which may conflict with constituent chapter programming or events, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) institute policy whereby staff will request from each chapter at the beginning of each year, or at some other mutually acceptable time, a list of chapter major meetings against which the chapter would not want the AAFP to schedule programming, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) will not program regional events against chapter major meetings defined by the chapters on a list provided by the chapters on or before a predetermined date, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family (AAFP) will develop a revenue sharing formula for AAFP Live! or similar program which takes into account any constituent chapter within a 100 mile radius and/or from which the AAFP can reasonably expect to draw attendance for that event.</i></p>	Education	Not Adopted	

## Summary of Actions of the 2008 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
605	<p><b>Reinstatement of Economic Hardship Deferment</b>  <b>Amended on the Floor:</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for reinstatement of the 20/220 pathway for Economic Hardship Deferment, or an equivalent mechanism, for physicians entering primary care specialty training.</i></p>	Education	Adopted as amended on the floor	<p>Commission on Governmental Advocacy</p> <p><a href="mailto:kburke@aafp.org">kburke@aafp.org</a>  <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a></p>
606	<p><b>Supporting Undergraduate and Graduate Medical Education</b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote legislation to increase funding to the National Health Services Corps, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote model state and federal legislation to increase the use of programs available to meet the primary care needs of underserved communities by guaranteeing physician loan repayment for practicing in designated underserved communities, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote model state and federal legislation to increase funding to student loan programs, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote model programs to encourage constituent chapters and foundations to endow scholarship funds with donations from members for students committed to a career in family medicine, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote model programs to encourage constituent chapters and medical schools to endow scholarship funds with donations from members and graduates for students committed to careers that fulfill the primary care needs of the state, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) promote an increase in the number of family medicine graduate medical education slots available to ensure that every interested graduate has access to residency training in family medicine.</i></p>	Education	Referred to the Board of Directors	<p>1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Resolved Clauses – Commission on Governmental Advocacy</p> <p><a href="mailto:kburke@aafp.org">kburke@aafp.org</a>  <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a></p> <p>4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Resolved Clauses – Commission on Education</p> <p><a href="mailto:ppugno@aafp.org">ppugno@aafp.org</a>  <a href="mailto:amcgaha@aafp.org">amcgaha@aafp.org</a></p>

## Summary of Actions of the 2008 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
607	<b>Bylaws Amendment Regarding Student Membership</b> Substitute Resolution: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the creation of a new class of membership for pre-medical students.</i>	Education	Substitute Adopted	Joint Referral to the Commission on Membership and Member Services/Commission on Education  <a href="mailto:econrad@aafp.org">econrad@aafp.org</a> <a href="mailto:ppugno@aafp.org">ppugno@aafp.org</a>
1	<b>Data-Base for Drugs</b> <i>RESOLVED, That the Academy request that the Federal government make a nation-wide controlled drug data-base available via internet to all physicians (perhaps via the DEA).</i>	Scientific Assembly Resolution Committee	Referred to the Board of Directors	Commission on Governmental Advocacy  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a> <a href="mailto:shildebrandt@aafp.org">shildebrandt@aafp.org</a>
701	<b>Resolution of Commendation for Chuck Allred, M.D. (Kansas)</b>	<b>Acclamation Calendar</b>		
702	<b>Resolution of Commendation for Joel Hornung, M.D. (Kansas)</b>	<b>Acclamation Calendar</b>		
703	<b>Resolution of Commendation for Tad Fisher (Florida)</b>	<b>Acclamation Calendar</b>		

## Summary of Actions of the 2008 Congress of Delegates, continued

<b>MEMORIAL RESOLUTIONS OF CONDOLENCE:</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>
Charles F. Ashby, M.D. (Nebraska)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
William E. Becknell, M.D. (Kentucky)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Daniel N. Burbank, M.D. (New Jersey)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Terry E. Burge, M.D. (Oklahoma)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
George E. "Ned" Burket, M.D. (Kansas)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Robert M. Cockburn, M.D. (Oregon)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Glen W. Cosby, M.D. (Oklahoma)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
David F. Demuth, M.D. (Nebraska)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Walter E. Duling, M.D. (West Virginia)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
John H. Gilberts, M.D. (Oregon)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Harry S. Irvine, Jr., M.D. (Oregon)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
David Bruce Kilgore, M.D. (New Mexico)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Perry A. Klaassen, M.D. (Oklahoma)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
George Murray Maskell, M.D. (Oregon)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Thomas E. McDermott, M.D. (Maine)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
John Martin Moorhatch, M.D. (Kentucky)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Lyle Munneke, M.D. (Minnesota)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Jack W. Parrish, M.D. (Oklahoma)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Lawrence W. Patzkowsky, M.D. (Oklahoma)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Leonard G. Paul, M.D. (Texas)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Harold T. Pruessner, M.D. (Texas)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Christian N. Ramsey Jr., M.D. (Oklahoma)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Porter Lee "Butch" Ramsey, IV, M.D. (Kentucky)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Jose I. Ricard, M.D. (West Virginia)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Albert Dewey Richards, M.D. (Maine)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Jonathan (Jack) E. Rodnick, M.D. (California)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
John J. Smoker, M.D. (New Mexico)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
John A. Stewart, M.D. (West Virginia)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>

## Summary of Actions of the 2008 Congress of Delegates, continued

John "Jack" Verby, M.D. (Minnesota)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Donald E. Wilson, M.D. (California)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>
Walter Zukof, M.D. (Kentucky)	Not Referred	<b>Unanimously Adopted -- Communication sent to families</b>

<b>REPORTS OF OFFICERS</b>					
<i>Handbook Page</i>	<i>Designation and Title</i>	<i>Ref. Comm.</i>	<i>Page in Report of Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
65-66	<b>ADDRESS OF THE SPEAKER</b> .....	O & F		Filed	
75-77	<b>ADDRESS OF THE PRESIDENT</b> ....	O & F		Filed	
95-97	<b>ADDRESS OF THE PRESIDENT-ELECT</b> .....	O & F		Filed	No further action necessary
95	Para. 5, contains a recommendation That the Congress of Delegates adopt the Updated AAFP Strategic Plan, Strategic Objectives and Strategies as presented in Board Report M.....	O & F		Adopted	Update policy on policy website
96	Para. 7, contains a recommendation that the Congress of Delegates adopt Board Report D entitled "Health Care for Coverage for All – Update 2008".....	Advocacy		Adopted	Update policy on policy website
105-109	<b>ADDRESS OF BOARD OF DIRECTORS CHAIR</b> .....	O & F			
121-125	<b>ANNUAL REPORT &amp; ADDRESS OF THE EXECUTIVE VICE PRESIDENT</b> .....	O & F		Filed	

<i>Handbook Page</i>	<i>Designation and Title</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
201-239	<b>A -- Nominations for ABFM Director</b>	Not Referred	<b>Nominated: put in correct names</b> Diane Kaye Beebe, MD Robert Morrow, MD Elizabeth Roth, MD	EVP for communication to ABFM
239	Appendix A, ABFM Officers and Directors.....	Not Referred		

## Summary of Actions of the 2008 Congress of Delegates, continued

<i>Handbook Page</i>	<i>Designation and Title</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
241-246 241-242	<b>B – Policy Statement Review</b> Para. 3, Revised Policy Statement on “AAFP Policies on Proprietary Practice” .....	O&F	Filed	No further action necessary
243	Para. 4, Policy Statement on “AAFP Public Statements” .....	O&F	Adopted	Update policy on web
243	Para. 5, Policy Statement on “American Board of Family Medicine, Director Nominations” .....	O&F	Adopted	Update policy on web
244	Para. 6, Revised of Policy Statement on “Competitive Activities of Officers, Directors and Commission Members” .....	O&F	Adopted	Update policy on web
245	Para. 7, Policy Statement on “Council of Medical Specialty Societies” .....	O&F	Adopted	Update policy on web
245-246	Para. 8, Policy Statement on “Family Medicine, Specialist in” .....	O&F	Adopted	Update policy on web
246	Para. 9, Policy Statement on “Liaison Guidelines” .....	O&F	Adopted	Update policy on web
247-248 247	<b>C – Clinical Data Repository</b> Para. 2, Recommendation to continue evaluation of the feasibility of an AAFP Clinical Data Repository with expected final Board decision expected at the December Board meeting .	PE  PE	Filed  Adopted	  Commission on Quality and Practice <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
249-250	<b>D – Health Care Coverage for All (Revised)</b> .....	Advocacy	Filed	No further action necessary
	Para. 9, Recommendation that the document “Health Care for All: A Framework for Moving to a Primary Care-Based Health Care System in the United States” be adopted as policy in lieu of the previous policy on Health Care for Everyone in Appendix A .....		Adopted	Update policy on web
250A-E	Appendix A, Health Care for All: A Framework for Moving to a Primary Care-Based Health Care System in the United States .....	Advocacy	Adopted	Update policy on web
251-260	<b>E – Patient-Centered Medical Home 2008 Update</b> .....	PE	Filed	No further action necessary
258-260	Appendix A, Joint Principles of the Patient-Centered Medical Home .....	PE	Filed	No further action necessary

## Summary of Actions of the 2008 Congress of Delegates, continued

<b>Handbook Page</b>	<b>Designation and Title</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
261-269	<b>F – AAFP Revenue from Pharmaceutical Companies ..</b>	O&F	Filed	No further action necessary
263-268	Appendix A, Board of Directors Report V to 2006 Congress of Delegates .....	O&F	Filed	No further action necessary
269	Appendix B, Pharmaceutical Company Support to AAFP January-June 2008 .....	O&F	Filed	No further action necessary
271-273	<b>G – Brief Overview of Private Sector Advocacy .....</b>	PE	Filed	No further action necessary
275-276	<b>H – Organizational Restructuring .....</b>	O&F	Filed	No further action necessary
277-279	<b>I – Tar Wars Program .....</b>	HOP&S	Filed	No further action necessary
281-286	<b>J – Working Group on Rural Health .....</b>	O&F	Filed	No further action necessary
287-296	<b>K – FamMedPAC – The AAFP’s Federal Political Action Committee .....</b>	Advocacy	Filed	No further action necessary
292	Appendix A, AAFP Federal Political Action Committee Board of Directors 2008 .....	O&F	Filed	
293-296	Appendix B, 2007-2008 FamMedPAC Contributions by Chapter .....	O&F	Filed	
297-300	<b>L – Using Our Pool of Experience .....</b>	O&F	Filed	No further action necessary
301-304	<b>M – Updated AAFP Strategic Plan .....</b>	O&F	Adopted	Update policy on policy website
303	Para. 13, Recommendation to adopt updated AAFP Strategic Plan .....	O&F	Adopted	
305-306	<b>N – National and State PAC Dues Check Off .....</b>	O&F	Filed	No further action necessary
307-308	<b>O – AAFP Foundation Recommendation on Funding for Tar Wars .....</b>	HOP&S	Filed, except para.12	No further action necessary
308	<p><i>Para. 12, Recommendation to That the following options be presented to the Congress of Delegates for final action as outlined below:</i></p> <p><u>Substitute Option 1:</u>  <i>OPTION 1: That American Academy of Family Physicians support the AAFP Foundation’s efforts to seek funding for tobacco cessation, education, research and Tar Wars by</i></p>	HOP&S	Substitute Option 1 - Adopted Option 2 – Not Adopted	<p>Board of Directors for appropriate referral of Substitute Option 1 to the AAFP Foundation/Commission on Health of the Public and Science</p> <p><a href="mailto:hyoung@aaafp.org">hyoung@aaafp.org</a></p> <p>Option 2 - no further action necessary</p>

# Summary of Actions of the 2008 Congress of Delegates, continued

	<p><i>contacting private foundations and corporate foundations in a manner consistent with current policy to create a one-time endowment, and</i></p> <p><i>That the American Academy of Family Physicians Board present a progress report indicating the amount of available funding for the tobacco control endowment to the Congress of Delegates in 2009 and 2010, and</i></p> <p><i>That the AAFP inform its members of the acute, short-term need for bridging funds to continue Tar Wars until the tobacco control endowment is funded.</i></p> <p><i>OPTION 2: That the Congress of Delegates allow a one-time exception to the AAFP Tobacco and Smoking policy so that the AAFP Foundation could contact corporations with giving programs funded by tobacco monies to determine if any would be willing to provide a one-time major gift to the AAFP Foundation to create an endowment to be used exclusively to support AAFP programs in tobacco cessation education, research and Tar Wars .....</i></p>			
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REPORTS OF COMMISSIONS AND COMMITTEES				
<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
501-514	<b>COMMISSION ON CONTINUING PROFESSIONAL DEVELOPMENT</b>	ALL TO Education	Filed	
503	Para. 14, Policy Statement on "Continuing Medical Education, Definition of" .....	Education	Reaffirmed	Update policy on web
503	Para. 13, Policy Statement on "Continuing Medical Education, Mandatory or Relicensure" .....	Education	Reaffirmed	Update policy on web
504	Para. 14, Policy Statement on "Continuing Medical Education, Physician Reeducation" .....	Education	Adopted	Update policy on web

## Summary of Actions of the 2008 Congress of Delegates, continued

<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
515-540	<b>COMMISSION ON EDUCATION</b>	ALL TO Education	Filed	
519-520	Para. 21, Revised Policy Statement on "Certification/Recertification, Definitions" .....	Education	Adopted	Update policy on web
522	Para. 22, Recommendation to Revise Position Paper on "Family Medicine Graduate Medical Education Training in Rural Practice" in Appendix A ....	Education	Adopted	Update policy on web
520	Para. 23, Policy Statement on "Medical School Graduates" .....	Education	Reaffirmed	Update policy on web
520	Para. 23, Policy Statement on "Preceptorships" .....	Education	Reaffirmed	Update policy on web
520	Para. 23, Policy Statement on "Resident Work Hours" .....	Education	Reaffirmed	Update policy on web
520	Para. 23, Policy Statement on "Health Workforce Training" .....	Education	Reaffirmed	Update policy on web
520	Para. 23, Policy Statement on "Family Medicine, Undergraduate Training in" .....	Education	Reaffirmed	Update policy on web
520-521	Para. 24, Revised Policy Statement on "Family Medicine Faculty Training" .....	Education	Adopted	Update policy on web
521	Para. 25, Revised Policy Statement on "Preventive Medicine" .....	Education	Adopted	Update policy on web
534-540	Appendix A, Revised Position Paper on "Family Medicine Graduate Medical Education Training for Rural Practice" .....	Education	Adopted	Update policy on web
141-147	<b>COMMISSION ON FINANCE AND INSURANCE</b>	ALL to O & F	Filed	
541-560	<b>COMMISSION ON GOVERNMENTAL ADVOCACY</b>	ALL to Advocacy	Filed	
550-551	Para. 47, Policy Statement on "Antisubstitution Laws" .....	Advocacy	Reaffirmed	Update policy on web
550-551	Para. 47, Policy Statement on "Area Health Education Centers" .....	Advocacy	Reaffirmed	Update policy on web
550-551	Para. 47, Policy Statement on "Comprehensive Care" .....	Advocacy	Reaffirmed	Update policy on web
550-551	Para. 47, Policy Statement on "Comprehensive Care, Definition of" .....	Advocacy	Reaffirmed	Update policy on web
550-551	Para. 47, Policy Statement on "Drugs, Therapeutic Substitution" .....	Advocacy	Reaffirmed	Update policy on web
550-551	Para. 47, Policy Statement on "Health Benefits" .....	Advocacy	Reaffirmed	Update policy on web
550-551	Para. 47, Policy Statement on "Health Workforce Credentialing" .....	Advocacy	Reaffirmed	Update policy on web
550-551	Para. 47, Policy Statement on "Licensure" .....	Advocacy	Reaffirmed	Update policy on web

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<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
550-551	Para. 47, Policy Statement on "Military Service, Physicians' Draft"	Advocacy	Reaffirmed	Update policy on web
551	Para. 48, Legislative Stance on "Drug Enforcement Administration (DEA)"	Advocacy	Reaffirmed	Update policy on web
551	Para. 48, Legislative Stance on "Generic Drug Pricing"	Advocacy	Reaffirmed	Update policy on web
551	Para. 48, Legislative Stance on "Pharmacists Dispensing"	Advocacy	Reaffirmed	Update policy on web
551	Para. 49, Deletion of Policy Statement on "Drugs, Safety Packaging"	Advocacy	Adopted	Update policy on web
551-552	Para. 51, Revised Policy Statement on "Good Samaritan Law"	Advocacy	Adopted	Update policy on web
552	Para. 53, Revised Policy Statement on "Legislative Activities"	Advocacy	Adopted	Update policy on web
552-553	Para. 54, Revised Policy Statement on "Licensure/Relicensure, Definition of"	Advocacy	Adopted	Update policy on web
553	Para. 55, Revised Policy Statement on "Long Term Care"	Advocacy	Adopted	Update policy on web
554	Para. 56, Revised Policy Statement on "Medicaid Services"	Advocacy	Adopted	Update policy on web
554	Para. 57, Revised Policy Statement on "National Health Service Corps"	Advocacy	Adopted	Update policy on web
555	Para. 59, Revised Policy Statement on "Political Action"	Advocacy	Adopted	Update policy on web
555	Para. 60, Revised Policy Statement on "Specialty Hospitals"	Advocacy	Adopted	Update policy on web
557	Para. 68, Deletion of Legislative Stance on "Childhood"	Advocacy	Adopted	Delete from web
557	Para. 68, Deletion of Legislative Stance on "Consumer Access to"	Advocacy	Adopted	Delete from web
557	Para. 68, Deletion of Legislative Stance on "Diseases"	Advocacy	Adopted	Delete from web
557	Para. 68, Deletion of Legislative Stance on "Genetic Nondiscrimination in Health Insurance and Employment Act"	Advocacy	Adopted	Delete from web
557	Para. 68, Deletion of Legislative Stance on "Medicare, Access to Physical Therapists"	Advocacy	Adopted	Delete from web
557	Para. 68, Deletion of Legislative Stance on "Medicare Chronic Care Improvement Act"	Advocacy	Adopted	Delete from web

## Summary of Actions of the 2008 Congress of Delegates, continued

<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
557	Para. 68, Deletion of Legislative Stance on "Medicare Fairness in Reimbursement Act of 2002" .....	Advocacy	Adopted	Delete from web
557	Para. 68, Deletion of Legislative Stance on "Medifair Act" .....	Advocacy	Adopted	Delete from web
557	Para. 68, Deletion of Legislative Stance on "Nursing" .....	Advocacy	Adopted	Delete from web
558	Para. 68, Deletion of Legislative Stance on "Prescription Drug Discount Cards" .....	Advocacy	Adopted	Delete from web
558	Para. 68, Deletion of Legislative Stance on "Revitalizing Rural and Underserved Areas" .....	Advocacy	Adopted	Delete from web
558	Para. 69, Revised Legislative Stance on "Culturally Sensitive Interpretive Services" .....	Advocacy	Adopted	Update policy on web
551-566	<b>COMMISSION ON HEALTH OF THE PUBLIC</b>	ALL to HP & S	Filed	
566-568	Para. 38, Revised Policy Statement on "Ethics and Advance Planning for End-of-Life Care" .....	HP & S	Adopted	Update policy on web
568	Para. 39, Revised Policy Statement on "Unethical Experimentation" .....	HP & S	Adopted	Update policy on web
568-569	Para. 40, Revised Policy Statement on "Boxing, Sport of" .....	HP & S	Adopted	Update policy on web
569	Para. 41, New Policy Statement on "Ultimate Fighting and Disabling Competitions" .....	HP & S	Adopted	Update policy on web
569-570	Para. 42, Revised Policy Statement on "Child Abuse" .....	HP & S	Adopted	Update policy on web
570	Para. 43, Revised Policy Statement on "Hospice, Care" .....	HP & S	Adopted	Update policy on web
570	Para. 44, Revised Policy Statement on "Motorized Recreational Vehicles" .....	HP & S	Adopted	Update policy on web
571	Para. 45, Revised Policy Statement on "National Minority Health Month" .....	HP & S	Adopted	Update policy on web
571	Para. 46, Revised Policy Statement on "Residential Pool Safety" .....	HP & S	Adopted	Update policy on web
572	Para. 47, Revised Policy Statement on "Sports Medicine, Counseling About Risk of Contact/Collision Sports" .....	HP & S	Adopted	Update policy on web
572	Para. 48, Revised Policy Statement on "Sports Medicine, Disabled Persons: Participation in Sports and Physical Activities" .....	HP & S	Adopted	Update policy on web

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<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
572-575	Para. 49, Revised Policy Statement on "Tobacco and Smoking" .....	HP & S	Adopted	Update policy on web
575-576	Para. 50, Revised Policy Statement on "Culturally Competent Health Care" .....	HP & S	Adopted	Update policy on web
576	Para. 51, New Policy Statement on "Linguistically Appropriate Health Care" .....	HP & S	Adopted	Update policy on web
576	Para. 52, Revised Position Paper on "Family Physicians Supporting Breastfeeding" in Appendix A .....	HP & S	Adopted	Update policy on web
576	Para. 53, New Position Paper on "Principles for Improving Cultural Proficiency and Care to Minority and Medically-Underserved Communities" In Appendix B .....	HP & S	Adopted	Update policy on web
576	Para. 54, Policy Statement on "Aging" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Driver Education" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Drivers, Impaired, Drunk or Drugged" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Fluoridation of Public Water Supplies" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Health Education Benefits" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Medical Identification" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Migrant Health Care" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Motorcycle and Bicycle Helmet Laws" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "Rape Victim Treatment" .....	HP & S	Reaffirmed	Update policy on web
576	Para. 54, Policy Statement on "School Bus Safety" .....	HP & S	Reaffirmed	Update policy on web
577	Para. 55, Deletion of Policy Statement on "Domestic Partner Health Benefits" .....	HP & S	Adopted	Update policy on web
581-617	Appendix A, Revised Position Paper on "Family Physicians Supporting Breastfeeding" .....	HP & S	Adopted	Update position paper on web
618-622	Appendix B, New Position Paper on "Policy Principles for Improving Cultural Proficiency and Care to Minority and Medically-Underserved Communities" .....	HP & S	Adopted	Update position paper on web

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<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
623-632	<b>COMMISSION ON MEMBERSHIP AND MEMBER SERVICES</b>	ALL to O & F	Filed	
626	Para. 31, Revised Policy Statement on "Medically Underserved" .....	O & F	Adopted	Update policy on web
632	Appendix A – Membership Awards	O & F	Filed	
633-695	<b>COMMISSION ON PRACTICE ENHANCEMENT</b>	ALL to PE	Filed	
635-637	Para. 11, Revised Policy Statement on "Patient-Centered Formularies" .....	PE	Adopted	Update policy on web
641	Para. 31, Revised Position Paper on "Colonoscopy" in Appendix A .....	PE	Adopted	Update position paper on web
643-644	Para. 38, Revised Policy Statement on "Confidentiality, Patient/Physician" .....	PE	Adopted	Update policy on web
644-645	Para. 39, Deletion of Policy Statement on "Confidentiality, Physician/Patient Communications" .....	PE	Adopted	Update policy on web
645	Para. 40, Revised Policy Statement on "Adolescent Health Care, Confidentiality" .....	PE	Adopted	Update policy on web
655	Para. 86, Policy Statement on "Ancillary medical Personnel" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Consultations and/or Referrals, Mandatory" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Gender Equity on Prescription Coverage" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Hospital Medical Staff – Liaison – With Governing Boards" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Laboratory Technicians" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Medical Informatics" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Medicare Reform" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Nursing Profession" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Patient Self- Referral" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Payment, Lower Bidder Concept" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Pre- and Post-Operative Care" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Privilege Overlap" .....	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Privileges" .....	PE	Reaffirmed	Update policy on web

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<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
655	Para. 86, Policy Statement on "Privileges – Assignment of Privileges in Departmentalized Hospitals"	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Privileges – Surgical Assistant Privileges"	PE	Reaffirmed	Update policy on web
655	Para. 86, Policy Statement on "Professional Competence Evaluation"	PE	Reaffirmed	Update policy on web
655	Para. 86, Position Paper on "Training and Credentialing of Family Physicians in Diagnostic OB/GYN Ultrasonography"	PE	Reaffirmed	Update policy on web
656	Para. 88, Revised Policy Statement on "Drugs, Identification"	PE	Adopted	Update policy on web
656-657	Para. 92, New Policy Statement on "Immunizations"	PE	Adopted	Update policy on web
658	Para. 94, Revised Position Paper on "EGD, Training and Credentialing of Family Physicians in" in Appendix B	PE	Adopted	Update position paper on web
658	Para. 96, Revised Policy Statement on "Fees for Patient Education"	PE	Adopted	Update policy on web
659	Para. 98, Deletion of Policy Statement on "Health Care Costs, Principles Regarding Cost Effectiveness"	PE	Adopted	Update policy on web
660-661	Para. 101, Revised Policy Statement on "Medicare Payment"	PE	Adopted	Update policy on web
661	Para. 103, Revised Policy Statement on "Non-Physician Providers (NPPs), Guidelines on Supervision of Certified Nurse Midwives, Nurse Practitioners and Physician Assistants" in Appendix C	PE	Adopted as amended on the floor	Update policy on web
661	Para. 105, Revised Position Paper on "Provider, Use of Term" in Appendix D	PE	Adopted	Update position paper on web
661-662	Para. 106, New Policy Statement on "Provider, Use of Term"	PE	Adopted	Update policy on web
662	Para. 109, Deletion of Policy Statement on "Privileging by Quota"	PE	Adopted	Update policy on web
663	Para. 111, New Policy Statement on "Shared Medical Appointments/Group Visits"	PE	Adopted	Update policy on web
664	Para. 113, New Policy Statement on "e-visits"	PE	Adopted	Update policy on web
666-674	Appendix A, Revised Position Paper on "Colonoscopy:"	PE	Adopted	Update position paper on web

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<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
675-689	Appendix B, Revised Position Paper on “EGD, Training and Credentialing of Family Physicians in” .....	PE	Adopted	Update position paper on web
690-693	Appendix C, Revised Policy Statement on “Non-Physician Providers (NPPs), Guidelines on Supervision of Certified Nurse Midwives, Nurse Practitioners and Physician Assistants” .....	PE	Adopted as amended on the floor	Update policy on web
694-695	Appendix D, Revised Position Paper on “Provider, Use of Term” .....	PE	Adopted	Update position paper on web
697-701	<b>COMMISSION ON QUALITY</b>	ALL to PE	Filed	
700-701	Para. 20, Revised Policy Statement on “Long Term Care Facilities, Continuity of Care” .....	PE	Adopted	Update policy on web
701	Para. 21, Deletion of Policy Statement on “Pediatric Patients, Emergency Care for” ...	PE	Adopted	Update policy on web
703-711	<b>COMMISSION ON SCIENCE</b>	ALL to HP & S	Filed	
708	Para. 41, Policy Statement on “Joint Development of Clinical Practice Guidelines with Other Organizations” .....	HP & S	Reaffirmed	Update policy on web
708	Para. 41, Policy Statement on “Collaborative Research” .....	HP & S	Reaffirmed	Update policy on web
708	Para. 41, Policy Statement on “Drugs – Testing and Selection of” .....	HP & S	Reaffirmed	Update policy on web
708	Para. 41, Policy Statement on “Ethical Behavior for Physicians-Applicable to Research” .....	HP & S	Reaffirmed	Update policy on web
708	Para. 41, Policy Statement on “Ethical Research” .....	HP & S	Reaffirmed	Update policy on web
708	Para. 41, Policy Statement on “Research” .....	HP & S	Reaffirmed	Update policy on web
708	Para. 41, Policy Statement on “Research and Marketing” .....	HP & S	Reaffirmed	Update policy on web
708	Para. 41, Policy Statement on “Sponsored Research” .....	HP & S	Reaffirmed	Update policy on web
708-709	Para. 43, Revised Policy Statement on “Clinical Practice Guidelines” .....	HP & S	Adopted	Update policy on web
709	Para. 44, Deletion of Policy Statement on “Diagnostic Screening” .....	HP & S	Adopted	Update policy on web
709	Para. 45, Revised Policy Statement on “Screening” .....	HP & S	Adopted	Update policy on web
710	Para. 46, New Clinical Recommendation on “Chelation Therapy” .....	HP & S	Adopted	Update recommendation on web

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<i>Handbook Page</i>	<i>Title and Portion</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
710	Para. 47, New Clinical recommendation on "Autism" ..	HP & S	Adopted	Update recommendation on web
751-756	<b>BYLAWS WORKGROUP</b>	ALL to O & F		
751-752	Proposed Amendment No. 1, To Amend the Bylaws to eliminate Use of Certified Mail as a Way to Notify Members of Unpaid Dues .....	O & F	Adopted	Bylaws Staff <a href="mailto:tdicus@aafp.org">tdicus@aafp.org</a> and <a href="mailto:dhille@aafp.org">dhille@aafp.org</a>
752-754	Proposed Amendment No. 2, To Amend the Bylaws to Expand Criteria for AAFP Active Membership 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 Medicine or General Practice ...	O & F	Adopted	Bylaws Staff <a href="mailto:tdicus@aafp.org">tdicus@aafp.org</a> and <a href="mailto:dhille@aafp.org">dhille@aafp.org</a>
754	Proposed Amendment No. 3A, To Amend the Bylaws to increase the ceiling on Membership dues to \$450.00 (From \$350.00) effective January 1, 2009 and that language be incorporated into the Bylaws to adjust that ceiling by inflation on an ongoing basis .....	O & F	Not Adopted	
754-755	Proposed Amendment No. 3B, To amend the Bylaws to increase the ceiling on membership dues to \$450.00 (from \$350.00) effective January 1, 2009.....	O & F	Adopted	Bylaws Staff <a href="mailto:tdicus@aafp.org">tdicus@aafp.org</a> and <a href="mailto:dhille@aafp.org">dhille@aafp.org</a>
755-756	Proposed Amendment No. 4, To Amend the Bylaws to allow AAFP Fellows to accept their certificate for the Degree of Fellow at the Annual Meeting of the AAFP or at a subsequent annual meeting of their constituent chapter .....	O & F	Referred to the Board of Directors	Board of Directors <a href="mailto:dmcdanie@aafp.org">dmcdanie@aafp.org</a>
757-765	AAFP AMA Delegation Report	ALL to O & F	Filed	No further action necessary
149-168	Audit Report	ALL to O & F	Adopted	No referral necessary