

## 2006 National Conference of Special Constituencies Resolutions

Res.	Group	Title and Resolved	Referred	Action
No. 1	GLBT	<p><b>Support for Gay – Straight Alliances in High Schools and Colleges</b></p> <p>RESOLVED, That in the interests of promoting the health of gay, lesbian, bisexual, transgendered and questioning youth, the American Academy of Family Physicians support Gay–Straight Alliances or similar support groups in schools and colleges and encourage members to collaborate with these groups.</p>	The Board of Directors has referred this resolution to the Commission on Membership and Member Services.	Accepted for information. Historically, the AAFP has not made any statements encouraging members to collaborate with specific support groups in schools or colleges because that is a member’s personal choice.
No. 2	JOINT	<p><b>American Academy of Family Physicians Congress of Delegates National Conference of Special Constituencies Caucus</b></p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide the Special Constituency Delegates and their constituents with a time and location with which to caucus prior to each daily session of the AAFP Congress of Delegates.</p>	The Board of Directors has referred this resolution to the Commission on Membership and Member Services.	Accepted for information. The CMMS recognizes the Special Constituency Delegates and their constituents are responsible for representing the views of all Women, Minority, International Medical Graduate (IMG) and Gay, Lesbian, Bisexual, and Transgender (GLBT) constituents. The commission noted that the caucus sessions will be held each day before the Congress of Delegates. The 2006 sessions will be held on Tuesday, September 26, Wednesday, September 27, and Thursday, September 28, from 6:00 am – 7:30 am.
No. 3	WOM	<p><b>The Future of Women in Family Medicine</b></p> <p>RESOLVED, That the American Academy of Family Physicians’ Commission on Continuing Professional Development conduct a needs assessment survey of women family physicians to direct future continuing medical education programming including determination of the need for sessions on negotiation, career planning and advancement and lifestyle balance, and be it</p>	The Board of Directors has referred the 1 <sup>st</sup> Resolved Clause to the Commission on Continuing Professional Development and the 2 <sup>nd</sup> Resolved Clause to the Commission on Membership and Member Services.	<p>1<sup>st</sup> Resolved Clause: Accepted for information. The commission has shared the information with the staff CME group that develops the annual AAFP CME needs assessment surveys.</p> <p>2<sup>nd</sup> Resolved Clause: Accepted for information. A multitude of resources currently exist which support women physicians in career development within the American Medical Women’s Association (AMWA), the Association of Family Medicine Residency Directors (AFMRD), the</p>

		<p>further</p> <p>RESOLVED, That the American Academy of Family Physicians, in conjunction with the family of family medicine organizations (i.e.: Society of Teachers of Family Medicine, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors), develop and disseminate a compilation of resources appropriate to address the career planning needs of women family physicians.</p>		<p>Association of Departments of Family Medicine (ADFM), the Society of Teachers of Family Medicine (STFM), and the American Medical Association (AMA) in conjunction with the American Academy of Pediatrics (AAP).</p> <p>The AAFP currently provides links to several Web sites from the Women’s Constituency Resources section of aafp.org. These links include the American Medical Women’s Association (AMWA), the American Heart Association’s Red Dress Campaign, and the US Department of Health and Human Services. AMWA, specifically, has an entire section of their Web site dedicated to career development for women physicians.</p> <p>Staff will add additional information to the Women’s Constituency Resources section of the AAFP Web site as these resources are identified. This will include a section entitled “Interrupting Your Practice”, which will include alternatives available to members with regard to dues payment and practice options.</p>
No. 4	MIN	<p><b>Multilingual Patient Education Clearinghouse</b></p> <p>RESOLVED, That the American Academy of Family Physicians include on familydoctor.org a link to multilingual patient education resources, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians solicit multilingual patient education materials developed by family physicians and make them available on familydoctor.org.</p>	The Board of Directors has referred this resolution to the Commission on Health of the Public.	Accepted for information. Staff has recently posted the requested resources and information on the AAFP website, and linking these resources to the familydoctor.org site was not feasible.
No. 5	JOINT	<p><b>Candidate Pool for National Conference of Special Constituencies (NCSC)</b></p>	This resolution was not adopted.	

		<p><b>Alternate Delegate</b></p> <p>RESOLVED, That the bylaws be changed to allow all attendants at National Conference of Special Constituencies to have the opportunity to run for the position of Alternate Delegate, rather than limiting the candidate pool to that of the newly elected Co-Conveners, and, be it further</p> <p>RESOLVED, That each constituency elect two Co-Conveners, and then elect two candidates for the Alternate Delegate who shall constitute the candidate pool from which the National Conference of Special Constituencies at large elect its Alternate Delegates.</p>		
No. 6	IMG	<p><b>Standardized Insurance Credentialing</b></p> <p>RESOLVED, That the American Academy of Family Physicians investigate the feasibility of a standardized application procedure and review period for insurance companies so that the access of patient care and viability of the practice does not suffer.</p>	<p>The Board of Directors has referred this resolution to the Commission on Practice Enhancement.</p>	<p>Agree, with modification, with specific recommendation to the Board of Directors. The commission considered Res. No. 6, “Standardized Insurance Credentialing” and Res. No. 37, “Universal Credentialing” together. Res. No. 6 asked that the Academy investigate the feasibility of a standardized application procedure and review period for insurance companies, so the access of patient care and viability of the practice does not suffer. Res. No. 37 asked that the Academy continue to support the development and use of a universal online clearinghouse to be the sole database used by all healthcare providers, third party payers, and health institutions for the purpose of credentialing and privileges.</p> <p>The commission noted that the Academy has been active in its efforts for a single, national standardized healthcare provider credentialing application. For example, the Academy endorsed the Council for Affordable Quality Healthcare (CAQH) Universal</p>

				Credentialing Data Source in May 2004. Also, the Academy is co-convening the Healthcare Administrative Simplification Coalition (HASC), whose 2006-2007 work plan includes a multitude of letter writing campaigns to promote the CAQH credentialing process. The commission agreed that these activities appeared to support a majority of the provisions in the NCSC Resolutions. The commission also agreed that the Academy needs a policy that supports a national credentialing application or guideline in which payers should complete the credentialing approval process. It is anticipated that the commission will develop such a policy for consideration by the Board of Directors.
No. 7	JOINT	<p><b>Physician Collected Patient Residency Status</b></p> <p>RESOLVED, That the American Academy of Family Physicians oppose any legislation to require health care providers to collect and report data regarding a patient’s legal resident status and be it further,</p> <p>RESOLVED, That the American Academy of Family Physicians oppose any legislation that would criminalize the provision of health care by health care providers to patients without legal resident status.</p>	The Board of Directors has referred this resolution to the Commission on Governmental Advocacy. (Resolution No. 7, 17, & 24 were combined into this Resolution No. 7).	The commission will consider this resolution at its May, 2007 meeting.
No. 8	MIN	<p><b>Updated Straight Fee For Service Model</b></p> <p>RESOLVED, That the American Academy of Family Physicians develop a how to manual for its members to implement a cash only practice model.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	<p>Accepted for information on the grounds that the Academy has already provided its members with information on how to implement a cash only practice, with no evidence that there is a demand for a more formal “how to” manual in this regard.</p> <p>The commission considered Res. No. 8, “Updated Straight Fee for Service Model.” The resolution asked the Academy to develop a “how to” manual for its</p>

				members to implement a cash only practice model. Upon consideration, the commission noted that the Academy had already provided its members with a discussion paper of the legal and ethical issues regarding self-pay (i.e., cash only) practices, including advice about preparing for and implementing such a practice. The commission also noted that the Academy had published two articles on cash only practices in the February 2006 issue of <i>Family Practice Management</i> .
No. 9	NEW	<p><b>Medicare Part D Formularies</b></p> <p>RESOLVED, The American Academy of Family Physicians continue an ongoing dialogue with the Center for Medicare and Medicaid Services regarding simplification of the Medicare Part D Program.</p>	The Board of Directors has referred this resolution to the Commission on Governmental Advocacy.	The commission will consider this resolution at its May, 2007 meeting.
No. 10	JOINT	<p><b>Parity of Payment for Mental Health Care</b></p> <p>RESOLVED, That the American Academy of Family Physicians reaffirm its current policy in support of parity of payment for mental health care services provided by family physicians as stated in AAFP policy on “Reimbursement, Physician Reimbursement.”</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement. (Resolution No. 10 & 46 were combined into this Resolution No. 10).	<p>Agree, with modification, with specific recommendation to the Board of Directors. The commission considered Res. No. 10, “Parity of Payment for Mental Health Care.” The resolution asked the Academy to reaffirm its current policy in support of parity of payment for mental health care services provided by family physicians as stated in the AAFP policy on “Reimbursement, Physician Reimbursement.” The commission noted that the resolution is referring to paragraph (o) of the current policy on “Reimbursement, Physician Reimbursement,” which states:</p> <p style="padding-left: 40px;">The value of family physicians’ role in diagnosing, managing, and coordinating the delivery of mental health services should be recognized by adequate reimbursement by all payors responsible for mental health coverage. The role and reimbursement of family physicians in the delivery of mental</p>

				<p>health services should not be limited by plan design.</p> <p>The commission determined that paragraph (o) of the current policy on “Reimbursement, Physician Reimbursement” remains relevant, and reaffirmation of current policy in support of parity of payment for mental health care services provided by family physicians was reasonable. The commission subsequently took the opportunity to review the entire policy on “Reimbursement, Physician Reimbursement” and make some editorial changes including the replacement of “Reimbursement” by “payment” as being more technically correct. If the Board approves this change, other Academy policy using “reimbursement” will be revised where appropriate. Substantively, the commission also recommended adding reference to use of a single conversion factor in paragraph (n), which is consistent with Academy policy on “Medicare, Reimbursement.”</p>
No. 11	JOINT	<p><b>Patients as Political Advocates</b></p> <p>RESOLVED, That the American Academy of Family Physicians develop a toolkit to enable family physicians to educate patients on how to advocate effectively for patient and health care consumer issues at local through national governmental levels, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians create patient education materials regarding the importance and process of advocating for health system reform in the political arena and to place this information on the Academy’s patient education website.</p>	The Board of Directors has referred this resolution to the Board itself.	<p>Agreed with recommendation to the Board. It is consistent with what AAFP staff is already doing. Further, it is recommended that a status report be given at the December Board meeting regarding the “<i>Patient Voices in Washington</i>” project which focuses on patient advocacy education.</p>

No. 12	IMG	<p><b>Increase in J-1 Visa Waiver Slots</b></p> <p>RESOLVED, That the American Academy of Family Physicians write a letter of support to request the federal government increase the number of J-1 Visa waivers for family medicine.</p>	<p>The Board of Directors has referred this resolution to the Commission on Education and the Commission on Membership and Member Services.</p>	<p>The CMMS and the CoE agreed that requesting an unspecified federal government agency to increase waivers only for family medicine J-1 visas was too vague. It was noted that future efforts should try to focus on issues of redistribution of existing unused J-1 visa waivers among states rather than seeking an increase of overall waivers. The CMMS and the CoE recommend that no action be taken.</p>
No. 13	WOM	<p><b>Equal Payment for Equal Services</b></p> <p>RESOLVED, That the American Academy of Family Physicians investigate payment discrepancies between specialties with major payors and petition these payors to equalize payment for equal services, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians demand “Equal Pay for Equal Work” in all its interactions with payors, public and private, and employers.</p>	<p>The Board of Directors has referred this resolution to the Commission on Practice Enhancement.</p>	<p>The commission will consider this resolution at its June, 2007 meeting.</p>
No. 14	JOINT	<p><b>Repeal of Stark Laws</b></p> <p>RESOLVED, That the American Academy of Family Physicians investigate the possibility for repealing the Federal Stark Law and report back on the findings of the investigation to the Congress of Delegates in 2007.</p>	<p>The Board of Directors has referred this resolution to the Commission on Governmental Advocacy.</p>	<p>The commission will consider this resolution at its May, 2007 meeting.</p>
No. 15	MIN	<p><b>Continuing Medical Education Credits in Medical Disparities</b></p> <p>RESOLVED, That the American Academy of Family Physicians provide evidence based Continuing Medical Education and consider as one of its future Annual Clinical Focus topics medical disparities in the</p>	<p>The Board of Directors has referred the 1<sup>st</sup> Resolved Clause to the Commission on Continuing Professional Development and the</p>	<p>1<sup>st</sup> Resolved Clause: Accepted for information. The commission has shared this information with the Annual Clinical Focus medical director and staff.</p> <p>The commission also asked that NCSC be informed of the following:</p>

		<p>treatment of minority patients and cultural proficiency, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine to incorporate into the maintenance of certification program education materials covering disparities in the treatment of minority patients and cultural proficiency.</p>	<p>2<sup>nd</sup> Resolved Clause to the Board itself.</p>	<ol style="list-style-type: none"> <li>1. AAFP staff is encouraged to include cultural proficiency in all AAFP CME activities as appropriate.</li> <li>2. The topic, “working with interpreters” ranked last (44<sup>th</sup> of 44 topics) on the 2006 CME Non-clinical Topics Survey.</li> </ol> <p>2<sup>nd</sup> Resolved Clause: Agreed with recommendation to the Board that the Board write a letter to the ABFM. In the future we suggest that any report to the Congress, or membership communication regarding this issue clearly communicate that the AAFP can only encourage the ABFM and not mandate that they include specific educational topics in the Maintenance of Certification program.</p>
No. 16	IMG	<p><b>Pre-Residency Clerkship Experience for International Medical Graduates</b></p> <p>RESOLVED, That the American Academy of Family Physicians work with constituent chapters to facilitate mentorship and observership for the international medical graduates and medical students in clinical settings to enhance their chances of getting into a family medicine residency and in selecting family medicine as their future specialty.</p>	<p>The Board of Directors has referred this resolution to the Commission on Education and the Commission on Membership and Member Services.</p>	<p>The CMMS and the COE agreed that asking chapters to facilitate mentorship and observership for the international medical graduates and medical students in clinical settings to enhance their chances of getting into a family medicine residency and in selecting family medicine as their future specialty was too much to ask of our chapters and their limited resources. The CMMS and the CoE recommend that no action be taken.</p>
No. 17	JOINT	<p><b>Immigrant Medical Care</b></p> <p>RESOLVED, That the American Academy of Family Physicians oppose any legislation to require health care providers to collect and report data regarding a patient’s legal resident status and be it further,</p> <p>RESOLVED, That the American Academy</p>	<p>(Resolution No. 7, 17, &amp; 24 were combined into Resolution No. 7).</p>	<p>See Resolution No. 7.</p>

		of Family Physicians oppose any legislation that would criminalize the provision of health care by health care providers to patients without legal resident status.		
No. 18	GLBT	<p><b>Education Regarding Fertility Options for Same Sex Couples and Single Parents</b></p> <p>RESOLVED, That the American Academy of Family Physicians include detailed discussion of fertility issues and assisted reproductive technologies which relate specifically to single individuals and same sex couples in any continuing medical education materials relating to the evaluation and treatment of fertility concerns.</p>	The Board of Directors has referred this resolution to the Commission on Continuing Professional Development.	<p>Accepted for information. The commission will share the information with producers of AAFP CME activities.</p> <p>The commission requested that the following list of AAFP CME related to this topic be shared with the NCSC:</p> <p><u>Home Study: A Self Assessment Program</u> January 2007 FP Audio on infertility evaluation. It does not specifically address same-sex couples, but the information can be generalized to single parents.</p> <p><u>American Family Physician</u> The July 15, 2006 article, “Primary Care for Lesbians and Bisexual Women” includes information about pregnancy options for lesbians and bisexual women.</p>
No. 19	NEW	<p><b>Financial Support for Electronic Records</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate with the Center for Medicare and Medicaid Services, the legislature, and third-party payors to provide financial assistance and/or incentives, including retroactive benefits to early adopters, to enable implementation, maintenance, and upgrades of electronic records in order to increase the number of family physicians able to participate in pay-for-performance incentive programs.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement and the Commission on Governmental Advocacy.	<p>Accepted for information because of the current policy and activities in place. The Commission on Practice Enhancement considered Res. No. 19, “Financial Support for Electronic Records.” The resolution asked that the Academy advocate with the Centers for Medicare and Medicaid Services (CMS), the legislature, and third-party payors to provide financial assistance and/or incentives, including retroactive benefits to early adopters, to enable implementation, maintenance, and upgrades of electronic records in order to increase the number of family physicians able to participate in pay-for-performance incentive programs.</p> <p>The commission agreed that the Academy has been advocating for financial incentives for health</p>

				<p>information technology adoption with CMS as well as other entities. Further, current Academy policy on pay for performance outlines the need for incentives for the adoption of health information technology.</p> <p>The Commission on Governmental Advocacy will consider this resolution at its May, 2007 cluster meeting.</p>
No. 20	WOM	<p><b>Medicare Part D</b></p> <p>RESOLVED, That the American Academy of Family Physicians petition the Center for Medicare and Medicaid Services for voice options on phone calls for patients signing up for Medicare Part D, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop a recommendation to the Center for Medicare and Medicaid Services regarding simplification of the Medicare Part D program by limiting the number of available plans.</p>	The Board of Directors has referred this resolution to the Commission on Governmental Advocacy.	The commission will consider this resolution at its May, 2007 meeting.
No. 21	WOM	<p><b>Affirming Safe Legal Abortion Care as a Public Health Need</b></p> <p>RESOLVED, That the American Academy of Family Physicians statement on Reproductive Decisions be amended to state that <i>“safe, legal abortion must remain available in order to preserve the public health of families.”</i></p>	This resolution was not adopted.	
No. 22	WOM	<p><b>Removing Barriers to Obtaining Prescription Contraceptives</b></p> <p>RESOLVED, that the American Academy of Family Physicians educate physicians</p>	The Board of Directors has referred the 1 <sup>st</sup> Resolved Clause to the Commission on	1 <sup>st</sup> Resolved Clause: Accepted for information. The commission will share the information with producers of AAFP CME for possible inclusion in activities.

		<p>about barriers to initiating or refilling contraception, such as requiring pap smears prior to prescribing, and work to encourage physicians to provide prescriptions with refills for a year of contraception when appropriate, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with insurance companies, including Medicaid, to allow the dispensing of a 3-to-6 month supply of contraceptives at one time.</p>	<p>Continuing Professional Development and the 2<sup>nd</sup> Resolved Clause to the Commission on Practice Enhancement.</p>	<p>The commission asked that the NCSC be informed that the topic “contraceptive measures” ranked 41<sup>st</sup> of 71 topics on the 2006 CME Clinical Topics Survey. The commission also asked that the following list of AAFP CME activities on contraception be shared with NCSC.</p> <p>The 2007 Women’s Health and Physician Wellness course will include a session on contraceptive case studies.</p> <p>The 2007 Scientific Assembly will include the following sessions:</p> <ol style="list-style-type: none"> <li>1. Dialogue entitled, “Contraceptive Options, Pros and Cons”</li> <li>2. Seminar entitled, “Contraception Options: What’s New vs. Tried and True”</li> <li>3. Seminar entitled, “Evidence-based Contraceptive Prescribing”</li> </ol> <p>The 2006 Scientific Assembly included a 2-hour seminar entitled, “Proactive Birth Control: Contraception and Options Counseling for Unintended Pregnancy.” The 2005 Scientific Assembly included as part of the Annual Lecture Series “Contraceptive Case Studies.”</p> <p>2<sup>nd</sup> Resolved Clause: The commission considered the second resolved clause of Resolution No. 22, “Removing Barriers to Obtaining Prescription Contraceptives.” The resolution asked the Academy to work with insurance companies, including Medicaid, to allow the dispensing of more than a one month supply of contraceptives at a time. Upon consideration, the commission agreed that the Academy should send a targeted letter to payers providing facts to assist</p>
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				payers in educating employer clients with whom they work on this topic and that staff should draft a template letter for state chapters to send to their state Medicaid agency with similar information.
No. 23	WOM	<p><b>Reimbursement and Increased Access for Interpretive Services</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage mechanisms of appropriate payment for interpretive services to ensure proper communication for all cultures, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians investigate various translation services including those available on the web and provide hyperlinks to appropriate resources.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	<p>Accepted for information. The commission considered Res. No. 23, “Reimbursement and Increased Access for Interpretive Services.” The resolution asked the Academy to encourage mechanisms of appropriate payment for interpretive services to ensure proper communication for all cultures. It also asked the Academy to investigate various translation services including those available on the web and provide hyperlinks to appropriate resources.</p> <p>Upon consideration, the commission noted that the Board of Directors adopted a legislative stance on the subject of “Culturally Sensitive Interpretive Services” at its March 2002 meeting. That stance supports legislation to make funding available for culturally sensitive interpretive services for those who have limited English proficiency, or who are deaf, mute, or otherwise language impaired. It also requests that the funding be made "directly" available to the interpreters for culturally sensitive interpretive services. Further, the commission noted that, related to the second resolved clause, the Academy provides interpretation resources on its web site, including hyperlinks to appropriate resources, at <a href="http://www.aafp.org/online/en/home/clinical/publichealth/ptpops/interpretationresources.html">http://www.aafp.org/online/en/home/clinical/publichealth/ptpops/interpretationresources.html</a>.</p> <p>The commission concluded that the second resolved clause is already addressed as intended. The commission also concluded that the first resolved clause is addressed through the Academy’s legislative stance on “Culturally Sensitive Interpretive Services,”</p>

				in that the Academy believes appropriate payment for interpretive services should be made directly to the interpreters from funding created by law. Consistent with that, the Academy encourages mechanisms of appropriate payment for interpretive services by supporting such legislation as the opportunity arises.
No. 24	JOINT	<p><b>Criminalization of Care Provided to Undocumented Patients</b></p> <p>RESOLVED, That the American Academy of Family Physicians oppose any legislation to require health care providers to collect and report data regarding a patient’s legal resident status and be it further,</p> <p>RESOLVED, That the American Academy of Family Physicians oppose any legislation that would criminalize the provision of health care by health care providers to patients without legal resident status.</p>	(Resolution No. 7, 17, & 24 were combined into Resolution No. 7).	See Resolution No. 7.
No. 25	JOINT	<p><b>Family Medicine Residency Closure Research</b></p> <p>RESOLVED, That the American Academy of Family Physicians distribute the results of the Graham Center research project entitled “The Community Impact of Residency Closure” to all family medicine residency program directors and their supporting institutions.</p>	The Board of Directors has referred this resolution to the Board itself.	Accepted for information.
No. 26	WOM	<p><b>Residency Education Funding</b></p> <p>RESOLVED, That the American Academy of Family Physicians conduct discussions with Center for Medicare and Medicaid Services, third-party payers and employers, regarding the need for funding for family</p>	This resolution was not adopted.	

		medicine residency education, with the intent to develop new mechanisms for future residency program funding, with a report back to National Conference on Special Constituencies within two years.		
No. 27	GLBT	<p><b>Support for Same Gender Legal Marriage of Civil Unions</b></p> <p>RESOLVED, That the American Academy of Family Physicians support legal marriage or civil unions for gay and lesbian couples.</p>	The Board of Directors has referred this resolution to the Board itself.	Accepted for information.
No. 28	NEW	<p><b>Random Physician Assignments of Managed Medicaid Patients</b></p> <p>RESOLVED, That the American Academy of Family Physicians investigate the impact of the practice of patient assignment and reassignment to primary care physicians within managed Medicaid programs and how that practice influences patient access, continuity of care, and quality, and that this information be provided back to National Conference of Special Constituencies in 2007.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	<p>Accepted for information. The commission considered Res. No. 28, “Random Physician Assignments of Managed Medicaid Patients.” The resolution asked that the Academy investigate the impact of the practice of patient assignment and reassignment to primary care physicians within managed Medicaid programs and how that practice influences patient access, continuity of care, and quality.</p> <p>Upon consideration, the commission determined that there is not any existing Academy research in this area. Nor was the commission able to identify any such research outside the Academy. Finally, a literature search did not yield any articles that directly address the question of how assignment or reassignment to primary care physicians within managed Medicaid programs influences patient access, continuity of care, or quality.</p> <p>The commission concluded that the value to the Academy of such an investigation is unknown and that while state chapters might find the results useful in their interactions with state Medicaid agencies and legislative advocacy, the utility to the national Academy was less obvious, absent Medicaid reform at</p>

				the federal level. Accordingly, the commission agreed that the problem in question was essentially a state and local problem and, as such, outside the Academy's purview.
No. 29	JOINT	<p><b>Availability of Medical Education Materials in Spanish</b></p> <p>RESOLVED, That the American Academy of Family Physicians continue its efforts to develop patient education materials in multiple languages, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians identify currently available patient education materials in multiple languages and make them available via links on <a href="http://www.familydoctor.org">www.familydoctor.org</a>.</p>	The Board of Directors has referred this resolution to the Commission on Health of the Public.	Accepted for information. This resolution requests continued efforts to develop patient education materials in multiple languages and make them available on familydoctor.org. There are already intensive efforts to make materials available in Spanish, and the website points to access to materials in other languages. Staff has recently posted the requested resources and information on the AAFP website.
No. 30	GLBT	<p><b>Cultural Competency in Caring for Gay, Lesbian, Bisexual, Transgender patients</b></p> <p>RESOLVED, That the American Academy of Family Physicians, in conjunction with leaders from the Gay, Lesbian, Bisexual, and Transgender constituency, suggest topics for inclusion in undergraduate and graduate medical education programs addressing the specific healthcare needs of gay, lesbian, bisexual, and transgender patients, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians produce a monograph or discussion paper specifically addressing the care of transgender patients including evidence based standards wherever possible, and be it further</p>	The Board of Directors has referred the 1 <sup>st</sup> Resolved Clause to the Commission on Education, the 2 <sup>nd</sup> Resolved Clause to the Commission on Continuing Professional Development, the 3 <sup>rd</sup> Resolved Clause to the Commission on Membership and Member Services, and the 4 <sup>th</sup> Resolved Clause to the Commission on Health of the Public.	<p>1<sup>st</sup> Resolved Clause: Accepted for information. The CoE has incorporated GLBT issues in its curriculum guidelines and appropriate links will be included in future revisions. Also, there are monographs such as the Gay &amp; Lesbian Medical Association (GLMA) guidelines for care that have been reviewed.</p> <p>2<sup>nd</sup> Resolved Clause: Accepted for information. The commission will share the information with producers of AAFP CME activities for their consideration in upcoming CME activities.</p> <p>The commission asked that the NCSC be informed that the topics of healthcare of lesbians and healthcare of gay men ranked 66<sup>th</sup> and 67<sup>th</sup> respectively of 71 topics on the 2006 CME clinical topics survey. The Commission would also share the following list of AAFP CME activities on this topic.</p>

	<p>RESOLVED, That the American Academy of Family Physicians recommends to constituent chapters that transgender medicine topics be included in their continuing medical educational programming, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians coordinate with other interested professional organizations to produce an updated monograph regarding cultural proficiency in caring for gay, lesbian, bisexual, and transgender patients.</p>	<p>The AAFP Scientific Assembly has included education on this topic.</p> <p>A three-hour course entitled “Providing Culturally Competent Care to Your Gay, Lesbian, Bisexual, and Transgender Patients” was held in 2006. The topic was included as part of the annual lecture series: “Diversity 101: A Primer on GLBT Health Care.”</p> <p>The 2007 Scientific Assembly will include a 60-minute Seminar on "Case-based Guide to Caring for Gay and Lesbian Patients," a 90-minute Seminar on "Gender Identity: There's More to It Than Sex," and a Dialogue session on "Psychosocial Aspects of Treating GLBT Patients: The Staff and Physician Perspective."</p> <p><i>American Family Physician</i> published a CME article entitled, “Primary Care for Lesbians and Bisexual Women” on July 15, 2006. AFP published an editorial entitled, “Transgender Care Resources for Family Physicians” on September 15, 2006.</p> <p>In June, 2006, the topic of the Home Study FP Audio was “Providing Quality Care for Diverse Populations.”</p> <p>3<sup>rd</sup> Resolved Clause: Accepted for information. The chapters determine their continuing medical education (CME) topics based on the needs of their members. AAFP cannot mandate topics for chapter CME. This request will be shared with the chapters so they can determine if this topic meets an educational need of their members.</p> <p>4<sup>th</sup> Resolved Clause: Accepted for information. While a monograph is not</p>
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				currently planned for Home Study, the AAFP has recently listed a variety of resources on the website, published an article, “Primary Care for Lesbians and Bisexual Women” in the July, 2006 <i>American Family Physician</i> , and continues to provide information and resources regarding GLBT health in cultural competency endeavors.
No. 31	MIN	<p><b>Establish Competency Standards for Family Physicians to Practice Medically Established Cosmetic Procedures</b></p> <p>RESOLVED, That the American Academy of Family Physicians explore competency standards for family physicians desiring to expand their scope of practice to include medically established cosmetic procedures such as Botox, fillers, laser application, microdermabrasion, and sclerotherapy.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement and the Commission on Continuing Professional Development.	<p>No action taken. The Commission on Practice Enhancement’s Subcommittee on Privileging considered the resolution and recommended that the commission take no action due to the insufficiency of evidence to establish competencies in cosmetic procedures. The commission concurred with this recommendation.</p> <p>The Commission on Continuing Professional Development considered the resolution and decided to take no action because AAFP does not develop competency standards.</p> <p>The commission asked that the NCSC be informed of the following disclaimer that is used for the AAFP’s procedural skills courses.</p> <p>Course Disclaimer: The material presented at this course is being made available by the American Academy of Family Physicians for educational purposes only. This material is not intended to represent the only, nor necessarily best methods of procedures appropriate for the medical situations discussed, but rather is intended to present an approach, view, statement or opinion of the faculty which may be helpful to others who face similar situations. This material may contain recommendations/guidelines developed by other organizations. Please note that although</p>

				<p>these guidelines may be included, this does not necessarily imply endorsement by the AAFP. The AAFP disclaims any and all liability for injury or other damages resulting to any individual attending this course and for all claims which may arise out of the use of techniques demonstrated therein by such individuals, whether these claims shall be asserted by a physician or any other person. Every effort has been made to assure the accuracy of the data presented at this course. Physicians may care to check specific details such as drug doses and contraindications, etc., in standard sources prior to clinical application.</p>
No. 32	MIN	<p><b>Support for Medically Prescribed Sphygmomanometers as Durable Medical Equipment</b></p> <p>RESOLVED, That the American Academy of Family Physicians petition the Center for Medicare and Medicaid Services to classify medically prescribed sphygmomanometers as durable medical equipment.</p>	<p>The Board of Directors has referred this resolution to the Commission on Practice Enhancement.</p>	<p>Accepted for information. The commission considered Res. No. 32, “Support for Medically Prescribed Sphygmomanometers as Durable Medical Equipment.” The resolution asked that the Academy petition the Center of Medicare and Medicaid Services to classify medically prescribed sphygmomanometers as durable medical equipment (DME).</p> <p>Upon consideration, the commission concluded that it seems unlikely Medicare would classify a sphygmomanometer as DME. Further, the commission did not believe there was sufficient evidence to provide a basis for advocacy of sphygmomanometers as DME.</p>
No. 33	JOINT	<p><b>Economic Feasibility of Single Payer System</b></p> <p>RESOLVED, That the American Academy of Family Physicians study the economic feasibility of a single payer system to cover the issues already described within American Academy of Family Physician’s Policy on Physician Reimbursement, and be it further</p>	<p>The Board of Directors has referred this resolution to the Board itself.</p>	<p>Accepted for information. Discussion was held regarding whether this resolution should be referred to the Task Force on Health Care Coverage for All. It was noted that this resolution requests redundant work to that of the Task Force. A report will include that the Task Force is addressing these issues.</p>

		RESOLVED, That the American Academy of Family Physicians incorporate the economic feasibility analysis of a single payer system into the American Academy of Family Physicians Plan Assuring Health Care Coverage for all.		
No. 34	JOINT	<p><b>Religion and the American Academy of Family Physicians</b></p> <p>RESOLVED, That the Congress of Delegates eliminate the formal invocation at the beginning of the Congress of Delegates and the Scientific Assembly.</p>	<p>This resolution was referred to the Congress of Delegates.</p> <p>The Board of Directors has referred the amended resolution from the CoD to the EVP.</p>	<p>Agree with modification:</p> <p>RESOLVED, That the formal invocation at the beginning of the Congress of Delegates and the Scientific Assembly should reflect tolerance and diversity.</p> <p>Extensive discussion was presented with emphasis on inclusiveness, diversity, tolerance and tradition. While the majority of the testimony heard spoke in support of a formal invocation at the beginning of these two main events, emotional points were made on both sides of the issue. Members spoke of the importance of tradition and the strength behind the traditions in place at the Academy. They also expressed the importance of the inspirational role an invocation provides. Many members of various spiritual beliefs and traditions gave testimony, but the common thread was clearly focused on diversity and tolerance. Suggestions were made to deliver an invocation that would be more acceptable and that the Academy should strive for diversity in our invocation content and invocation speaker. Reference committee members acknowledged that an organization as large and diverse as the Academy needs to be tolerant.</p>
No. 35	NEW	<p><b>Payment for Cognitive Care and Chronic Disease Management</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate for better payment and weighted value of cognitive</p>	<p>This resolution was not adopted.</p>	

		care and chronic disease management as incentives for family physicians to provide this care.		
No. 36	NEW	<p><b>Cost of Living Increase with Varied Payment Models</b></p> <p>RESOLVED, That the American Academy of Family Physicians, in the face of rising practice costs and decreased physician payment, investigate the impact of the potential implementation of a yearly cost of living adjustment increase into payment models used by third-party payors and report the findings of the investigation back to the National Conference of Special Constituencies in 2007.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	<p>No action taken. The commission considered Res. No. 36, “Cost of Living Increase with Varied Payment Models.” The resolution asked that the Academy, in the face of the rising practice costs and decreased physician payment, investigate the impact of the potential implementation of the yearly cost of living adjustment increase into payment models used by third-party payers.</p> <p>The commission agreed that even though the concern intended to be addressed by this resolution is real, this could be an investigation of considerable scope requiring the investment of significant Academy resources. The commission also agreed that those resources might be better spent, for example, in lobbying for a permanent fix in the Medicare fee schedule update that ensures a positive update commensurate with the Medicare Economic Index, since this would have a positive impact on family physicians as it relates to both the Medicare fee schedule and private payers who otherwise peg their rates to Medicare rates. Accordingly, the commission agreed not to pursue the requested investigation, since it would seem to be a high cost investigation with low probability of positive impact.</p>
No. 37	NEW	<p><b>Universal Credentialing</b></p> <p>RESOLVED, That the American Academy of Family Physicians continue to support the development and use of a universal online clearinghouse to be the sole database used by all healthcare providers, third-party payors, and health institutions for the purpose of credentialing and privileges.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	See Resolution No. 6.

No. 38	NEW	<p><b>Payment for Services Rendered</b></p> <p>RESOLVED, That the American Academy of Family Physicians continue to provide continuing medical education for practice management issues, to include tools to teach family physicians how to respond to payors when payment for services rendered is denied.</p>	<p>The Board of Directors has referred this resolution to the Commission on Practice Enhancement and the Commission on Continuing Professional Development.</p>	<p>Accepted for information. The Commission on Practice Enhancement considered Res. No. 38, "Payment for Services Rendered." The resolution asked that the Academy continue to provide continuing medical education for practice management issues, to include tools to teach family physicians how to respond to payers when payment for services rendered is denied. The commission concluded that this resolution was already being addressed through existing continuing medical education activities and Academy tools, such that additional action was not needed at this time.</p> <p>The CoCPD accepted the resolution for information and has shared it with the editor of <i>Family Practice Management (FPM)</i>.</p> <p>The <i>FPM</i> editor has indicated that denial of claims is a topic that comes up often in various articles on billing and coding and that practice management issues will continue to be the journal's focus.</p> <p>For the information of the NCSC, the following AAFP CME activities have included practice management and payment issues.</p> <p><i>FPM</i> published an article entitled, "Precertification, Denials, and Appeals: Reducing the Hassles" in June, 2006.</p> <p>The Scientific Assembly has included several practice enhancement and management courses. There were a total of 6 courses offered on this topic in 2006:</p> <ol style="list-style-type: none"> <li>1. Advanced Practice Financial Management;</li> <li>2. Take Home More of Your Practice Revenue: Practice Cost Control Strategies;</li> <li>3. Getting Control of Your Practice;</li> </ol>
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No. 39	NEW	<p><b>Urgent Notification of Student Loan Interest Rate Increases</b></p> <p>RESOLVED, That the American Academy of Family Physicians take prompt action to notify members via email, press releases, or other modes of mass communication of the impact of the Deficit Reduction Act on Student Loan Interest prior to July 1, 2006 and encourage members to evaluate their loan repayment arrangements accordingly.</p>	The Board of Directors has referred this resolution to the Board itself.	Accepted for information. Staff took action in late March, May, and multiple times in June to notify members of the Deficit Reduction Act and its possible impact on student loan interest. Methods used included blast email, AAFP News Now article, and direct mail.

No. 40	NEW	<p><b>Student Loan Interest Relief</b></p> <p>RESOLVED, That the American Academy of Family Physicians establish a policy statement on the issue of Student Loan Interest, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for favorable changes in the current Federal policies regarding student loan interest rates, tax deductibility of student loan interest, and loan consolidation/reconsolidation issues.</p>	<p>The Board of Directors has referred this resolution to the Commission on Education and the Commission on Governmental Advocacy. (Resolution No. 40 &amp; 42 were combined into Resolution No. 40).</p>	<p>Accepted for information. The CoE discussed the intent of this resolution in the context of a recommendation to adopt a nonclinical policy statement on student debt and recent action by the Commission on Governmental Advocacy (CGA) regarding Resolution No. 609, Student Loan Interest Relief, from the 2005 Congress of Delegates. The CGA recommended that the AAFP adopt a policy to support an increase in the federal tax deduction for student loan interest, including support for the Higher Educational Affordability and Equity Act of 2005.</p> <p>The Commission on Governmental Advocacy will consider this resolution at its May, 2007 cluster meeting.</p>
No. 41	JOINT	<p><b>AAFP Relationship with the Pharmaceutical Industry</b></p> <p>RESOLVED, That the American Academy of Family Physicians explore strategies to eliminate dependence on the pharmaceutical industry for funding of continuing medical education activities and Academy meetings, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work to develop relationships (such as partnerships) with the pharmaceutical industry that promote practices beneficial to patients (i.e., disease-based marketing, patient-oriented and outcomes-based research, and novel drug development.</p>	<p>This resolution was not adopted.</p>	
No. 42	NEW	<p><b>Support Reverse the Rate on Student Aide</b></p> <p>RESOLVED, That the American Academy of Family Physicians establish a policy</p>	<p>(Resolution No. 40 &amp; 42 were combined into Resolution No. 40).</p>	<p>See Resolution No. 40.</p>

		<p>statement on the issue of Student Loan Interest, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for favorable changes in the current Federal policies regarding student loan interest rates, tax deductibility of student loan interest, and loan consolidation/reconsolidation issues.</p>		
No. 43	MIN	<p><b>Promotion of the New Food Pyramid</b></p> <p>RESOLVED, That the American Academy of Family Physicians work with the National Institutes of Health to promote and publicize to the general public and to the nation's family physicians this new food pyramid as a more accurate reflection of a healthy lifestyle model for all Americans.</p>	<p>The Board of Directors has referred this resolution to the Commission on Health of the Public.</p>	<p>Accepted for information. The Resolved asks the Academy to work with National Institutes of Health (NIH) to promote and publicize the new food pyramid. The commission agreed that additional focus should be placed on the pyramid.</p>
No. 44	GLBT	<p><b>Foster Care</b></p> <p>RESOLVED, That the American Academy of Family Physicians establish a policy to support legislation which promotes a safe, healthy and nurturing environment for children in foster care, regardless of the sexual orientation of the foster parent or parents.</p>	<p>This resolution was referred to the Congress of Delegates.</p> <p>The Board of Directors has referred the amended resolution from the CoD to the Commission on Governmental Advocacy.</p>	<p>Agree with modification:</p> <p>RESOLVED, That the AAFP should establish policy and be supportive of legislation which promotes a safe and nurturing environment, including psychological and legal security, for all children, including those of adoptive and foster parents, regardless of the parents' sexual orientation.</p> <p>Points made by proponents at the Congress of Delegates of the resolution included their belief that the resolution was an extension of current AAFP policy, that the AAFP's focus in this issue should be on what was in the best interest of the foster children; that if children were removed from families with whom they had bonded they would suffer additional harm; that the resolution was designed to be inclusive rather than divisive; and that foster children had been abused in currently permitted environments. Other</p>

				<p>witnesses related personal stories about children in the practices who were being raised in loving foster care environments, regardless of sexual orientation. Finally, representatives of chapters identifying themselves as generally conservative indicated their support for the resolution, in particular, stating their belief that the foster children’s concerns should be paramount in AAFP policy.</p> <p>Testimony indicated opposition to the resolution due to personal, religious beliefs. Concern was expressed that the resolution would cause divisiveness within the AAFP.</p> <p>The Commission on Governmental Advocacy reviewed the CoD’s recommendation &amp; substitute resolution. Members agreed that foster care should be treated the same as adoption and asked that the Academy’s current policy on adoption be updated to include foster care.</p>
No. 45	WOM	<p><b>Restriction of Formulary and Ancillary Service Coverage</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate to third- party payors to extend coverage for medications, ancillary tests, and consultations provided by all qualified physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians promote to its membership and state chapters its existing database for family physicians to report restrictions based on the specialty of the ordering physician in formulary, ancillary test, or consultation coverage by third-party payors.</p>	The Board of Directors has referred this resolution to the Commission on Practice Enhancement.	<p>Accepted for information. The commission considered Res. No. 45, “Restriction of Formulary and Ancillary Service Coverage” and Res. No. 58, “Prescribing Restriction” together. Res. No. 45 asked that the Academy advocate to third-party payors to extend coverage for medications, ancillary tests, and consultations provided by all qualified physicians and promote to its membership and state chapters its existing database for family physicians to report restrictions based on the specialty of the ordering physician in formulary, ancillary test, or consultation coverage by third-party payors. Res. No. 58 asked that the Academy begin discussions with major insurers regarding formulary restrictions or limitations based solely upon the prescriber’s specialty or board certification.</p>

				<p>The commission agreed that since the Academy has existing policy on drugs and prescribing as well as a policy outlining scope of practice, it is not necessary to re-communicate such information en masse.</p> <p>Further, the commission agreed the Academy should only respond on a case-by-case basis if the subject presents itself.</p>
No. 46	JOINT	<p><b>Psychiatric Services Reimbursement</b></p> <p>RESOLVED, That the American Academy of Family Physicians reaffirm its current policy in support of parity of payment for mental health care services provided by family physicians as stated in AAFP policy on “Reimbursement, Physician Reimbursement.”</p>	(Resolution No. 10 & 46 were combined into Resolution No. 10).	See Resolution No. 10.
No. 47	IMG	<p><b>Equitable Licensure Requirements for International Medical Graduates</b></p> <p>RESOLVED, That the American Academy of Family Physicians continue to dialogue with the Federation of State Medical Boards about how to achieve equitable licensing requirements for both international and US medical graduates and report back to the National Conference of Special Constituencies.</p>	The Board of Directors has referred this resolution to the Commission on Education.	<p>Accepted for information. Because of previous similar resolutions, the FSMB is aware of this problem and actively addressing the issue. One challenge for the FSMB has been that licensing requirements are influenced by individual state legislative agendas that may circumscribe medical board actions on the issue. Discussion focused on the need to develop more substantive strategies for addressing the problems of equitable licensing. One information resource that should be highlighted to program directors is the IMG section of the American Medical Association (AMA) website, which details the variety of requirements by individual state medical boards.</p> <p>In addition, the CoE has convened a working group (consisting of Katie Patterson, Barb Doty, Inis Bardella and Sam Matheny) to discuss the issues of equitable licensing requirements for both international and US medical graduates.</p>
No. 48	IMG	<p><b>Forum for International Medical Graduates Communication</b></p>	The Board of Directors has referred	Accepted for information. It was noted that the Board does not dictate the editorial content of the Academy’s

		RESOLVED, That the American Academy of Family Physicians provide a section in one of its publications such as <i>AAFP News Now</i> , that is dedicated to news and issues related to International Medical Graduates.	this resolution to the Board itself.	publications and also that <i>ANN</i> is structured around strategic priorities. As this issue has been active recently, there has been more coverage in <i>ANN</i> as illustrated by a recent cover story.
No. 49	GLBT	<b>Insurance Coverage for Transgender Care</b>  RESOLVED, That the American Academy of Family Physicians support full and inclusive insurance coverage for those who are transgendered.	The Board of Directors has referred this resolution to the Board itself.	Accepted for information.
No. 50	IMG	<b>Renewals and Extensions of Visas and Work Permits</b>  RESOLVED, That the American Academy of Family Physicians encourage the U.S. Department of State to make Visa issuance and Visa work permit extensions and renewals easier and more convenient for family physicians who are making significant contributions to the underserved and rural communities where they practice.	The Board of Directors has referred this resolution to the Commission on Governmental Advocacy.	The commission will consider this resolution at its May, 2007 meeting.
No. 51	JOINT	<b>Increasing National Awareness of the Role of Family Medicine</b>  RESOLVED, That the American Academy of Family Physicians' Commission on Member Services encourage constituent chapters to create a Speakers Bureau of members that would be willing to speak on various health topics to the community and thus increase the visibility of family physicians, and, be it further  RESOLVED, That the constituent chapters provide professional media training to	This resolution was not adopted.	

		<p>members participating on the American Academy of Family Physicians Speakers Bureau, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage constituent chapters to be proactive by disseminating the current speakers bureau listing to local agencies and media.</p>		
No. 52	MIN	<p><b>Educating Middle and High School Students Form Underrepresented Minority Groups about the Medical Profession</b></p> <p>RESOLVED, That the American Academy of Family Physicians create a program directed towards middle and high school students which gives family physicians a format through which they can provide literature and a road map leading the students to a career as a physician.</p>	This resolution was not adopted.	
No. 53	MIN	<p><b>School Nutrition</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage the United States Department of Agriculture to provide nutritious meals that emphasize freshly prepared produce, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the development of national programs to combat childhood nutritional diseases, including obesity and diabetes, and be it further</p> <p>RESOLVED, That the American Academy</p>	The Board of Directors has referred this resolution to the Commission on Health of the Public.	Accepted for information. The resolution requests that the Academy work cooperatively with the American Academy of Pediatrics (AAP) to improve childhood health through better nutrition and exercise. Discussion was held regarding previous efforts and policy jointly developed with AAP and other concerned organizations.

		of Family Physicians seek cooperation with the American Academy of Pediatrics to achieve the goal of improving childhood health through better nutrition and exercise.		
No. 54	GLBT	<p><b>Home HIV Testing</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage the Food and Drug Administration to change its current policy of mandatory personal counseling prior to test results being released in order to allow point of care HIV test kits for home use.</p>	The Board of Directors has referred this resolution to the Commission on Health of the Public.	<p>Laterally referred to the Commission on Science. The Resolved asks that the Academy encourage the Food and Drug Administration to change its current policy mandating personal counseling prior to test results being released in order to allow point of care HIV test kits for home use.</p> <p>The Commission on Science will address at their May, 2007 meeting.</p>
No. 55	MIN	<p><b>Childhood Obesity and Diabetes</b></p> <p>RESOLVED, That the American Academy of Family Physicians make a statement in support of the importance of lower calorie, healthy lunches and snacks in school, and the detrimental effects of the high-fat, high-calorie foods.</p>	This resolution was not adopted.	
No. 56	JOINT	<p><b>Physician/Pharmaceutical Representative Interactions</b></p> <p>RESOLVED, That the American Academy of Family Physicians ask <i>Family Practice Management</i> to publish an article on the research regarding the impact of interactions with pharmaceutical company representatives on physician prescribing behavior.</p>	The Board of Directors has referred this resolution to the Board itself.	Accepted for information.
No. 57	JOINT	<p><b>End of Life Issues (“The Last Dance”)</b></p> <p>RESOLVED, That the American Academy of Family Physicians encourage its membership to talk about end of life issues and formulation of advanced directives with</p>	The Board of Directors has referred the 1 <sup>st</sup> Resolved Clause to the Commission on Health of the Public	<p>1<sup>st</sup> Resolved Clause: Accepted for information. The current policy on Ethics directly addresses these issues.</p> <p>2<sup>nd</sup> Resolved Clause: Agreed with recommendation to the Board that the</p>

		<p>patients and their families, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the American Board of Family Medicine to develop a Self-Assessment Module to help educate its membership regarding end of life issues.</p>	<p>and the 2<sup>nd</sup> Resolved Clause to the Board itself.</p>	<p>AAFP Board of Directors encourage the ABFM to develop a Self Assessment Module on this topic. In the future we suggest that any report to the Congress, or membership communication regarding this issue clearly communicate that the AAFP can only encourage the ABFM and not mandate that they include specific educational topics in the Maintenance of Certification program.</p>
No. 58	JOINT	<p><b>Prescribing Restrictions</b></p> <p>RESOLVED, That the American Academy of Family Physicians begin discussions with major insurers regarding formulary restrictions or limitations based solely upon the prescribers specialty or board certification.</p>	<p>The Board of Directors has referred this resolution to the Commission on Practice Enhancement.</p>	<p>See Resolution No. 45.</p>
No. 59	MIN	<p><b>Increasing Minority Presence in Family Medicine</b></p> <p>RESOLVED, That the American Academy of Family Physicians work with interested organizations to encourage medical schools to increase their numbers of medical students and faculty members from underrepresented minorities, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians create a program directed towards middle and high school students which gives family physicians a format through which they can provide literature and a road map leading the students to a career as a physician, and be it further</p> <p>RESOLVED, That the American Academy</p>	<p>The Board of Directors has referred this resolution to the Commission on Education.</p>	<p>All three resolved clauses are currently being addressed by AAFP projects, such as the Ventures Scholars Program, the premedical guidebook and the elementary school packets.</p> <p>1<sup>st</sup> Resolved Clause: Accepted for information.</p> <p>2<sup>nd</sup> Resolved Clause: Accepted for information.</p> <p>3<sup>rd</sup> Resolved Clause: No action taken; <a href="http://www.familydoctor.org">www.familydoctor.org</a> is a patient information site, and this content would not be appropriate for it. Student information already exists on <a href="http://www.fmignet.aafp.org">www.fmignet.aafp.org</a>.</p>

		of Family Physicians refine and make available at <a href="http://www.familydoctor.org">www.familydoctor.org</a> its online resources to educate interested students at all stages of education about the career of family medicine.		
No. 60	WOM	<b>Multilingual Skills for Medical Students</b>  RESOLVED, That the American Academy of Family Physicians recommends that all medical school and family medicine residency programs integrate multilingual courses in phraseology and medical terminology into their curriculums.	This resolution was not adopted.	
No. 61	JOINT	<b>Health Promotion/Disease Prevention</b>  RESOLVED, That the American Academy of Family Physicians develop a downloadable speaker series for family medicine physicians. This series will be on a variety of topics to encourage physicians to better communicate and educate the community on health promotion/disease prevention.	This resolution was not adopted.	
No. 62	IMG	<b>Acceptance of One Year of Accreditation Council for Graduate Medical Education (ACGME) Accredited Residency to Fulfill the International Medical Student Clinical Clerkship/Rotation Requirements for State Medical Licensure</b>  RESOLVED, That the American Academy of Family Physicians recommend to the Federation of State Medical Boards that one year of an Accreditation Council for Graduate Medical Education accredited residency replace the current verification	The Board of Directors has referred this resolution to the Commission on Education.	1 <sup>st</sup> Resolved Clause: Accepted for information. A recommendation to the FSMB was discussed briefly. Dr. Pugno will create a letter to the FSMB.  2 <sup>nd</sup> Resolved Clause: No action taken. The justification was that it is not the AAFP's prerogative to ask the FSMB to request anything from licensing boards.

		<p>requirements for clinical rotations/clerkships by state medical boards, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the Federation of State Medical Boards to request respective state medical licensing boards to accept one year of Accreditation Council for Graduate Medical Education accredited residency in lieu of the current verification requirement for clinical clerkship/rotation for international medical graduates medical licensure.</p>		
No. 63	MIN	<p><b>Childhood Obesity and Diabetes</b></p> <p>RESOLVED, That the American Academy of Family Physicians continue to advocate the importance of daily physical education in all years of schooling.</p>	The Board of Directors has referred this resolution to the Commission on Health of the Public.	Agreed, with specific recommendation to the Board of Directors. The commission concurred with the intent of the resolution and developed the new policy, "Physical Activity", which was approved by the Board of Directors 7/31/2006.
No. 64 (LATE 1)	JOINT	<p><b>Retail Health Clinic Information</b></p> <p>RESOLVED, That the American Academy of Family Physicians develop and provide an informational handout on <a href="http://familydoctor.org">familydoctor.org</a> that is available for the membership to use in discussions with patients regarding the description of family medicine care, finding their "medical home" and the differences associated with care in other locations (outside the medical home) including retail health clinics.</p>	The Board of Directors has referred this resolution to the Board itself.	Accepted for information.