

## 2005 National Conference of Special Constituencies Resolutions

<b>Res.</b>	<b>Group</b>	<b>Title and Resolved</b>	<b>Referred</b>	<b>Action</b>
No. 1	IMG	<p><b>FAMILY PHYSICIANS AS HOSPITALIST</b></p> <p>RESOLVED, That the American Academy of Family Physicians work in collaboration with organizations like the American College of Physicians, the National Association of Inpatient Physicians, and the American Academy of Pediatrics to recognize and support the training, competence and qualification of family physicians as hospitalists.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	The subcommittee determined that not only does the AAFP have a statement on hospitalists that clearly recognizes and supports the training, competence and qualifications of family physicians as hospitalists, but has also secured a joint letter between the AAFP and the Society of Hospital Medicine, which also supports family physicians as hospitalists. This letter is available to members via the AAFP Web site. The subcommittee determined that these current resources are sufficient to meet the intent of this resolution.
No. 2	Joint	<p><b>ESTABLISH NATIONAL INTERACTIVE DATABASE RELATIVE TO HEALTH PLAN THREATS TO FAMILY PHYSICIANS</b></p> <p>RESOLVED, That the American Academy of Family Physicians establish a national database that is accessible via the internet for the interactive collection and dissemination of health plan data relative to threats of family physician restriction, termination or exclusion from health plans.</p>	<b>This resolution was not adopted.</b>	
No. 3	WOM	<p><b>SUPPORT FOR BREAST PUMPS AS DURABLE MEDICAL EQUIPMENT</b></p> <p>RESOLVED, That the American Academy of Family Physicians support the classification of breast pumps as Durable Medical Equipment.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	Upon consideration, the commission noted that the Academy has a policy statement and a position paper on breastfeeding. However, nothing in the current policy or position statement speaks to the issue of breast pumps as durable medical equipment (DME), and the Academy does not have a current

				<p>policy on DME in general. The commission also noted that while there is a definition of DME in the Medicare statute, there is no commonly accepted definition outside of that. Breast pumps do not fit the Medicare definition of DME. The commission concluded that the best way to address the intent of the resolution was to ask the Commission on the Health of the Public (CoHP) to consider adding the following language to the existing position paper on breast feeding:</p> <p><i>The AAFP supports efforts to reduce societal and financial barriers to breast feeding, including improving access to breast pumps. Third party payers should provide coverage for breast pumps in cases of medical necessity.</i></p> <p>The commission directed staff to communicate this request to staff of the CoHP.</p>
No. 4	GLBT	<p><b>MEMBERSHIP POLICY ON DISCRIMINATION IN EVALUATION</b></p> <p>RESOLVED, That the membership policy regarding “Discrimination in Evaluation” be amended to include “gender identity” in the list of characteristics for which non-discrimination in membership is strongly supported.</p>	This resolution was referred to the Congress of Delegates.	<p>Adopted as amended, combined Resolution Nos. 4, 6, &amp; 48:  <b>RESOLVED</b>, That the policies of the American Academy of Family Physicians regarding discrimination be edited to state that the American Academy of Family Physicians opposes all discrimination in any form, including but not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin.</p> <p>The appropriate policies have been</p>

				changed on the policy web page to reflect the above.
No. 5	Joint	<p><b>PART-TIME MALPRACTICE RATES</b></p> <p>RESOLVED, That the American Academy of Family Physicians urge all malpractice carriers in the United States to offer part-time malpractice insurance rates, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians urge all malpractice carriers to offer part-time coverage that is in keeping with the actual number of hours worked and not just the minimum 20 hours that is considered part-time coverage, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians educate legislators about the need for malpractice carriers to offer part-time coverage.</p>	The Board of Directors has referred the 1 <sup>st</sup> and 2 <sup>nd</sup> Resolved Clauses to the Commission on Practice Enhancement and the 3 <sup>rd</sup> Resolved to the Commission on Governmental Advocacy.	<p>1<sup>st</sup> and 2<sup>nd</sup> Resolved Clauses: The commission noted that the Academy has existing policy on “Professional Medical Liability” that explicitly supports “differential premiums for beginning and part time physicians.” However, the commission did not know how many malpractice insurance carriers already offer part-time rates. Accordingly, the commission directed staff to survey the state chapters regarding the availability of part-time liability coverage in their state and report back to the commission in May.</p> <p>3<sup>rd</sup> Resolved Clause: The commission felt that this resolution addressed an important need for those family physicians who work part-time. However, members agreed that this was clearly a state insurance regulation issue. Recommend to the Board of Directors that the AAFP send a letter to the NAIC about the need for carriers of malpractice insurance to include coverage for physicians who work part-time.</p>
No. 6	GLBT	<p><b>DISCRIMINATION IN RESIDENT EDUCATION</b></p> <p>RESOLVED, That the American Academy of Family Physicians amend the “Discrimination in Resident Education” policy to read as follows: The AAFP encourages a supportive environment for student and resident education regardless of an individual’s race, color, religion, gender, sexual</p>	This resolution was referred to the Congress of Delegates.	<p>Adopted as amended, combined Resolution Nos. 4, 6, &amp; 48: RESOLVED, That the policies of the American Academy of Family Physicians regarding discrimination be edited to state that the American Academy of Family Physicians opposes all discrimination in any form, including but not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender</p>

		orientation, gender identity, disability, ethnic affiliation, national origin, or accredited medical school attended.		identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin.  The appropriate policies have been changed on the policy web page to reflect the above.
No. 7	NEW PHYS	<p><b>END-OF-LIFE CARE AND EDUCATION</b></p> <p>RESOLVED, That the American Academy of Family Physicians provide resources, including links to Web sites such as <a href="http://www.livingwillregistry.org">www.livingwillregistry.org</a> for advance directives, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide educational materials to physicians to improve their ability to discuss and implement end-of-life care, including symptom management, palliative care, and advance directives with our patients, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage family medicine residency programs to include more formal instruction on end-of-life care.</p>	The Board of Directors referred the 1 <sup>st</sup> Resolved Clause to the Executive Vice President, the 2 <sup>nd</sup> Resolved Clause to the Commission on Continuing Professional Development and the 3 <sup>rd</sup> Resolved Clause to the Commission on Education.	<p>1<sup>st</sup> Resolved Clause: A link to <a href="http://www.uslivingwillregistry.com/">http://www.uslivingwillregistry.com/</a> will be added to <a href="http://www.familydoctor.org">www.familydoctor.org</a>. It is a nationwide site that provides information and assistance with advance directives and living wills.</p> <p>2<sup>nd</sup> Resolved Clause: The following CME activities have included information regarding right-to-refuse-care and other end-of-life issues: 1. ACF 2004 CME video/monograph program had a section on Advance Care Planning which included end-of-life care. This was distributed to all 94,000 members. All AAFP CME activities are to include cultural sensitivity as applicable. 2. A 3-hour course on "Caring Without Curing: It's Okay to Die" was presented at the 2003 Scientific Assembly. 3. For ACF 2007 Management of Chronic Illness, one of the learning objectives is: "Describe how to help family/caregivers manage end of life care and maintain family integrity." Overall ACF 2007 program is in planning process. 4. The 2004 member CME needs survey of health care management topics included "advance directives," which</p>

				<p>ranked 44th of 55 topics.</p> <p>Four items from <i>American Family Physician</i>: Respecting End-of-Life Treatment Preferences (October 1, 2005); Cultural Diversity at the End of Life: Issues and Guidelines for Family Physicians (February 1, 2005); Making Decisions with Families at the End of Life (August 15, 2004); Advance Directives (October 1, 2005; Patient Education Handout).</p> <p>The Family Medicine Board Review courses cover Nursing Home Care, which includes end-of-life issues, palliative care and advance directives.</p> <p>The Geriatrics Course includes Death and Dying and Ethics (end of life, palliative care and advance directives).</p> <p>3<sup>rd</sup> Resolved Clause: A curriculum guideline entitled <i>End of Life</i> already exists and was revised in 2003. The Subcommittee on Graduate Curriculum recommended and the CoE agreed that the third resolved clause be accepted for information.</p>
No. 8	IMG	<p><b>NATIONAL CONFERENCE OF SPECIAL CONSTITUENCIES' SEAT ON THE BOARD OF DIRECTORS</b></p> <p>RESOLVED, That the American Academy of Family Physicians Board of Directors create a Board seat for a member of the National Conference of Special Constituencies.</p>	<b>This resolution was not adopted.</b>	

No. 9	MIN	<p><b>OPPOSING FINANCIAL DISINCENTIVES FOR PARTICIPATING IN THE MEDICAID PROGRAM</b></p> <p>RESOLVED, That the American Academy of Family Physicians vigorously oppose legislation that would financially penalize physicians who participate in the Medicaid program.</p>	The Board of Directors referred this resolution to the Commission on Governmental Advocacy.	The commission agreed with the sense of the resolution and felt that it was certainly current AAFP policy. But, commission members expressed some reservation about the level of activity implied by the phrase “vigorously oppose.” There also was concern that the emphasis in this resolution was on the costs for physicians rather than on the costs for patients. The commission will take no action.
No. 10	NEW PHYS	<p><b>FAMILY MEDICINE IN THE MEDIA</b></p> <p>RESOLVED, That the American Academy of Family Physicians take advantage of the media and create ways to advertise and publicize the role of family physicians to the public both nationally and locally.</p>	The Board of Directors referred this resolution to the Board itself. Further referred to the Executive Vice President.	Accepted for information as current Academy policy.
No. 11	WOM	<p><b>PHYSICIAN AND PATIENT EDUCATION ON SAFE USE OF BREAST PUMPS</b></p> <p>RESOLVED, That the American Academy of Family Physicians work with industry and relevant organizations to develop improved breast pump technology and safety, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support and improve physician and patient education in the appropriate and safe use of breast pumps.</p>	The Board of Directors referred this resolution to the Board itself.	<p>1<sup>st</sup> Resolved Clause: No action to be taken as it is not an Academy priority at this time.</p> <p>2<sup>nd</sup> Resolved Clause: Accepted for information as current Academy policy.</p>
No. 12	IMG	<p><b>EQUITABLE LICENSURE REQUIREMENT FOR INTERNATIONAL MEDICAL GRADUATES</b></p>	The Board of Directors referred this resolution to the Board itself.	Accepted for information as the Board took action on this issue during the August 2005 Board meeting.

		RESOLVED, That the American Academy of Family Physicians Board of Directors report back to the Special Constituencies subcommittee of the Commission on Membership and Member Services on the progress and action plan regarding the equitable licensure requirements for both international and U.S. medical graduates.		
No. 13	NEW PHYS	<p><b>TAX DEDUCTIBLE STUDENT LOAN INTEREST</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate for deduction of all student loan interest on federal income taxes, regardless of income level.</p>	<b>This resolution was not adopted.</b>	
No. 14	MIN	<p><b>PUBLIC HEALTH AND SAFETY OF WORKING IMMIGRANTS</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage its constituent chapters to educate and make physicians aware of the actions of anti-immigrant groups that endanger the health and safety of immigrants traveling/working in the United States (i.e., through continuing medical education activities), and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians Board of Directors direct its American Medical Association delegates present to the American Medical Association House of Delegates a resolution to develop a national educational campaign of the</p>	The Board of Directors referred this resolution to the Board itself. The 1 <sup>st</sup> Resolved Clause is further referred to the Commission on Health of the Public.	<p>1<sup>st</sup> Resolved Clause: To be addressed by CoHP at May cluster meeting.</p> <p>2<sup>nd</sup> Resolved Clause: No action to be taken; stands pending the resolution of the 1<sup>st</sup> Resolved Clause from the CoHP.</p>

		safety risks placed on immigrants traveling/working in the United States.		
No. 15	WOM	<p><b>WOMEN PHYSICIAN ADVANCEMENT IN ACADEMIC AND EXECUTIVE SETTINGS</b></p> <p>RESOLVED, That the American Academy of Family Physicians solicit and fund research studies to investigate possible discrepancies in professional advancement between men and women in both academic settings and executive leadership in family medicine, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians solicit and fund research studies to investigate whether women are paid equally for executive and faculty positions as men in the same positions in family medicine, and, be it further</p> <p>RESOLVED, That all research on women physicians' advancement in family medicine academic and executive settings be made available to the American Academy of Family Physicians leadership and its members.</p>	The Board of Directors referred this resolution to the Board itself.	No action to be taken as other organizations are undertaking this and the data is readily available.
No. 16	NEW PHYS	<p><b>MANAGEMENT TRAINING FOR RESIDENTS</b></p> <p>RESOLVED, That the American Academy of Family Physicians offer courses in management skills at the National Conference of Family Medicine Residents and Medical Students, and, be it further</p>	The Board of Directors referred this resolution to the Commission on Education.	1 <sup>st</sup> Resolved Clause: Practice management is one of the six major focus areas for National Conference programming. A total of five practice management workshops are planned for the 2006 conference. The Subcommittee on National Conference Planning and the CoE agreed that the first resolved clause of Resolution No. 16 be accepted for information.

		RESOLVED, That the American Academy of Family Physicians encourage residencies to include specific training in management skills, including, but not limited to, evaluation and coaching of employees, creative problem solving, and managing change.		2 <sup>nd</sup> Resolved Clause: Training in management skills, coaching employees, creative problem solving and managing change should be incorporated in the expanded hours (change from 60 to 100 hours) of the practice management requirements for the July 2006 RRC-FM program requirements. The Subcommittee on Graduate Curriculum recommended and the CoE agreed that the second resolved clause of Resolution No. 16 be accepted for information.
No. 17	NEW PHYS	<p><b>PERFORMANCE-ENHANCING SUBSTANCE ABUSE IN ATHLETES</b></p> <p>RESOLVED, That the American Academy of Family Physicians take a stand against the use of performance-enhancing substances, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide family physicians with educational resources to adequately prevent, screen for, and treat the harmful effects of performance-enhancing substances, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians promote awareness among athletes, coaches and families on the harmful effects of performance-enhancing substances.</p>	The Board of Directors referred this resolution to the Commission on Health of the Public.	Accepted for information and reaffirmed the policy. The CoHP found that the Commission on Science is reviewing the policy as part of their 5-year review. The CoS will take action at the May cluster meeting.
No. 18	Joint	<p><b>INCLUSIVITY FOR DISABLED MEMBERS</b></p> <p>RESOLVED, That the American Academy of Family Physicians</p>	The Board of Directors referred this resolution to the Commission on Membership and Member Services.	Accepted for information, with the knowledge that the AAFP currently has an Inactive member status available. Members with long-term disabilities are among those eligible for this Inactive

		<p>establish standards and procedures whereby long-term disabled members have access to membership and the Scientific Assembly at a substantially reduced cost.</p>		<p>membership status. The AAFP also has in place a dues-waiver program. If, due to the disability, a member's financial capacities are affected or restricted in any way, the member may be eligible for the dues-waiver option.</p>
No. 19	WOM	<p><b>PRESERVATION OF PATIENTS' ACCESS TO PRESCRIPTION MEDICATIONS</b></p> <p>RESOLVED, That the American Academy of Family Physicians draft a position paper reflecting support for patients access to medications that have been decided upon in formation of the therapeutic plan with their physician, regardless of the conscientious objection of the dispensing pharmacist, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians open a dialogue with the American Pharmaceutical Association to discuss the issue of how to preserve the therapeutic plan conceived within the physician-patient relationship, and establish accountability for patient access to medication while also respecting the right of conscientious objection of the individual pharmacist, and, be it further</p> <p>RESOLVED, That the issue of access to medications that have been decided upon in formation of the therapeutic plan with their physician, regardless of the conscientious objection of the dispensing pharmacist, be forwarded to</p>	<p>The 1<sup>st</sup> and 3<sup>rd</sup> Resolved Clauses were referred to the Board of Directors itself and the 2<sup>nd</sup> Resolved Clause was referred to the Congress of Delegates. The 1<sup>st</sup> Resolved Clause was further referred to the Commission on Governmental Advocacy. The amended 2<sup>nd</sup> Resolved Clause was further referred to the Commission on Governmental Advocacy.</p>	<p>1<sup>st</sup> Resolved Clause: Referred; CGA will be dealing with Congress of Delegates Substitute Resolution 501 on this issue.</p> <p>2<sup>nd</sup> Resolved Clause: Adopted as amended and referred: RESOLVED, That the AAFP open a dialogue with the appropriate pharmaceutical organizations to discuss the issue of how to preserve the therapeutic plan conceived within the physician-patient relationship, and establish accountability for patient access to medication while also respecting the right of conscientious objection of the individual pharmacist, and be it further</p> <p>RESOLVED, That the AAFP oppose measures that interfere with prompt dispensing of all medications, including emergency contraception, which must be taken promptly to optimize efficacy.</p> <p>1<sup>st</sup> &amp; 2<sup>nd</sup> Resolved Clauses—CGA: The CGA noted that physicians and pharmacists have a common goal to ensure that patients are able to fill their prescriptions, even when a pharmacist has an objection to a medication. One way of resolving this issue is for pharmacies to have a system in place to handle this situation. For example,</p>

		the FamMed Political Action Committee for consideration of advocacy at the national level.		<p>commission members believed that part of such a system would require that a patient's prescription be returned by the pharmacist who refused to fill it.</p> <p>Members felt it would be most useful for the staff to contact appropriate pharmaceutical organizations; inform them of our current policy; and report back at the May meeting. However, since this is an issue for women's health medications; psychotropic drugs; and pain prescriptions, these concerns also should be communicated to other health care organizations.</p> <p>3<sup>rd</sup> Resolved Clause: No action to be taken.</p>
No. 20	WOM	<p><b>PROMOTION OF RESIDENCY TRAINING IN FULL SPECTRUM WOMEN'S HEALTH CARE</b></p> <p>RESOLVED, That the American Academy of Family Physicians recommend to the Residency Review Committee that Family Medicine Residency Programs provide residents with annual, up-to-date lectures in evidence-based contraception and pregnancy options counseling, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend to the Residency Review Committee that training in medical and surgical abortion would be included in residency curriculum. Residents may choose not to participate if they are</p>	<b>This resolution was not adopted.</b>	

		opposed to performing abortions. Family Medicine Residencies would therefore adopt an “opt out” policy for individual residents not desiring abortion training.		
No. 21	GLBT	<p><b>LIFE SUSTAINING TREATMENT AND PATIENTS LACKING CAPACITY TO PARTICIPATE IN HEALTH CARE DECISION-MAKING</b></p> <p>RESOLVED, That the American Academy of Family Physicians strongly support the inclusion of a patient’s domestic partner in discussions regarding treatment decisions for patients lacking decision-making capacity who have not established prior documentation clarifying a decision making surrogate.</p>	The Board of Directors referred this resolution to the Commission on Health of the Public.	The CoHP reviewed the policies, “Ethics, Core Principles for End of Life Care”; End of Life Care, Life Sustaining Treatment, and Unethical Experimentation. They were modified to incorporate the intent of this resolution.
No. 22	Joint	<p><b>FAMILY PHYSICIAN PHYSICAL FITNESS</b></p> <p>RESOLVED, That the National Conference of Special Constituencies Planning Committee incorporate an organized physical activity in which attendees could participate, and that this physical activity be promoted via appropriate media outlets.</p>	The Board of Directors referred this resolution to the Commission on Membership and Member Services.	Accepted for information, with the knowledge that NCSC conference staff have implemented a new Yoga session to be held this year on Thursday (5/4), Friday (5/5), and Saturday (5/6) mornings. At the suggestion of previous NCSC attendees, the conference staff recognized the members’ desire to participate in an organized physical activity during the conference.
No. 23	IMG	<p><b>INTERNATIONAL MEDICAL STUDENT/INTERNATIONAL MEDICAL GRADUATE PRE-RESIDENCY CLERKSHIP/PRECEPTORSHIP TRAINING</b></p> <p>RESOLVED, That the American Academy of Family Physicians provide a means to disseminate information via</p>	The Board of Directors referred this resolution to the Commission on Membership and Member Services.	Accepted for information, with the knowledge that AAFP’s International Activities Department has designed valuable tools to help IMG members achieve equity in the workforce. The AAFP’s main webpage provides a lengthy list of internet resource links for IMGs. A member may also sign up to participate in the IMG Listserv or contact staff in the International Activities

		listserv between international medical students, international medical graduates, and active members of the American Academy of Family Physicians, residency program personnel, community-based clinicians regarding availability of clerkships and/or preceptorships.		Department at AAFP Headquarters to be placed in the IMG database. This database was designed to help physicians work with residency programs, clerkships and/or preceptorships.
No. 24	IMG	<p><b>HOME PAGE WEB LINK FOR INTERNATIONAL MEDICAL GRADUATES</b></p> <p>RESOLVED, That the international medical graduate Web link have visibility and access directly from the American Academy of Family Physicians homepage.</p>	The Board of Directors referred this resolution to the Board itself. Further referred to the Executive Vice President.	<p>International Medical Graduates (IMGs) are one of the AAFP’s special constituencies. At present, we do not identify each of the special constituencies on the AAFP home page for reasons of space. Relevant information is found in the “Members” section under “special constituencies.”</p> <p>In future redesigns of the AAFP’s Web sites, we will be considering alternative ways of organizing important information on the home page and may find a better way to direct users to this information at that time.</p>
No. 25	WOM	<p><b>URGE ALL PHARMACIES TO PROVIDE FULL RANGE OF MEDICATIONS</b></p> <p>RESOLVED, That the American Academy of Family Physicians go on record as urging all pharmacies including those owned by large corporate entities, such as but not limited to Wal-Mart, to provide a full range of medications including emergency contraception if they are the only source in their service area.</p>	The Board of Directors referred this resolution to the Commission on Health of the Public.	The commission took no action but agreed to consider it at the May meeting.
No. 26	GLBT	<p><b>EDUCATION IN GAY, LESBIAN, BISEXUAL, TRANSGENDER ISSUES</b></p>	The Board of Directors referred this resolution to the Commission on Continuing	An AAFP CME offering related to this topic was an <i>AFP</i> article in 2004 on health screening for gay men. This topic

		<p>RESOLVED, That the American Academy of Family Physicians incorporate education about Gay, Lesbian, Bisexual and Transgender health issues in all relevant American Academy of Family Physicians-sponsored educational activities, including, but not limited to, conferences regarding Women's Health, Adolescent Health, Maternity Care, and Geriatrics, and, be it further</p> <p>RESOLVED, that the American Academy of Family Physicians investigate the feasibility of creating a curriculum pertaining to Gay, Lesbian, Bisexual and Transgender health issues that could be taught to medical students, residents, and practicing physicians.</p>	Professional Development.	<p>has not specifically been addressed by the conferences mentioned in the resolution.</p> <p>The topics of health care for gay men and health care for lesbians both ranked 63<sup>rd</sup> of 68 topics in the 2004 member CME needs survey.</p> <p>A course proposal has been accepted for 2006 Scientific Assembly which includes topics on providing culturally competent care for GLBT patients and there was a main stage lecture on this topic at 2005 Scientific Assembly.</p>
No. 27	MIN	<p><b>IMMIGRANT HEALTH ANNUAL CLINICAL FOCUS</b></p> <p>RESOLVED, That the American Academy of Family Physicians Board of Directors direct the appropriate commissions to develop an Annual Clinical Focus on Immigrant Health.</p>	The Board of Directors referred this resolution to the Commission on Continuing Professional Development.	<p>This topic was included in the list of proposed topics for ACF 2008 and ACF 2009 at the January 2006 CoCPD meeting.</p> <p>Immigrant health has been the subject of a few recent articles in <i>AFP</i>.</p> <p>The California Academy has published a toolkit for physicians and their office staff entitled, "Addressing Language Access Issues in Your Practice."</p> <p>The California chapter offered the Committee on Scientific Program a course on Language Access for the 2005 Assembly which is integral to their toolkit. The 2006 Scientific Assembly has scheduled three courses that address</p>

				topics relevant to this resolution: Basic Medical Spanish; Language Access Issues; and Cultural Proficiency.
No. 28	WOM	<p><b>HPV EDUCATION</b></p> <p>RESOLVED, That the American Academy of Family Physicians promote additional physician education through residency training, continuing medical Education and articles in academic journals to increase awareness of Human Papilloma Virus as a risk factor for not only cervical cancer, but also oral and rectal cancers, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians promote awareness among family physicians of the pressure upon adolescent females to perform oral sex and the psychosocial and health implications that this can incur, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage physicians to expand their health history questioning of adolescents to include not only sexual activity, implying intercourse, but to include oral and anal sexual habits as well, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support outreach and educational programs for the adolescent community by enhancing existing sex education programs as related to the risk of oral, anal and cervical cancer as a result of HPV</p>	The Board of Directors referred the 1 <sup>st</sup> Resolved Clause to the Commission on Continuing Professional Development and the 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4 <sup>th</sup> Resolved Clauses to the Commission on Health of the Public.	<p>1<sup>st</sup> Resolved Clause: The CoCPD has satisfactorily met this charge. In 2004, the CoCPD received a referral on HPV from the National Conference of Residents and Students, and the following list of HPV information was compiled at that time:</p> <p>Home Study monographs <i>Genital Cancer</i>, April 2003 and <i>Midlife Care of Women</i>, July 2002</p> <p>The Colposcopy course and self-study procedural skills package address HPV.</p> <p>The Family Centered Maternity Care Course includes a lecture on the topic of “HPV and the Abnormal Pap Smear.”</p> <p>HPV is addressed at the Family Practice Board Review Course in the workshop and lecture on perinatal infections and during the STD lecture. The Infant, Child, and Adolescent Medicine course includes a talk on HPV.</p> <p>The main-stage lecture at the 2002 Annual Scientific Assembly was entitled “Emerging STDs” and included information about HPV and most years have two-hour seminars on STDs.</p> <p>The Annual Scientific Assembly colposcopy lecture includes information about HPV.</p>

		infection.		<p>Several articles addressing this topic have been published in <i>American Family Physician</i>.</p> <p>Twenty-four patient education pieces are currently available through familydoctor.org including: Human Papilloma Virus Testing, Genital Warts, <a href="http://www.familydoctor.org/x1572/html">http://www.familydoctor.org/x1572/html</a></p> <p>In addition, there will be a talk on the main stage at 2006 Scientific Assembly addressing HPV. This topic is included in "Word of Mouth: An Oral Medicine Primer," a two-hour seminar element at the 2006 Assembly.</p> <p>2<sup>nd</sup>, 3<sup>rd</sup>, &amp; 4<sup>th</sup> Resolved Clauses: The commission reviewed and agreed that the Adolescent Care policy should be modified to address the content of the resolved clauses. Staff was asked to make revisions and bring the revised policy to the May meeting of the CoHP for final action.</p>
No. 29	MIN	<p><b>NEED FOR CULTURAL COMPETENCY IN MEDICAL EDUCATION</b></p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with the Accreditation Council for Graduate Medical Education in strongly implementing guidelines for core curriculum on cultural competency in family medicine residency programs, and, be it further</p>	The Board of Directors referred this resolution to the Commission on Education.	The subcommittee's discussion focused on the intent of the resolution and the current actions by the AAFP, Society of Teachers of Family Medicine and other organizations with oversight for medical school and residency curriculum. The AAFP, AAMC, LCME and ACGME already are working to implement curriculum guidelines that address cultural competency. Recent examples of family medicine leadership addressing this issue include the appointment of Jeanette South-Paul, MD, as the chair of the AAMC working group, Tools for

		RESOLVED, That the American Academy of Family Physicians collaborate with the Association of American Medical Colleges in strongly implementing guidelines for core curriculum on cultural competency in medical school programs.		Assessment of Cultural Competency Training, and the new RRC-FM program requirements that include an updated statement on the importance of demonstrating cultural competence. The SRSI recommended and the CoE agreed that Resolution No. 29 be accepted for information.
No. 30	GLBT	<p><b>MAINTAINING DIVERSITY IN THE NEW AAFP GOVERNANCE STRUCTURE</b></p> <p>RESOLVED, That when members of the commissions are chosen, that the selection process take into consideration the need for representation from the diverse groups recognized as special constituencies by the American Academy of Family Physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) present a report to the 2007 National Conference on Special Constituencies documenting the percentage of its Board members, commission members and the AAFP Congress of Delegate's delegates and alternate delegates representing each of the diverse groups recognized as Special Constituencies to the extent possible given current data and continue to do so yearly thereafter.</p>	The Board of Directors referred this resolution to the Board itself.	Accepted for information as current policy.
No. 31	WOM	<p><b>DISPENSING MEDICATION FROM THE PHYSICIAN'S OFFICE</b></p> <p>RESOLVED, That the American Academy of Family Physicians</p>	The Board of Directors referred this resolution to the Commission on Practice Enhancement.	Upon consideration, the commission noted that the dispensing of medications is regulated at the state level, and, as such, the economic, legal, and procedural issues will vary from state to state. The commission further noted that the legal

		investigate the economic, legal, and procedural issues involved in establishing the ability for family physicians to dispense medications from their office.		and procedural information requested in the resolution is readily available through the National Association of Boards of Pharmacy (NABP) web site ( <a href="http://www.nabp.net">www.nabp.net</a> ) at minimal cost (\$10.00). The commission observed that economic considerations will, in all likelihood, be practice specific and that the member demand and need for the requested information is not clear. Accordingly, the commission decided to accept the resolution for information and report back to the NCSC regarding the ready availability of the information through the NABP web site.
No. 32	Joint	<p><b>PREVENTING RESTRICTION OF SCOPE OF PRACTICE</b></p> <p>RESOLVED, That the American Academy of Family Physicians advise all constituent chapters to work with local insurers and regulators to establish fair and equitable professional medical liability insurance rates and health insurance payment rates for family physicians who provide a range of services within their scope of practice, including medication and early aspiration abortion, among other services, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians will advise constituent Chapters of efforts to resolve issues of insurers restricting scope of practice, and serve as a resource for advice and information sharing on solutions as they appear in individual states.</p>	<p>This resolution was referred to the Congress of Delegates. The 1<sup>st</sup> &amp; 4<sup>th</sup> amended Resolved Clauses were further referred to the Commission on Governmental Advocacy. The 2<sup>nd</sup> &amp; 3<sup>rd</sup> amended Resolved Clauses were further referred to the Commission on Practice Enhancement.</p>	<p>Adopted as amended and referred: RESOLVED, That the AAFP encourage all constituent chapters to work with insurers and insurance regulators to establish fair and equitable professional liability insurance rates for services provided by family physicians for which they are qualified based upon their training, experience and current competency, and be it further</p> <p>RESOLVED, That the AAFP encourage all constituent chapters to work with insurers and insurance regulators within their state to establish fair and equitable health insurance payment rates for family physicians' services for which they are qualified based upon their training, experience and current competency, and be it further</p> <p>RESOLVED, That the AAFP support chapter efforts to resolve issues of insurers restricting scope of practice and</p>

			<p>serve as a resource and clearinghouse for solutions as they appear in individual states, and be it further</p> <p>RESOLVED, That the AAFP collect information on regional variation in professional liability insurance rates for comparable coverage, including limitations and exclusions, with a written report including the findings to the 2006 Congress of Delegates.</p> <p>1<sup>st</sup> &amp; 4<sup>th</sup> Resolved Clauses: To be addressed by CGA at May cluster meeting.</p> <p>2<sup>nd</sup> &amp; 3<sup>rd</sup> Resolved Clauses: The amended resolved clauses ask that the AAFP encourage all constituent chapters to work with insurers and insurance regulators within their state to establish fair and equitable health insurance payment rates for family physicians' services for which they are qualified based upon their training, experience and current competency. They also asked that the AAFP support chapter efforts to resolve issues of insurers restricting scope of practice and serve as a resource and clearinghouse for solutions as they appear in individual states.</p> <p>The CPE viewed this as primarily a contractual issue between physicians and health plans, and it was recommended that the commission re-visit the issue at the May cluster meeting. In the meantime, Dr. Hirsch agreed to work</p>
--	--	--	---

				with staff to collect data related to the issue and develop recommendations for the commission's consideration.
No. 33	NEW PHYS	<p><b>USING FUTURE OF FAMILY MEDICINE CONCEPTS AS REIMBURSEMENT INCENTIVES</b></p> <p>RESOLVED, That the American Academy of Family Physicians develop resources focused on educating and influencing physician employers (preferred provider organizations, IPOs, health systems, etc) and third party payors so that the Future of Family Medicine principles will be considered when making policy changes and reimbursement decisions.</p>	The Board of Directors referred this resolution to the Commission on Practice Enhancement.	<p>The Academy has met with large national payers and shared extensive material on the FFM's new model of care. Additionally, the Board is currently developing a "family medicine value proposition" for presentation to large employers and health plans. This presentation addresses the FFM new model principals in describing family physician's value in America's health care system and will be repurposed for other audiences.</p> <p>The commission noted that the resolution anticipates Academy development of unspecified resources aimed at two audiences: entities that employ physicians and third party payers. The purpose of the resources would be to educate and influence members of both audiences to consider FFM principles when they make policy changes and reimbursement decisions.</p> <p>In terms of resources related to the FFM principles, the commission noted that there is a web site dedicated to FFM at <a href="http://www.futurefamilymed.org/">http://www.futurefamilymed.org/</a> that includes multiple resources. It also noted that the Academy has published articles on the FFM in both <i>Family Practice Management</i> and <i>AAFP News Now</i>. They have also published articles on the features of the New Model practice (e.g., group visits, electronic health records (EHRs), etc.). Additional information on</p>

				<p>implementing these features is also available in various areas of the Academy's web site. Finally and most ambitiously, the Academy has created a new entity, TransforMed (formerly known as the Practice Resource Center), to help implement the FFM through a national demonstration project and other means.</p> <p>The commission concluded that it seems reasonable to expect that, as part of the national demonstration project it will implement in 2006, TransforMed and its demonstration sites will, of necessity, need to educate and influence the physician employers and third party payers with which the demonstration sites interact. As such, the demonstration project may yield practical and tested resources anticipated by the resolution that would be superior to anything the Academy might develop in the absence of such experience. Accordingly, the commission decided to accept the resolution for information until such time as the results of the national demonstration project are available.</p>
No. 34	WOM	<p><b>COMPREHENSIVE SEXUALITY EDUCATION</b></p> <p>RESOLVED, That the American Academy of Family Physicians revise its recommendations for Adolescent Health Care, Sexuality and Contraception (American Academy of Family Physicians p.10 (a)) to adopt evidence-based sexuality education teaching that includes abstinence,</p>	The Board of Directors referred this resolution to the Commission on Health of the Public.	After review and discussion, the commission agreed to add the suggested language to the Adolescent Health policy and directed staff to include it in the revision being considered in May.

		<p>contraception and sexually transmitted infection prevention and that urges schools to implement these educationally sound programs, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide to family physicians resources on evidence-based sexuality education teaching that have been proven effective in reducing unintended pregnancy and sexually transmitted infections.</p>		
No. 35	MIN	<p><b>MENTORING POLICY FOR STATE CHAPTERS</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage constituent chapters to form liaisons with state boards of education in order to increase mentoring for students from predominately minority high schools, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend that the Residency Review Committee of the Accreditation Council for Graduate Medical Education include mentoring minority high school students as part of family medicine residents' community medicine rotation, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians research the development of a start-up grant program for practicing physicians and</p>	<p>The Board of Directors referred the 1<sup>st</sup> and 3<sup>rd</sup> Resolved Clauses to the Commission on Membership and Member Services and the 2<sup>nd</sup> Resolved Clause to the Commission on Education.</p>	<p>1<sup>st</sup> &amp; 3<sup>rd</sup> Resolved Clauses: A lateral referral to the Commission on Education has been requested with the suggestion that the terms "underserved" and/or "underprivileged" be included in addition to "minority." Activity regarding mentoring for students falls under the purview of the Commission on Education and, thus, the subcommittee believes that this issue is best addressed by that group. There are also a number of activities the Division of Medical Education and the Commission on Education currently have in place that are addressing the issue.</p> <p>2<sup>nd</sup> Resolved Clause: The subcommittee feels that mentoring minority high school students does not fall under the jurisdiction of the RRC-FM. Some communities do not have minority students. The subcommittee feels that mentoring should be available to all high school students as part of the discipline's overall long-term recruitment</p>

		residency training programs for mentoring minority high school students.		efforts. The Subcommittee on Graduate Curriculum recommended and the CoE agreed that no action be taken on the second resolved clause of Resolution No. 35.
No. 36	IMG	<p><b>INTERNATIONAL MEDICAL GRADUATE FAMILY PHYSICIANS FOR THE UNDERSERVED</b></p> <p>RESOLVED, That the American Academy of Family Physicians expand and diversify the Physician Placement Service site on the Web site with the addition of J-1 Visa waiver and National Health Service Corps opportunities to better target the Academy’s strategic goal of healthcare coverage for all.</p>	The Board of Directors referred this resolution to the Board itself. Further referred to the Executive Vice President.	Staff reviewed the resolution and will work to help better promote and inform family physicians and employers of job openings in underserved areas. Some of the changes/additions to the Placement Services site they will pursue include: <ol style="list-style-type: none"> <li>1. Add NHSC web link and J-1 Visa web link to Resources page of Placement Services website.</li> <li>2. Add NHSC and J-1 Visa waiver information to Placement Services marketing pieces including targeted e-mails, brochures, and website.</li> <li>3. Add more customized search function to “Job Opportunities” by identifying J-1 Visa waiver and NHSC opportunities.</li> <li>4. Add more customized search function to “Physician Profile” by identifying J-1 Visa candidates.</li> </ol>
No. 37	IMG	<p><b>RECOGNITION AND SUPPORT OF ALTERNATIVE BUSINESS MODELS FOR FAMILY MEDICINE</b></p> <p>RESOLVED, That the American Academy of Family Physicians provide national support and recognition to physicians who choose to adopt alternative practice models in order to preserve the personal relationship between the doctor and patient that evidently has been lost to the current model, and, be it further</p>	The Board of Directors referred this resolution to the Commission on Health of the Public. Laterally referred to the Commission on Practice Enhancement.	To be addressed by CPE at May cluster meeting.

		<p>RESOLVED, That the American Academy of Family Physicians continue to explore and emphasize alternative practice business models to help physicians regain control of their practices and the doctor-patient relationship, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians continue to explore alternative business models to deliver healthcare to the uninsured/underinsured.</p>		
No. 38	MIN	<p><b>CREATE CONTINUING MEDICAL EDUCATION CREDIT FOR AN ELECTRONIC HEALTH RECORD IMPLEMENTATION LEARNING MODULE</b></p> <p>RESOLVED, That an electronic health record physician peer learning module type of instruction be deemed a continuing medical education learning activity allowing for credits to be granted to the participants.</p>	The Board of Directors referred this resolution to the Commission on Continuing Professional Development.	<p>The AAFP Center for Health Information Technology (CHiT) is developing a CME activity in this regard.</p> <p>CHiT and the AAFP Division of CME have had preliminary discussions about working with electronic health record vendors to add the capability for point-of-care learning.</p>
No. 39	NEW PHYS	<p><b>CHANGES TO PRESCRIPTION DRUG REGIMENS</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate that changes to an established prescription drug regimen be clinically indicated, rather than primarily motivated by contractual agreements between medical entities or payors and pharmaceutical companies.</p>	The Board of Directors referred this resolution to the Commission on Practice Enhancement.	<p>Upon consideration, the commission noted that Academy policy on “Drugs, Disclosure of Corporate Ties Affecting Formulary Choices and Drug Substitution” states:</p> <p><i>The Academy supports full disclosure to physicians and patients of corporate ties and financial relationships between pharmaceutical manufacturers, mail order pharmacies, pharmacy benefit management (PBM) entities and pharmacists. Additionally, formulary decisions and “drug switching” should not be based principally on economic considerations, but</i></p>

				<p><i>on evidence-based therapeutic and quality of care considerations, to promote optimal patient care. (Emphasis added)</i></p> <p>Additionally, the commission noted that the Academy's guidelines on patient-centered formularies include:</p> <p><i>(5) Patients stable on drugs should not be changed to a new product based solely on economic considerations.</i></p> <p>Accordingly, the commission agreed to accept the resolution for information and communicate back to the NCSC that AAFP already advocates as intended through existing policy.</p>
No. 40	WOM	<p><b>WOMEN FACULTY DEVELOPMENT</b></p> <p>RESOLVED, That the American Academy of Family Physicians recognize programs which are successful in promotion and advancement of women faculty, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians solicit grants to fund faculty development for women faculty.</p>	<b>This resolution was not adopted.</b>	
No. 41	GLBT	<p><b>RESEARCH FUNDING</b></p> <p>RESOLVED, That the American Academy of Family Physicians support continued use of the federal grant review process that involves peer review, scientific method, and public needs, and, be it further</p>	The Board of Directors referred the 1 <sup>st</sup> Resolved Clause to the Commission on Science and the 2 <sup>nd</sup> Resolved Clause to the Commission on Governmental Advocacy.	<p>1<sup>st</sup> Resolved Clause: Accepted for information.</p> <p>2<sup>nd</sup> Resolved Clause: Accepted for information, because it reflects current policy.</p>

		RESOLVED, That the American Academy of Family Physicians oppose any legislative effort to limit federal research funding based on political agendas rather than public health needs and scientific merits.		
No. 42	Joint	<p><b>IMPROVING PHYSICIAN PRACTICE SATISFACTION</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate nationally that third party payors reduce administrative burdens which negatively impact physician practice satisfaction.</p>	<b>This resolution was not adopted.</b>	
No. 43	IMG	<p><b>SPONSORING OF U.S. PERMANENT RESIDENCY FOR INTERNATIONAL MEDICAL GRADUATE FAMILY PHYSICIANS</b></p> <p>RESOLVED, That the American Academy of Family Physicians requests that the Educational Commission for Foreign Medical Graduates become a sponsoring organization that petitions change to permanent resident status for family physicians working in J-1 waiver positions, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide information in its Web site to educate communities, organizations and interested people on the process of sponsoring permanent residency applications for international medical graduate family physicians needing change in immigration status.</p>	The Board of Directors referred the 1 <sup>st</sup> Resolved Clause to the Commission on Education and the 2 <sup>nd</sup> Resolved Clause to the Board itself.	<p>1<sup>st</sup> Resolved Clause: To be addressed by CoE at May cluster meeting.</p> <p>2<sup>nd</sup> Resolved Clause: No action to be taken as the information is available from state and national Offices of Community and Rural Health as well as through the US State Department.</p>

No. 44	GLBT	<p><b>GENDER IDENTITY CLASSIFICATION</b></p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) open discussions with the American Psychiatric Association and other interested organizations to determine the scope of actions taken so far to investigate the possible deletion of gender identity as a physical or psychological disorder and the implications of such an action on provision of medical care to persons seeking gender reassignment treatment.</p>	The Board of Directors referred this resolution to the Board itself.	Accepted for information as this is outside the purview of the Academy until such time as the American Psychiatric Association makes comments on this issue and asks for a response.
No. 45	WOM	<p><b>COMANAGEMENT OF CARE WITH VETERANS ADMINISTRATION MEDICAL CENTER</b></p> <p>RESOLVED, That the National Conference of Special Constituencies reaffirm that the American Academy of Family Physicians continue to encourage the Veterans Administration to establish a pharmacy that will accept prescriptions on the current formulary from non VA physicians, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop a patient education tool that summarizes the current Veterans Administration co-managed care policy and the patient's role, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians</p>	The Board of Directors referred this resolution to the Commission on Practice Enhancement.	<p>The commission noted that the Academy had, in December, formally contacted the Secretary of the VA about these issues and requested a meeting to discuss them. The commission also noted that the Academy had contacted two veterans' organizations, the Veterans of Foreign Wars and the American Legion, to enlist their support in addressing these issues. Finally, the commission noted that the Academy was seeking legislative support for the Academy's position through contacts with key congresspersons, including representatives on the House VA Health Committee and Committee on Veterans Affairs.</p> <p>The commission recommended that the Academy follow-up on its letters to the Secretary and to the VFW and American Legion. The commission also recommended that the Academy simultaneously continue to press this issue with key congresspersons. Dr.</p>

		encourage the Veterans Administration (VA) to make their current medication formulary available for viewing on the VA Web site by non-VA physicians.		Mills agreed to work with staff, who will coordinate with staff from the Commission on Governmental Advocacy, in follow-up to these issues.
No. 46	Joint	<p><b>BANNING SMOKING IN HEALTHCARE FACILITIES AND OTHER PUBLIC PLACES</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage constituent chapters to work with their state legislatures to ban smoking in healthcare facilities and their adjacent properties, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage constituent chapters to work with their state legislatures to ban smoking in public places.</p>	The Board of Directors referred this resolution to the Commission on Membership and Member Services.	Accepted for information, with the knowledge that multiple constituent chapters are already heavily involved in state legislation to ban smoking in public places. At the request of the subcommittee Chair, staff posted on the chapter executive (CHEX) Listserv a request for comments about chapter advocacy efforts to encourage a ban on smoking in healthcare facilities, their adjacent properties, and in public places. From 22 chapter responses, it is clear that the intent of the resolution is being accomplished.
No. 47	NEW PHYS	<p><b>COLLEGIALITY AND CAMARADERIE ACROSS SPECIALTIES</b></p> <p>RESOLVED, That the American Academy of Family Physicians work with the Society of Teachers of Family Medicine and the American Medical Association to examine ways to improve coordination of education and cooperation in patient care with other specialties.</p>	The Board of Directors referred this resolution to the Commission on Education.	Subcommittee members discussed examples of positive collaboration, environmental barriers that inhibit collegial relationships, efforts by AAFP and STFM to address professionalism, and the merit of establishing an AAFP policy on interdisciplinary relationships. The subcommittee also believes that the foundation for dialogue about these issues is well established and that efforts to address this issue will continue to be initiated by family medicine organizations at national and local levels. The SRSI recommended and the CoE agreed that Resolution No. 47 be accepted for information.
No. 48	GLBT	<b>POLICY ON PATIENT DISCRIMINATION</b>	This resolution was referred to the Congress of Delegates.	Adopted as amended, combined Resolution Nos. 4, 6, & 48: RESOLVED, That the policies of the

		RESOLVED, That the American Academy of Family Physicians policy on patient discrimination be changed to read as follows: The American Academy of Family Physicians supports the principle that family physicians should not discriminate against patients on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health or economic status, body habitus or national origin.		American Academy of Family Physicians regarding discrimination be edited to state that the American Academy of Family Physicians opposes all discrimination in any form, including but not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national origin.  The appropriate policies have been changed on the policy web page to reflect the above.
No. 49	WOM	<b>MATERNITY RIGHTS IN FAMILY MEDICINE RESIDENCY PROGRAMS</b>  RESOLVED, That the American Academy of Family Physicians review the present Accreditation Council of Graduate Medical Education family medicine residency program requirements to ensure that pregnant and breastfeeding family medicine residents find no institutional obstacles to accommodate their reproductive choice while fulfilling their residency requirements.	<b>This resolution was not adopted.</b>	
No. 50	NEW PHYS	<b>THIRD PARTY PAYER REFORM</b>  RESOLVED, That the American Academy of Family Physicians lobby state legislators to endorse a negative incentive program, to include appropriate financial penalties, that would deter third party payers from erroneous denials of claims.	<b>This resolution was not adopted.</b>	

No. 51	Joint	<p><b>LOBBYING FOR HEALTH CARE FOR ALL</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage Fam Med PAC to lobby Congress in support of its policy of Health Care for all.</p>	<p><b>This resolution was not adopted.</b></p>	
No. 52	NEW PHYS	<p><b>AWARENESS OF QUALITY IMPROVEMENT ORGANIZATIONS (QIOS)</b></p> <p>RESOLVED, That the American Academy of Family Physicians will work to promote liaisons between member physicians and Quality Improvement Organizations (QIOs) and will endeavor to make member physicians aware of all services offered to them from QIOs.</p>	<p>The Board of Directors referred this resolution to the Commission on Practice Enhancement. Laterally referred to the Commission on Quality.</p>	<p>The commission examined its recent efforts in this regard, most significantly the transmittal of a letter to all QIOs and AAFP state chapters from the presidents of the AAFP and the American Health Quality Association (AHQA), the QIO umbrella organization, to promote collaborative working relationships. Other efforts include working with QIO staff to serve as mentors for family physicians in the Practice Enhancement Program; providing links to QIOs on the AAFP quality web site; staff and member presentations at AHQA and QIO conferences; and involvements of the Medical Director for Quality Improvement and the Director of the Center for Health Information Technology in QIO meetings and projects (e.g., DOQ-IT). The chapter executive member of the commission, Mr. Pheifer, volunteered to explore at a chapter executive session at the Annual Leadership Forum how chapters are working with QIOs.</p>
No. 53	MIN	<p><b>ELECTRONIC HEALTH RECORDS</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage the federal government to</p>	<p>The Board of Directors referred this resolution to the Commission on Practice Enhancement.</p>	<p>The commission noted that the AAFP is advocating within the federal government for financial incentives for the adoption and use of EHRs. The commission also noted that the Academy's "Pay for Performance"</p>

		<p>provide tax incentives or rebates for the purchasing and training in the use of electronic health records, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage all third party payors to increase the reimbursement for all practices that employ electronic health records.</p>		<p>policy states that pay for performance programs should provide incentives to physician practices for adoption and utilization of HIT, consistent with Resolution No. 53. Accordingly, the commission accepted the resolution for information, since it is consistent with current Academy policy and ongoing activities.</p>
No. 54	NEW PHYS	<p><b>COMPLETE PREGNANCY MANAGEMENT TRAINING</b></p> <p>RESOLVED that the American Academy of Family Physicians lobby the Accreditation Council on Graduate Medical Education to amend its residency requirements for family medicine residencies to mandate offering pregnancy termination training, if permitted, by the residency sponsoring institution.</p>	<b>This resolution was not adopted.</b>	
No. 55	MIN	<p><b>PROMOTION FOR SERVING THE UNDERSERVED</b></p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) promote professional incentives, such as increasing the number of quality service points towards AAFP fellowship application for those physicians who serve an uninsured/underinsured population as defined by Health Resources and Services Administration.</p>	<p>The Board of Directors referred this resolution to the Commission on Membership and Member Services.</p>	<p>Accepted for information, with the knowledge that the AAFP Board of Directors will discuss in 2007 as part of the review process for the Degree of Fellow Program and Degree of Fellow Application. The policy established by the Commission and approved by the Board of Directors for incorporating amendments to the Degree of Fellow Program or to the Degree of Fellow Application is to review and propose changes to the Board of Directors every three years. Both the program and application were last reviewed in 2004 and are due for their next review in 2007.</p>

No. 56	Joint	<p><b>CREATION OF A BULLETIN BOARD FOR DISCUSSION ON AMERICAN ACADEMY OF FAMILY PHYSICIANS WEB SITE</b></p> <p>RESOLVED, That the American Academy of Family Physicians create a bulletin board discussion format on their Web site to promote discussion among new physicians and other special constituencies.</p>	The Board of Directors referred this resolution to the Executive Vice President.	In 1996, the Committee on Special Constituencies had discussion groups for each of the five constituencies (Women, Minority, New Physicians, International Medical Graduates, & Gay, Lesbian, Bisexual and Transgender). In 1999, the Board approved that the CSC develop listservs for each the individual constituencies for discussion on topics relevant to each group. At that time, the discussion groups were deleted. To date, the Special Constituencies listservs are the largest groups within the Academy's listservs and continue to be the most active. At this time, there would be no benefit to change the format back to a discussion list.
No. 57	NEW PHYS	<p><b>MEDICAL STUDENT INTEREST IN THE FUTURE OF FAMILY MEDICINE</b></p> <p>RESOLVED, That the American Academy of Family Physicians should incorporate knowledge gleaned from the Future of Family Medicine Project into educational and public relations material specifically targeting medical students to better familiarize them with the specialty of family medicine in an effort to increase recruitment into the specialty.</p>	The Board of Directors referred this resolution to the Board itself.	Accepted for information as current Academy policy.
No. 58	IMG	<p><b>CULTURAL COMPETENCY TRAINING</b></p> <p>RESOLVED, That the American Academy of Family Physicians work to promote education of International Medical Graduates in regards to cultural aspects of rural America by developing</p>	The Board of Directors referred this resolution to the Commission on Health of the Public.	Upon review, the commission agreed that it is being done and accepted it for information.

		and providing continuing medical education at the American Academy of Family Physicians Scientific Assembly and on informational Web sites linked to the American Academy of Family Physicians Web site.		
No. 59	Joint	<p><b>TREATMENT OF PARTNERS OF PATIENTS WITH SEXUALLY TRANSMITTED INFECTIONS</b></p> <p>RESOLVED, That the American Academy of Family Physicians promote nationally and urge its constituent chapters to promote legislation on a state level that would provide immunity from medical liability, censure or negative licensure actions for physicians who provide treatment in good faith for the partners of their patients with sexually transmitted infections (reference Wisconsin state statute adopted 2004).</p>	<b>The resolution was not adopted.</b>	
No. 60	NEW PHYS	<p><b>BALANCE THROUGH BALINTS</b></p> <p>RESOLVED, That the American Academy of Family Physicians provide resources to encourage and support interested members in the development of Balint groups in community practices, and, be it further</p> <p>RESOLVED, that the American Academy of Family Physicians consider developing a listserv to discuss Balint issues.</p>	The Board of Directors referred this resolution to the Board itself. Further referred to the Executive Vice President.	Accepted for information as this issue was recently addressed in <i>AFP</i> .
No. 61	IMG	<p><b>IMPROVING PARTICIPATION AND REPRESENTATION AT NCSC</b></p> <p>RESOLVED, That the American Academy of Family Physicians</p>	The Board of Directors referred this resolution to the Commission on Membership and Member Services.	Accepted for information, with the knowledge that the AAFP currently promotes the NCSC through a variety of vehicles, including direct mailings, Listservs, blast emails to segmented

		investigate alternative methods to better advertise the existence of special constituencies and its national conference and encourage the membership to contact their respective state chapters for participation.		groups, advertisements in AAFP journals, articles in Academy publications and more. Future promotions for NCSC will include a combination of the following: secure a dynamic keynote speaker; highlight current leaders in each constituency who got their start at NCSC; incorporate a panel discussion of current leaders from each constituency to persuade the attendees to continue their involvement following NCSC; encourage attendees to utilize skills and information received at NCSC to be more active in their constituent chapters and communities; develop a save-the-date campaign immediately after NCSC to assist chapters with recruiting constituency representatives for the following year's conference; create a blast email template for chapter executives to send to their members in an effort to generate interest in representing their respective constituencies at NCSC; deliver personal invitations from chapter executives to potential constituency representatives; collaborate with ALF leaders to actively seek constituency representatives; have members from the Listserv help identify and invite specific NCSC participants.
No. 62	NEW PHYS	<b>NEW PHYSICIAN SUPPORT</b>  RESOLVED, That the American Academy of Family Physicians negotiate with the Practice Resource Center to provide a 35% discount to new physicians when purchasing services, and, be it further	The Board of Directors referred this resolution to the Board itself. The 1 <sup>st</sup> Resolved Clause was further referred to the TransforMED Board of Directors. The 2 <sup>nd</sup> Resolved Clause was further referred to the Executive Vice President.	1 <sup>st</sup> Resolved Clause: Referred to TransforMED with the suggestion that when they discuss pricing for transforming practices, they might consider a discount for new physicians.  2 <sup>nd</sup> Resolved Clause: Accepted for information.

		RESOLVED, That the American Academy of Family Physicians negotiate with Partners for Patients vendors to provide discounted services and/or prices and/or products for new physicians.		
No. 63	MIN	<b>DISCOUNTS FOR HOSPITALIZED UNINSURED</b>  RESOLVED, That the American Academy of Family Physicians encourage practices of charitable billing by hospitals for uninsured patients.	The Board of Directors referred this resolution to the Commission on Practice Enhancement.	Upon consideration, the commission noted that the AAFP does not have any current policy addressing this issue. The commission also noted that the American Hospital Association (AHA) already encourages its constituents to inform patients of discount efforts and charity care policies. Over 80% of the AHA's member institutions are already committed to this practice, according to the AHA web site. Given these facts, the commission determined that there was little value to the AAFP to encouraging practices of charitable billing by hospitals for uninsured patients. Accordingly, the commission agreed to accept the resolution for information.
No. 64	NEW PHYS	<b>MAINTENANCE OF CERTIFICATION (MOC) DISCOUNT FOR NEW PHYSICIANS</b>  RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine to consider reducing the cost of first-cycle certification for new physicians.	The Board of Directors referred this resolution to the Board itself.	Accepted for information.
No. 65	GLBT	<b>SEXUAL PUBLIC HEALTH EDUCATION</b>  RESOLVED, That the American Academy of Family Physicians	The Board of Directors referred this resolution to the Commission on Health of the Public.	The commission accepted this resolution for information noting that the addition of evidence-based concepts was already being introduced into the existing Adolescent Health policy.

		advocate government implementation of the same evidence-based approaches to sexual public health education as it does for all other health policies.		
LATE	GLBT	<p><b>BODY FLUID, TISSUE AND ORGAN DONATION</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate for evidence-based policy-making regarding body fluid, tissue and organ donation that is focused on behavior and not on any specific population or group.</p>	The Board of Directors referred this resolution to the Commission on Science.	Accepted for information, as the Commission on Science feels that their policies do cover this issue.