NCCL Delegates' Handbook

April 27-29, 2017 (preconference April 26, 2017) — National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Overview of NCCL

It is my first time here. What do I need to do at NCCL?
You will not want to miss the First-Time Attendee Orientation Session and Resolution Overview with mock proceedings and constituency roundtables on Thursday morning, April 27th from 7:30–8:30 a.m.

Quick-list of NCCL URL's

- www.aafp.org/nccl/business (reference committee agendas and reports; candidate packets)
- www.aafp.org/nccl/rules (Rules of Order)
- www.aafp.org/nccl/resolutions (resolution guidelines and historical actions)
- www.aafp.org/nccl/elections (candidate information)
- www.aafp.org/nccl/volunteer
- www.aafp.org/nccl/handouts (breakout session handouts)

2017 NCCL schedule and how to get around
Schedule of Events
Sheraton Kansas City Hotel at Crown Center Floor Plan

How can I get involved at NCCL and join the conversation?

- Social Media
  - Twitter (use hashtag #aafpnccl)
  - Instagram (use hashtag #aafpNCCL)
- Event app
  - The ACLF/NCCL app provides up-to-date meeting information, including conference schedules, a customizable calendar, and exhibitor listings. Download the app by searching for "AAFP" in the iTunes Store or by visiting m.core-apps.com/tristar_aclf_nccl17. The 2017 ACLF/NCCL meeting app is compatible with most smart phones and tablets.
- Listservs
  - Five listservs specific to the member constituencies are available to all members: Women; Minority; New Physicians; International Medical Graduates (IMG); and Lesbian, Gay, Bisexual, and Transgender (LGBT). If not already, it would be beneficial for you to subscribe to one or all of the listservs to discuss and generate ideas for resolution preparation.
- Volunteer Service Application
  - NCCL committees are composed of attendees selected by the NCCL Convener. Selections are made by looking at constituency, chapter, and NCCL experience. Volunteer interest should be noted on the volunteer service application (www.aafp.org/nccl/volunteer) and submitted by the 12:00 p.m. deadline on Thursday, April 27, 2017.

What are the differences between a Chapter Delegate and a General Registrant?
Chapter Delegates may serve on Reference or Tellers Committees, submit resolutions, testify in all Reference Committee hearings, testify and vote on resolutions in the business sessions, and vote in the Co-Convener, Alternate Delegate and/or Delegate elections.

General registrants may contribute to discussions, run for office if they are an Active member and meet the definitions and requirements, volunteer for the Reference or Tellers Committees, and testify on policy issues

during any NCCL reference committee or business session. They may not vote on policy issues during the NCCL business session or vote in any AAFP Delegate, Alternate Delegate, or Co-Convener elections.

Additional details can be found here.

What is the general process to make something happen at NCCL?
Step #1: Participate in the brainstorming and conversation during the constituency discussion groups.
Step #2: Write resolutions with your NCCL colleagues.
Step #3: Testify during reference committee hearings.
Step #4: Vote on resolutions at the business session.

I want to write a resolution. What do I need to know?

- How to prepare and write a resolution
  - To get started, review the Resolution Guidelines. All resolutions must be co-authored by a minimum of two NCCL Active member registrants.
  - Review helpful hints for submitting a resolution.
  - When you have your resolution written, you must complete the Resolution Form to be submitted with your resolution. All resolutions should be submitted electronically by 3:15 p.m. on Thursday, April 27th.
- What happens to resolutions approved at NCCL?
- When should I think about asking to refer a resolution to the AAFP Congress of Delegates?
- Where can I find information on past NCCL resolutions and outcomes?

What am I supposed to do at a reference committee hearing?
Review the reference committee agendas and resolutions that are posted online (www.aafp.org/nccl/business) early Friday morning to find out where all of the resolutions were referred. Then, make sure to participate in your constituency caucus on Friday morning from 9:15–10:30 a.m.

Your constituency will use this time to discuss how the group feels about the resolutions and assign spokespeople to provide testimony as to why the constituency feels one way or another. If you are assigned to testify, you should have your talking points ready ahead of time. Take your tablet or notes with you to the microphone for quick reference and to ease your nerves.

You may also provide testimony on behalf of yourself if you are so inclined. This is a good option if you have a differing viewpoint from the constituency you represent or were not chosen to speak on behalf of the constituency.

What should I do to prepare for the Saturday business session?
Review the reference committee reports that are posted online (www.aafp.org/nccl/business) early Saturday morning to find out what they chose to do with each of the resolutions they were referred. Then, make sure to participate in your constituency caucus during breakfast on Saturday from 7–8:00 a.m.

I am excited and want to run for an elected position. What are the details about the different positions?
Candidate information, including criteria and responsibilities, can be found at www.aafp.org/nccl/elections. To apply, use the Candidate Declaration Form and submit by the applicable deadline denoted.

- AMA Young Physicians Section (AMA-YPS) Delegate
- LGBT Co-Convener
- IMG Co-Convener
- Minority Co-Convener
- New Physicians Alternate Delegate
- New Physician Board Candidate
- Women Co-Convener

Additional information on responsibilities can be found in the Roles and Responsibilities. Eligible reimbursements can be found in the Reimbursement Policies.

I am a Chapter Delegate and will be voting for elected positions. What do I need to know about how the elections are done?
Everything you need to know about the NCCL elections can be found in the Election Procedures and Timeline.

What happened here last year?

- 2016 NCCL Resolution Summary of Actions
- Report of 2016 New Physicians Delegation
- Report of 2016 Member Constituency Delegation
- Report of 2016 AMA-YPS Delegation

AAFP Background and Reference

- NCCL Rules of Order
  - The *Rules of Order* are the governing procedural document for the National Conference of Constituency Leaders (NCCL).
- NCCL History
  - The *NCCL History* provides a historical account of NCCL from its inception in 1990.
- Powers and Duties of Reference Committees
  - The *Powers and Duties of Reference Committees* includes guidelines that describe the conduct of reference committee hearings and work of the reference committees.
- Member Constituency Online Resources
  - The AAFP website includes pages specific to each member constituency that house online resources of interest.
- AAFP Policies
  - Learn more about the policies and positions of the AAFP.
- AAFP Bylaws
  - The Bylaws are the governing document of the AAFP.
- AAFP Governance Structure
  - View how business of the AAFP is divided within the governance structure.
- AAFP Board of Directors
  - Learn more about the AAFP's elected officers. Find them here at NCCL to talk with each of them face-to-face.
- Parliamentary Procedure
  - Use these documents to help guide you through the rules of parliamentary procedure.

Welcome to the National Conference of Constituency Leaders (NCCL), the AAFP's premier leadership training and policy development event for members of its five member constituencies: Women, Minority, New Physicians, International Medical Graduates (IMG), and Lesbian, Gay, Bisexual, and Transgender (LGBT).

The goal of NCCL is to help you learn the AAFP's political and policy-making systems, while at the same time provide you with a passion to get involved with your chapter and national AAFP. This document provides an overview of NCCL. Learn more about the conference by reviewing the conference materials provided in this handbook and by attending the ***"First-Time Attendee Orientation & Resolution Writing Workshop" from 7:30–8:30 a.m. on Thursday, April 27th.***

PURPOSE AND OBJECTIVES OF THE NCCL

The National Conference of Constituency Leaders (NCCL), first held in 1990 as the National Conference of Women, Minority and New Physicians (NCWMNP) and until 2014 as the National Conference of Special Constituencies (NCSC), is a vehicle to more effectively integrate the perspectives and concerns of AAFP members from underrepresented constituencies, to the benefit of an increasingly diverse membership and patient population. The NCCL is designed to focus on, and give impetus to, the perspectives and concerns of grassroots members from the constituency groups.

The primary objectives of NCCL are:

1. To provide an opportunity for board-approved member constituencies [currently Women; Minority; New Physicians; International Medical Graduates (IMG); and Lesbian, Gay, Bisexual, and Transgender (LGBT) physicians] and other emerging constituencies to become more familiar with AAFP programs, exchange information, share experiences, develop basic leadership skills, and to encourage participation in the AAFP governance structure at both the local and national levels.
2. To provide a forum whereby the Board of Directors may be better informed as to the concerns of the constituency groups and discuss with them priorities for AAFP activities.
3. To provide an opportunity for these groups to identify issues of particular concern to family physicians and to make specific recommendations by way of resolutions to the AAFP's Board of Directors and Congress of Delegates.
4. To allow the New Physicians constituency to elect a nominee for the New Physician Member of the Board of Directors.
5. To allow the New Physicians constituency to elect two Alternate Delegates, in accordance with the AAFP Bylaws, who serve one year in that capacity before succeeding to the position of Delegate in the following Congress of Delegates.
6. To allow all New Physicians present (no matter which constituency they are in attendance to represent) to elect two Delegates to the American Medical Association's Young Physicians Section (AMA-YPS).
7. To allow the Women, Minority, IMG, and LGBT constituencies to elect six Alternate Delegates, in accordance with the AAFP Bylaws, who serve one year in that capacity before succeeding to the position of Delegate in the following Congress. The member constituency Delegates and Alternate Delegates represent the views of the grassroots constituency members in the debate and decisions of the Congress of Delegates.

STRUCTURE OF THE NCCL

Any member of the AAFP may register for and attend the conference as a general registrant. Chapters may specify an active member to be a Chapter Delegate for each of the board-approved constituencies defined as follows for the purposes of the conference:

- *Women* physicians are those who self-identify as women.
- *Minority* physicians are defined as they are by the U.S. Census Bureau: African American, Asian, Native Hawaiian or other Pacific Islander, American Indian, Alaska Native, ethnic Latino, Other.
- *New Physicians* are those who completed residency or extended training immediately following residency seven years ago or less. Individuals who graduate from a residency program but who enter a fellowship continue in the resident member status until completion of their fellowship, whereupon they become active members. For those individuals, the seven year time period for purpose of New

Physician Board member eligibility would not begin upon graduation from their residency program, but rather they would have seven years after completion of their fellowship.
- *IMGs* are graduates from a medical school outside of the United States, Canada and Puerto Rico.
- *LGBT* physicians are those who self-identify as LGBT or who are supportive of LGBT issues.

Chapter Delegates must be members in the Active AAFP membership classification only. Chapter Delegates are designated by chapters for each of the board-approved constituency groups. They must meet the definition of the constituency group they represent and their member classification must be Active the first day of the conference with dues paid in full or be enrolled in the installment payment plan to be eligible to serve. Chapter Delegates may serve on Reference or Tellers Committees, submit resolutions, testify in all reference committee hearings, testify and vote on resolutions in the business sessions, and vote in the Co-Convener, Alternate Delegate and/or Delegate elections.

General registrants may contribute to the discussions, run for office if they are an Active member and meet the definitions and requirements, volunteer for the Reference or Tellers Committees, and testify on policy issues during any of the NCCL reference committees and business sessions. They may not vote on policy issues during the NCCL business session or vote in any AAFP Delegate, Alternate Delegate, or Co-Convener elections.

The NCCL uses reference committees to facilitate its work. Resolutions are assigned to one of five reference committees including:
- Advocacy
- Education
- Health of the Public and Science
- Organization and Finance
- Practice Enhancement

Instead of debating details and hearing all evidence for or against a resolution when it is submitted to the business session, it is referred by the NCCL Convener to the appropriate reference committee. Reference committees hear testimony on proposed resolutions and then develop recommendations for their disposition. A reference committee hearing is not a debate. At a scheduled hearing, all persons interested in any particular proposal appear to present their views to the reference committee. Members of each constituency may attend portions of any reference committee hearing to represent the views of his/her constituency.

Tips for testifying at a reference committee include:
- Identify yourself and for whom you are speaking.
- State whether you are speaking for or against the item of business.
- Direct your comments to the reference committee.
- Be succinct.

After receiving testimony at the reference committee hearing, the reference committee goes into executive session to develop recommendations for the NCCL Business Session in the form of reference committee reports.

During the Business Session on Saturday, the Reference Committee Chair presents the report along with the committee's recommendation for action. Each reference committee report is available on the AAFP website at www.aafp.org/nccl/business or on the desktop printing station computers provided in the Ballroom Foyer. Upon presentation of the report, the NCCL delegation acts upon the recommendations contained in that report. If the Chapter Delegates do not agree on a recommendation of a reference committee, debate on the floor takes place and Chapter Delegates may recommend a different motion than that which is contained in the reference committee report for action.

RESOLUTIONS

The NCCL utilizes the resolution format to influence policies and programs of the AAFP. The major purpose of a resolution may be to:

- establish AAFP policy,
- request investigation or implementation of an AAFP program,
- address issues of interest or concern to family physicians and the specialty of family medicine, or
- request the elimination of AAFP activities considered non-essential.

Whereas clauses provide background information for the resolved clauses. Resolved clauses are designed to stand-alone and request a policy or action within the purview and resources of the AAFP. The resolved clauses are the only portion of the resolution that is subject to action by the NCCL.

Reference committees are charged with determining recommendations for each resolution referred to them. Reference committees may make several types of recommendations on an issue. They are:

- **Adopt** – When a resolution is adopted, it is sent to the AAFP Board of Directors (or Congress of Delegates when warranted) which then sends it on to the appropriate commission or other AAFP entity for implementation.
- **Not adopt** – When a resolution is not adopted, no further action is taken on the issue.
- **Adopt a substitute resolution** – Adoption of an amendment that offers an alternative to the original motion.
- **Reaffirm** – A motion to reaffirm means that the recommendation is either current AAFP policy or already being addressed in current activities.

If the recommendation is for adoption, or for adoption of a substitute, the reference committee may also recommend:

- Referral to the Congress of Delegates. Fully-developed proposals or policy statements may be forwarded from the conference directly to the Congress of Delegates, subject to final approval by the Commission on Membership and Member Services (CMMS).
- Referral to the Board of Directors. Ideas or concerns which have not yet been fully developed should be forwarded from the conference to the Board of Directors. Such recommendations may be handled at the Board level, referred for consideration to a commission of the Board, or referred to the Executive Vice President.

In general, a resolution should not be sent to the AAFP Congress of Delegates if it requires further study, if the background information supporting the resolved clause is insufficient, or if the reference committee is unsure if the requested action is already in place within the AAFP structure. For example, resolutions which call for the AAFP to adopt a policy statement should be checked against existing AAFP polices and clinical recommendations on the AAFP's website. Whether a resolution is referred to the Congress of Delegates or the Board of Directors, a report summarizing the outcome of each resolution will be provided at the following year's NCCL.

It is the discretion of the Business Session to determine the relevance of the reference committee recommendation for referral destination; however, the CMMS has ultimate approval of any referrals to the Congress of Delegates using the following criteria:

- Importance of topic/issue to membership – Is it relevant to many or only a few members?
- Relevance of topic/issue to the AAFP's strategic objectives – Is there a direct connection between the recommended action and the AAFP's current priorities?
- Nature and scope of the recommendation – Does it require action by the Congress of Delegates or is it better suited for discussion at the Board of Directors or commission level?
- Degree to which issue/recommendation has been researched – Does the rationale/background reflect a thorough review of prior AAFP actions, positions, current programs, and services; acknowledgment of potential cost implications, etc.?

If the CMMS determines that a resolution should not be sent to the Congress of Delegates, it will, instead, refer the resolution to the Board of Directors.

RULES OF ORDER

The Standard Code of Parliamentary Procedure, current edition, shall govern all proceedings of the NCCL, except when in conflict with the AAFP Bylaws or specific provisions of these Rules of Order (www.aafp.org/nccl/rules). *The Standard Code of Parliamentary Procedure* provides logical reasons for organizational rules of order and covers all current practices and rules relating to parliamentary procedure. The purpose of parliamentary procedure is to facilitate the transaction of business and to promote cooperation and harmony. Two basic procedural rules have been developed to ensure that the simplest and most direct procedure for accomplishing a purpose is observed. First, motions have a definite order of precedence, each motion having a fixed rank for its introduction and its consideration. Second, only one motion may be considered at a time. Those who have the privilege of the floor include:

- delegates have the privilege of the floor and can vote,
- general registrants have the privilege of the floor but cannot vote, and
- the presiding officer (NCCL Convener) may grant the privilege of the floor to anyone who has useful information to share.

In presenting a motion, a delegate will rise, identify him/herself, and be recognized by the NCCL Convener. The delegate proposes a motion which is seconded by another delegate. It is then repeated by the Convener. Discussion/debate then ensues on the motion. Once discussion/debate is complete, a vote is taken. However, during discussion/debate, a delegate may amend the original motion by recommending different wording. A third delegate offers another amendment to the original motion. Only three motions can be pending at one time (the original motion and the two amendments). If a motion is made for a third amendment, the Convener rules this motion out of order. Once discussion/debate is completed, voting must be done in reverse order. The motion last proposed (the second amendment) is considered and disposed of first with the first amendment then considered and disposed of and finally the original motion.

HIGHLIGHTS OF BUSINESS/SOCIAL ACTIVITIES

Listed below are several business and social activities that occur during the NCCL.

Wednesday:

- Preconference leadership development workshops (2–3 p.m., 3:15–4:15 p.m., and 4:30–5:30 p.m.)
- ACLF & NCCL Meet & Greet (6–7 p.m.)

Thursday (volunteer applications due – 12 p.m.; resolutions due – 3:15 p.m.; candidate declaration forms due – 5 p.m. [new physician board candidate due by 12 p.m.]):

- First-time attendee orientation/NCCL mock proceedings (7:30–8:30 a.m.)
- Opening Session and Plenary (8:45–10:15 a.m.)
- Constituency Discussion Groups and Resolution Writing (10:30 a.m.–12 p.m.; 1–3:15 p.m.)
- Joint Constituency Caucus (3:15–4:15 p.m.)
- Welcome Reception (5:45–8 p.m.)

Friday:

- Town Hall Meeting (7:30–8:00 a.m.)
- Constituency Caucuses & Elections (9:15–10:30 a.m.)
- Reference Committee Hearings
    - Education (10:45–11:30 a.m.)
    - Organization & Finance (10:45–11:30 a.m.)
    - Health of the Public and Science (1:30–2:15 p.m.)
    - Advocacy (2:00–2:45 p.m.)
    - Practice Enhancement (2:30–3:15 p.m.)
- Candidate Forum and Elections (4:45–5:45 p.m.)

Saturday:

- Informal Constituency Caucus during breakfast (7–8:00 a.m.)
- Business Session (8:15 a.m.–12 p.m.)
- ****If elected, Post-Conference Meeting and Wrap-Up immediately following close of Business Session.**

GENERAL INFORMATION

Breakout Sessions: A variety of breakout sessions are provided for NCCL attendees on Wednesday, Thursday, and Friday, April 26-28. Topics include advocacy, leadership, media training, public speaking, and more. Session handouts can be found at www.aafp.org/nccl/handouts.

CME credit: NCCL attendees may claim Enrichment CME credits for attending any of the breakout sessions on an hour-for-hour basis. NCCL does not offer CME credit that is Prescribed or Elective, AMA-PRA Category 1, or AOA accredited.

Joint Programming: The NCCL schedule has been arranged to enable participants to attend one of several breakout sessions offered through the Annual Chapter Leader Forum (ACLF) on Friday afternoon. ACLF attendees may participate in resolution writing on Thursday afternoon either as references or active participants and are encouraged to attend any NCCL business functions that their schedule allows. In addition, breaks, meals, and receptions as well as the Friday plenary session are attended by participants of both ACLF and NCCL. These combined functions provide meaningful exposure through networking and educational experiences.

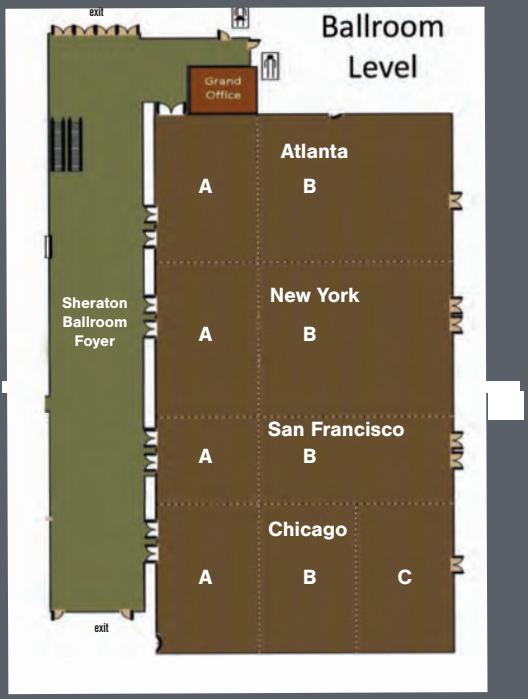
2017 NCCL Schedule

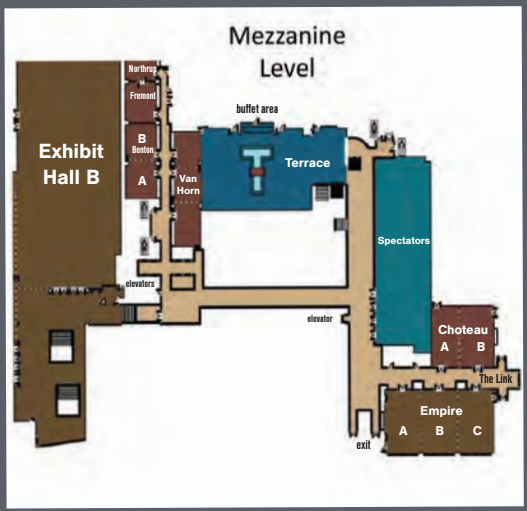
April 27-29, 2017 (preconference April 26)—National Conference of Constituency Leaders—
Sheraton Kansas City Hotel at Crown Center—Kansas City, MO

Wednesday, 4/26/17	
2:00–5:30 p.m.	Leadership Training Preconference (Atlanta)
	2:00–3:00 p.m. Leadership Listen & Learn 3:15–4:15 p.m. Preventing Physician Burnout: Returning Joy to Patient Care through Lean Transformation 4:30–5:30 p.m. Advocating for Marginalized Patient Populations – Can We Achieve Health Equity for All?
6:00–7:00 p.m.	Meet & Greet (Terrace)
Thursday, 4/27/17	
6:00–6:45 a.m.	Yoga (Benton)
7:15–8:30 a.m.	Networking Breakfast (Exhibit Hall B)
7:15–8:30 a.m.	Reproductive Health Care Member Interest Group (New York A)
7:30–8:30 a.m.	First-Time Attendee Orientation and Resolution Writing Overview (Atlanta)
8:45–10:15 a.m.	Opening Session & Plenary (Exhibit Hall B)
10:00 a.m.–4:30 p.m.	Exhibits Open (Ballroom Foyer)
10:15–10:30 a.m.	Refreshment Break (Ballroom Foyer)
10:30 a.m.–12:00 p.m.	Constituency Discussion Groups Women (Chicago A) Minority (Chicago B) New Physicians (New York A) International Medical Graduates (New York B) Lesbian, Gay, Bisexual, Transgender (Chicago C)
12:00–1:00 p.m.	General Luncheon (Exhibit Hall B)
1:00–3:00 p.m.	Resolution Writing (Terrace)
3:15–4:15 p.m.	Joint Session Caucus (Exhibit Hall B)
4:30–5:45 p.m.	Breakout Sessions Advocating for Marginalized Patient Populations – Can We Achieve Health Equity for All? (Chicago C) How to Hug a Porcupine: Building Relationships with Lawmakers and Why It's Important (Chicago B) Inside the Mind of a Reporter (Basic Media Training) (Chicago A) Leadership Listen & Learn (Chouteau)
5:45–8:00 p.m.	Welcome Reception (Atlanta/New York)
5:50–6:20 p.m.	Reference Committee Orientation (Benton)
5:50–6:20 p.m.	Tellers Committee Orientation (Van Horn A)
Friday, 4/28/17	
6:00–6:45 a.m.	Pilates (Benton)
7:00–8:15 a.m.	Chapter Peers Breakfast (Exhibit Hall B)
7:30–8:00 a.m.	Town Hall Meeting (Exhibit Hall B)
8:00–9:00 a.m.	MACRA and Quality Payment Programs (Exhibit Hall B)
8:30 a.m.–3:15 p.m.	Exhibits Open (Ballroom Foyer)
9:15-10:30 a.m.	Constituency Caucuses and Elections Women (Chicago A) Minority (Chicago B) New Physicians (New York A) International Medical Graduates (New York B) Lesbian, Gay, Bisexual, Transgender (Chicago C)
10:45–11:30 a.m.	Reference Committee Hearing on Education (Chicago A)
10:45–11:30 a.m.	Reference Committee Hearing on Organization and Finance (Chicago B)
11:30 a.m.–1:15 p.m.	Awards, Lunch, and Plenary (Exhibit Hall B)

Friday, 4/28/17	
1:30–2:15 p.m.	Reference Committee Hearing on Health of the Public and Science (Chicago C)
2:00–2:45 p.m.	Reference Committee Hearing on Advocacy (Chicago A)
2:30–3:15 p.m.	Reference Committee Hearing on Practice Enhancement (Chicago B)
2:45–3:15 p.m.	Refreshment Break (Ballroom Foyer)
3:15–4:30 p.m.	Breakout Sessions Working Effectively with Millenials (Empire B) Unleash the Leader Inside of You (Empire A) Focus on Family Physician Well-Being (Atlanta) Messaging Tough Stories (Advanced Media Training) (Empire C) Work Smarter, Not Harder: Identify Your Unique Productivity Style (Chouteau)
4:45–5:45 p.m.	Candidate Forum and Elections (Chicago)
Saturday, 4/29/17	
6:00–6:45 a.m.	Yoga (Benton)
7:00–8:00 a.m.	Breakfast Caucus and Networking (Exhibit Hall B)
8:15 a.m.–12:00 p.m.	Parliamentary Procedure, Business Session, and Conference Closing (Chicago/San Francisco)

SHERATON KANSAS CITY HOTEL AT CROWN CENTER FLOOR PLAN





Resolution Form

April 27-29, 2017 (preconference April 26) — National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

To be included for consideration by this conference, **resolutions must:**

1. Address only one issue;
2. Include "whereas" clause(s) that are stated clearly, factually, and are limited to relevant information;
3. Include "resolved" clause(s) that stand alone without the rest of the document present (clear and concise, positively stating the action or policy called for by the resolution);
4. Include statement explaining any fiscal implications necessary to implement the "resolved" clause(s);
5. Be endorsed by at least two registrants (*Active* AAFP members only) at this conference; and
6. Be submitted on or accompanied by this form with all information completed.

Resolutions need to be submitted electronically to AAFP staff by 3:15 p.m. on Thursday, April 27, 2017.

The NCCL Convener and next year's NCCL Convener determine the ultimate designation of which reference committee will act on a resolution. This determination looks at the relevance of the issue, possible grouping of like issues for consideration, and the relative workload of each reference committee.

Disclaimer: *Each resolution will be reviewed by a committee of content experts and is subject to grammatical and substantive changes as deemed appropriate.*

Resolution Title: _____

Please print. This resolution is submitted by (must include at least two Active member NCCL registrants).

Name: _____ ☐ MD ☐ DO FAAFP: ☐ YES ☐ NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

Name: _____ ☐ MD ☐ DO FAAFP: ☐ YES ☐ NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

Name: _____ ☐ MD ☐ DO FAAFP: ☐ YES ☐ NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

Name: _____ ☐ MD ☐ DO FAAFP: ☐ YES ☐ NO

Member ID: _____ Constituency: _____ Room Number: _____

Cell Number: _____

For Office Use Only

Physician Review _____ Staff Review _____ Reference Committee _____

Candidate Declaration Form

April 27-29, 2017 (preconference April 26, 2017) — National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Name: _____ **Chapter:** _____

Phone: _____ **Email:** _____

Twitter Handle/Facebook Page: _____

Are you attending NCCL as a Chapter Delegate? ____ Yes ____ No
(Note: You do **not** need to be a Chapter Delegate to declare candidacy for office, but must meet the definition of the constituency you wish to represent.)

If so, which constituency are you representing? (check only one)
___ Women ___ Minority ___ New Physicians ___ IMG ___ LGBT

Have you attended NCCL (formerly NCSC) before? ____ Yes ____ No
(Note: You do **not** need to have been to NCCL before to declare candidacy for office [except for New Physician Board of Directors Candidate].)

If so, what years? _____

Personal Statement

(Include a **brief** personal statement expressing your interest, qualifications, and areas of expertise and practice.)

I am declaring candidacy for (mark only one):

Co-Convener:

____ Women

____ Minority

____ International Medical Graduates (IMG)

____ Lesbian, Gay, Bisexual and Transgender (LGBT)

____ New Physicians Alternate Delegate

____ New Physician Board of Directors Candidate**‡
****A letter of endorsement is required from your chapter.**

____ AAFP Delegate to the AMA Young Physicians Section

I have read the corresponding candidate information and understand the responsibilities of the position should I be elected. ☐ Yes ☐ No

I attest that I have carefully reviewed the candidate information for this office and further attest that I meet all of the candidate criteria for this office.

Signed: _____ Date: _____

To declare candidacy for office, this form must be completed, signed, and accompanied by your 2-page curriculum vitae and returned to the NCCL Registration Desk no later than 5:00 p.m. Thursday, April 27.

‡ *New Physician Board Candidates must submit declaration by 12:00 p.m. on Thursday, April 27.*

Summary of Actions: 2016 National Conference of Constituency Leaders

2016 Resolutions

To sort by constituency, select the entire table; click on "layout tab"; click on "sort" in the data group; sort by "constituency" or column 3.

Res. No.	*Title and Resolved*	*Consti-tuency*	*Reference Committee*	*Referrals*	*Action*
1001	**Expanding Physician Education Materials For Sexually Transmitted Diseases in Immigrant and Uneducated Minority Populations** *RESOLVED, That the American Academy of Family Physicians (AAFP) develop a toolkit to educate physicians on sexually transmitted infections (STI) and pregnancy prevention targeting minority and immigrant populations who lack adequate sex education.*	Minority, New Physicians	Advocacy	Commission on Health of the Public & Science	Accept for information. The AAFP already provides information on a variety of topics related to sexually transmitted infections and pregnancy prevention. Creating additional patient education and translating the information into several languages would require a heavy investment of time and funds.
1002	**Improving Medicare Financing Through Parts A, B, C and Through Medigap Consolidation** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocates for legislation that eliminates the Medicare Advantage and Medigap programs, and folds the benefits of Part C plans and Medigap plans into traditional Medicare.*	Minority	Advocacy	Board of Directors	Accept for information. The Affordable Care Act restructured payments to Medicare Advantage plans by setting payments to different percentages of Medicare fee-for-service (FFS) rates, with higher payments for areas with low FFS rates and lower payments (95% of FFS) for areas with high FFS rates. These payment changes were phased-in over three years beginning in 2011 for plans in most areas. The AAFP has a policy statement on "Medicare Payment." However, that policy does not address elimination of Medicare Advantage or Medigap programs. The subcommittee agreed this is a complex situation, and unsure how the new Republican administration will deal with any healthcare issues. It was suggested that this resolution be accepted for information and then wait and see what happens under the new administration.
1003	**Eliminating Patient Satisfaction Scores as a Metric of Quality Healthcare** *RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter to the Centers*	New Physicians, Minority	Advocacy	Commission on Quality & Practice	Accept for information. The 2015 COD adopted Substitute Resolution No. 311, "Patient Satisfaction Measurement." This resolution advocates for the use of standardized clinically validated

	for Medicare and Medicaid Services discouraging the use of patient satisfaction scores as a metric of quality healthcare, and be it further *RESOLVED, That the American Academy of Family Physicians (AAFP) support collecting patient satisfaction/experience data for the use of internal quality improvement but not for the purpose of ranking, rating, nor resulting in financial consequences from third party payers.*				instruments to measure patient experience of care (including quality and satisfaction), the adoption of these instruments by payers, and the use of satisfaction measures as incentives, not penalties. The commission determined that the AAFP accept for information Resolution No. 1003, because the clause asking to "eliminate patient satisfaction scores as a metric of quality healthcare" is in conflict with 2015 COD adopted Substitute Resolution 311.
1004	**Educating a Diverse Physician Workforce** *RESOLVED, That the American Academy of Family Physicians (AAFP) support pipeline programs and encourage support services for underrepresented minority students that will support them as they move through their educational process beginning in elementary school onward through college, medical school and residency programs, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) support the American Medical Association (AMA) in recommending that medical school admissions use holistic evaluation of admission applicants, taking into account the diversity of preparation and the variety of talents that applicants bring to the medical school and residency programs, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) support the American Medical Association (AMA) in advocating to the National Residency Matching Program (NRMP) to track and disseminate demographic information pertaining to race and ethnicity collected from Electronic Residency Application Service (ERAS) applications, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) support programs in the American Medical Association (AMA) to improve the diversity of the physician workforce.*	Minority	Advocacy	Commission on Education	Agree with Modification (with or without recommendation to Board). Revised Resolution: <u>RESOLVED, That the AAFP explore, study, support and monitor pipeline programs, and encourage longitudinal support services for underrepreesnted minority students that will support them as they move through their education process beginning in elementary school onward through college, medical school and residency programs.</u> Pipeline programs that reach underserved and minority students early in their education are an important tactic to improve the diversity of the workforce. Programs that engage students over an extended period of time, and/or longitudinally, may be more effective than a one-time experience. During the discussion of this topic at the SRSI meeting, participants were clear of the necessity of data collection to measure the effectiveness of any program to increase the number of underrepresented minority students entering medicine.
1005	**Opioid Prescribing Restrictions** *RESOLVED, That the American Academy of Family Physicians (AAFP) publicly condemn the practice of medicine without a license by state legislators, and be*	Women, GLBT	Advocacy	1st Resolved Clause only: Commission on Governmental Advocacy	2nd & 3rd Resolved Clauses not adopted by the 2016 National Conference of Constituency Leaders. 1st Resolved Clause. Reaffirm. The CGA recommended that the Board

	it further *RESOLVED, That the American Academy of Family Physicians (AAFP) strongly advocate for Federal Legislation prohibiting state restriction of physician prescribing, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) AMA Delegation bring Resolution No. 1005 from the 2016 National Conference of Constituency Leaders to the AMA.*				reaffirm Resolution 1005 as in keeping with current AAFP policy and advocacy on medical licensure.
1006	**Specialty-Specific Peer Domain of Medical Licensure Issues and Disciplinary Actions** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a currently licensed and practicing family physician to actively participate in the evaluation and resolution of any licensure and disciplinary issues for family physicians.*	Women	Advocacy	Commission on Governmental Advocacy	Accept for information. The CGA recommended that the Board accept for information Resolution 1006 as not aligned with AAFP strategic priorities. CGA members described that some state boards do a fair job on this. The CGA discussed the hope for ad hoc membership of the same speciality but recognized that this is an state issue for chapter advocacy.
1007	**Mitigate Disparities in Mental Health Availability** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for increased value-based payments for counseling and services rendered for mental health illnesses, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) explore advocacy efforts to improve availability of mental health provider access.*	IMG	Advocacy	Commission on Quality & Practice	Accept for information. The commission agreed to accept the resolution for information. The AAFP advocates for adequate provider networks and payment of mental health services in a variety of ways. The AAFP meets annually with five to six of the largest private payers and CMS to advocate for an increased spend in primary care through fee-for-service or value-based payments for services, including mental health care. The AAFP encourages these payers to offer adequate networks. The AAFP has been active in communicating and promoting the CPC+ program, which pays a per beneficiary per month fee to physicians to support time counseling patients with mental health disorders. The AAFP has supported the creation of code GPPPX, which would essentially pay physicians for psychiatric type services performed in and coordinated by their offices. With CMS setting payment precedent, commercial carriers would also have the opportunity to pay for this code.
1008	**Limiting Increases in Drug Enforcement Agency and State Licensing Fees and Unrelated Fees to Practice Medicine** *RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with all state licensing and federal bodies to roll back fees to practice medicine and unrelated fees to practice medicine be removed, and be it further* *RESOLVED, That the American*	Women, Minority	Advocacy		Not adopted by the 2016 National Conference of Constituency Leaders.

	Academy of Family Physicians (AAFP) request that when physician licensing fee increases are proposed by state and federal licensing agencies, that physicians be notified one calendar year before fees are to occur, and be it further *RESOLVED, That the American Academy of Family Physicians (AAFP) request the state and federal licensing agencies provide justifiable reasons for licensing fee increases.*				
1009	**Single-Payer Health Care (Medicare For All)** *RESOLVED, That the American Academy of Family Physicians (AAFP) lobby Congress in favor of Single Payer Healthcare (Medicare for All), and be it further* *RESOLVED, That Resolution No. 1009 on Single Payer Healthcare be submitted to the Congress of Delegates.*	Women, New Physicians	Advocacy	Commission on Governmental Advocacy 6/6/16: The Commission on Membership & Member Services determined that the resolution did not meet the requirements for submittal to the Congress of Delegates.	No update is available. Similar resolutions (COD Res. Nos. 510, 511, and 512) were submitted to the 2016 Congress of Delegates and ultimately referred to the AAFP Board of Directors by the COD. The Board of Directors referred the resolutions to the AAFP's Executive Vice President for next steps.
1010	**Call to Repeal State Laws Which Punish Pregnant Women Suffering from Addiction** *RESOLVED, That the American Academy of Family Physicians join the 18 other health care organizations who have already publicly released statements strongly condemning existing state laws which punish rather than assist pregnant women suffering from addiction by releasing a statement which highlights our updated policy on this matter.*	Women, Minority	Advocacy	Commission on Health of the Public & Science	Reaffirm. The AAFP's policy titled, "Pregnant Women, Substance Use and Abuse by," was reaffirmed by the Board of Directors in 2016 and states that the AAFP opposes imprisonment or other criminal sanctions of pregnant women solely for substance abuse during pregnancy, but encourages facilitated access to an established drug and alcohol rehabilitation program for such women.
1011	**Lowering Total Out-Of-Pocket Costs For All Health Insurance** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for legislation that significantly reduces or eliminates deductibles, copayments, and other out of pocket costs for all types of insurance plans, especially silver and bronze level Affordable Care Act (ACA) plans, as these measures lead to patients avoiding necessary care, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an in-depth economic analysis of the current Affordable Care Act (ACA), to*	Minority			Reaffirmed by the 2016 National Conference of Constituency Leaders.

	determine whether or not it has the ability to meet the mission of the (AAFP) as it pertains to universal access and an acceptable manner of cost containment.				
2001	**Unconscious Bias Training in Residency and for AAFP Members** *RESOLVED, That the American Academy of Family Physicians (AAFP) create an annotated list of unconscious bias educational resources and materials for members and residency educators on www.aafp.org, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) promote the integration of unconscious bias training into residency programs through the creation of novel materials or by use of the existing toolkits and seminars available through organizations such as the American Association of Medical Colleges or other academic institutions.*	Minority, New Physicians	Education	Commission on Education	Accept for information. Beyond the scope of work of the AAFP. The AAFP does not typically create resource lists from outside sources about topics for the website. There currently is content on the AAFP Website re implicit bias, including a recent Leader Voices Blog. Residency programs address awareness of implicit bias under the ACGME competencies of Interpersonal and Communication Skills and Professionalism. Many universities and health care systems provide resources for all their learners and employees on the subject of bias training. As the existing referenced resources already exist elsewhere, the tracking and posting of resources would be unreasonably time and staff intensive.
2002	**Inclusion of Healthcare Disparities Education in Training and Clinical Practice** *RESOLVED, That the American Academy of Family Physicians (AAFP) to include Healthcare disparities in the educational curricular frame work, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) communicate with the American Board of Family Medicine to develop an additional self-assessment module to address the healthcare disparities.*	IMG, Women, Minority	Education		Not adopted by the 2016 National Conference of Constituency Leaders.
2003	**Necessary Changes to the ABFM MC-FP Process** *RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that the American Board of Family Medicine look to the American Board of Internal Medicine, American Board of Pediatrics, and American Board of Obstetrics and Gynecology for Maintenance of Certification models that may be more relevant to family physicians, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the American Board of Family Medicine abandon the two-question per week model referenced in the Winter 2016 Phoenix newsletter, and be it further*	Women, IMG, New Physicians, Minority, GLBT	Education	Commission on Continuing Professional Development	Agree with modification (with or without recommendation to the Board). The COCPD recommended implementing the resolution with a recommendation to the Board of Directors that a letter be sent by the Board Chair to the American Board of Family Medicine regarding NCCL Resolution No. 2003, COD Resolution No. 610 and NCFMR Resolution No. R2-512. Because of the sensitivity and complexity of the board certification environment overall, and the relationship between the AAFP and the ABFM in particular, the commission's Board Liaisions and the staff Senior VP and EVP/CEO have been involved in discussions about the language to be used in the letter that will go to the ABFM.

	RESOLVED, That the American Academy of Family Physicians (AAFP) recommend the American Board of Family Medicine eliminate the re-certification examination for those that have successfully completed yearly ongoing Maintenance of Certification for Family Physicians (MC-FP) requirements.				
2004	**Recognition of HIV/AIDS as a Chronic Disease** *RESOLVED, That the American Academy of Family Physicians (AAFP) explore opportunities to enhance existing educational resources and develop new ones to educate family medicine residents and family physicians to care for patients with HIV/AIDS in a chronic care model, specifically by incorporating prevention and management of other chronic diseases that individuals with HIV may develop, into these resources.*	GLBT, New Physicians	Education	Commission on Continuing Professional Development	Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities.
2005	**Reducing International Medical Graduates Stigma** *RESOLVED, That the American Academy of Family Physicians (AAFP) work aggressively with the Association of Family Medicine Residency Directors (AFMRD) and the Society for Teachers of Family Medicine (STFM) to reduce stigma and discrimination against International Medical Graduates (IMGs) by sharing research about equivalent quality of care provided by International Medical Graduates (IMGs).*	IMG	Education	Commission on Education	Accept for information. Beyond the scope of work of the AAFP. What may appear to be discrimination against international medical graduates may actually be based on state licensure laws which determine the eligibiltiy of students from certain international medical schools. In some cases, the state has determined which international medical schools have met their criteria for acceptance. The authors have not specified the source of referenced studies which demonstrates equivalent quality of care provided by IMGs. However, the comparison of care would have to be made among practicing physicians. When comparing the practice of U.S. medical school graduates and international medical school graduates, it would not be possible to identify the determining factor - medical school training or residency training. Based on the AAFP's recent residency census data, approximately 30% of current family medicine residents graduated from an international medical school.
2006	**Student Debt and Tax Reform** *RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative advocacy and lobbying efforts, in collaboration with other professional societies, to allow student loan interest payments by family physicians and family medicine residents to be tax deductible by removing the adjusted gross income cap to qualify for these deductions, and*	New Physicians	Education	Commission on Governmental Advocacy	Reaffirm. The CGA recommended that the Board reaffirm Resolution 2006 as being addressed in current policy or through current projects/activities. The CGA recognizes that medical student loan debt relief continues to be important to residents and new physicians.

	be it further *RESOLVED, That the American Academy of Family Physicians (AAFP) work with other professional societies to write a letter to the United States (U.S.) Congress about the impact of student loan debt on the health and economic wellbeing of the U.S., and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for state chapters to use in their own legislative efforts to lobby for state income tax deductions of student loan interest.*				
2007	**Interest on Student Loan Deductibility** *RESOLVED, That the American Academy of Family Physicians (AAFP) petition Congress to ask the Internal Revenue Service (IRS) to allow student loan interest of family physicians to be deductible for everyone, regardless of income level.*	Minority	Education		Combined with Resolution No. 2006.
2008	**Substance Abuse Education for Family Physicians** *RESOLVED, That the American Academy of Family Physicians (AAFP) should work to identify and streamline educational resources and training for diagnosis and management of substance abuse disorders presenting to family physicians.*	Minority	Education		Reaffirmed by the 2016 National Conference of Constituency Leaders.
2009	**Create Observership Guidelines and Evaluation Tools for Physicians Who Host International Medical Graduates** *RESOLVED, That the American Academy of Family Physicians (AAFP) review the American Medical Association (AMA) Observership Guidelines and identify opportunities to tailor those guidelines to create resources specific to family medicine that would be valuable to international medical students and international medical graduates, and residency programs, to structure and evaluate observership experiences in the United States.*	IMG, Minority	Education	Commission on Education	Accept for information. Beyond the scope of the AAFP. In the background for this resolution, the authors mention the difficulty for international nmedical graduates in getting clinical experience. Obserships do not provide clinical experience. They do not meet the requirement posed by most residency programs for hands-on U.S. clinical experience. The resoluton includes both international medical students and international medical graduates. The two must be considered separately. International medical students are eligible in most cases for clinical preceptorships and are covered by their medical school's medical malpractice coverage. Those preceptorships are structured and each entity has its own evaluation process. Participating in a clinical preceptorship gives the student hands-on clinical experience in the U.S. health care setting. International medical graduates, however, are not covered by a medical school's malpractice insurance, and they may not be able

					to obtain malpractice coverage since they are unlicensed in the U.S. The effort to create guidelines for observerships beyond those already created by the AMA is not ncessary for international medical students, and would not result in benefit to international medical graduates in the long run.
2010	**Racism and Bias Education for Family Physicians** *RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the American Public Health Association National Campaign Against Racism, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) include a keynote presentation on racism and bias at an Family Medicine Experience (FMX) conference in the near future, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) provide education to members on racism and bias through such means as, American Academy of Family Physicians live continuing medical education, online enduring continuing medical education modules, the American Family Physician (AFP) journal, and/or promote other evidence based resources.*	Women, New Physicians, Minority	Education	1st Resolved Clause: Commission on Health of the Public & Science 2nd Resolved Clause: EVP for appropriate staff referral 3rd Resolved Clause: Commission on Continuing Professional Development	1st Resolved Clause: Accept for information. The AAFP has policies related to promoting diverse populations and their health care needs, as well as advocating for equal opportunity and equal representation. These policies include Health Equity that promotes the highest level of health for all people, and the Social Determinants of Health Policy that supports physicians in identifying and addressing social determinants of health to promote good health outcomes for all individuals and populations. The AAFP has also adopted the Healthy People 2020 definition of health equity, "Attainment of the highest level of health for all people," and promotes National Minority Health Month to help reduce health disparities that affect racial and ethnic minorities. 2nd Resolved Clause: Accept for information. The keynote speakers are determined based on the overall theme of FMX, feedback from attendees, and is done in consultation with leadership. This suggestion for a topic for the general sessions at FMX will be taken into consideration for future decision-making, especially in the context of the broader issue of social determinants of health. 3rd Resolved Clause: Accept for information. The AAFP opposes discrimination in any form, and supports the principle that CME should include components that address and take into account the unique aspects of diverse populations.
2011	**Modify Education Electronic Residency Application Service Filter** *RESOLVED, That the American Academy of Family Physicians (AAFP) will write a letter to the Electronic Residency Application Service (ERAS) supporting the inclusion of additional filters such that International Medical Graduates actively participating in hands on patient care be able to be*	IMG	Education		Not adopted by the 2016 National Conference of Constituency Leaders.

	discerned using the ERAS filter software in order to address the physician shortage in primary care by 2020.				
2012	**AAFP Promotion and Support of the Public Service Loan Forgiveness Program** *RESOLVED, That the American Academy of Family Physicians (AAFP) use its legislative advocacy and lobbying efforts to encourage Congressional continuation of the Public Service Loan Forgiveness program, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the inclusion of primary care physicians in the Public Service Loan Forgiveness program, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) promote the Public Service Loan Forgiveness program to its members including the inclusion of this program on its service-based loan repayment program educational materials.*	New Physicians, Minority	Education	1st & 2nd Resolved Clauses: Commission on Governmental Advocacy 3rd Resolved Clause: Commission on Education	1st & 2nd Resolved Clauses: Reaffirm. The CGA recommended that the Board reaffirm Resolution 2012 as being addressed in current policy or through current projects/activities. The CGA noted that the Public Service Loan Forgiveness Program was created in 2007 to look back on 10 years of payment. CGA members noted that the AAFP is engaged on promoting this benefit, but also said that this relief is not available to all physicians making it challenging for those ineligible to compete with other practicing physicians. 3rd Resolved Clause: SRSI discussed the success of the Public Service Loan Forgiveness Program. This program is associated with high rates of family medicine and primary care career choice and COE concurred.
3001	**Extended Care Facility Placement Should Not Require a Three Day Inpatient Stay** *RESOLVED, That the American Academy of Family Physicians (AAFP) draft a letter to the Centers for Medicare and Medicaid Services to remove the requirement of an inpatient stay and three midnight stay to qualify for extended care facility placement.*	New Physicians	Health of the Public and Science	Commission on Quality & Practice	Accept for information. The commission accepted this resolution for information. While the resolution asked the AAFP to write a letter advocating that the Centers for Medicare & Medicaid Services (CMS) remove the requirement of an inpatient stay and three midnight stay to qualify for extended care facility placement, CMS lacks the authority to do so under current law, because the "three-day rule" referenced in this resolution is a statutory provision.
3002	**Decreasing Drug Prices for Medicare Recipients and Strengthening Medicare** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for affordable medications for Medicare beneficiaries with strategies such as encouraging Medicare to negotiate drug prices, actively manage formularies, and/or reinstate prescription drug rebates for low income Medicare beneficiaries.*	Minority	Health of the Public and Science	Commission on Governmental Advocacy	A similar resolution (COD Res. No. 505) was submitted to the 2016 Congress of Delegates and ultimately referred to the AAFP Board of Directors by the COD. The Board of Directors referred the resolution to the Commission on Governmental Advocacy. No action has been taken at the time this document was published.
3003	**To Improve Access to Pre-exposure Prophylaxis for HIV (PrEP) Training** *RESOLVED, That the American Academy of Family Physicians (AAFP) should include Pre-exposure Prophylaxis (PrEP) education in Continuing Medical Education (CME) offerings, and be it further*	GLBT, Minority, IMG, Women	Health of the Public and Science	1st Resolved Clause: Commission on Continuing Professional Development 2nd & 3rd Resolved Clauses:	1st Resolved Clause: Agree (with recommendation to the Board). After discussion of the unmet need for PreEP training in primary care, the commission voted to agree. Sent as Board Chair Rec due to time constraints. The Board Chair approved COCPD's decision to agree.

	RESOLVED, That the American Academy of Family Physicians (AAFP) writes a letter to strongly recommend to the Accreditation Council for Graduate Medical Education (ACGME) require Pre-exposure Prophylaxis (PrEP) education as part of the family medicine competencies. *RESOLVED, That the AAFP provide a list of HIV specialists to family residency training programs to promote PrEP education.*			Commission on Education	2nd & 3rd Resolved Clauses: Accept for information. Beyond the scope of the AAFP and not an appropriate request of the ACGME. The ACGME's six competencies are broad in scope and include Medical Knowledge. The requirements for curriculum organization and resident experiences ensure that resident physicians have a diverse patient base in a variety of settings in order to provide an educational experience that includes prevention and treatment of a broad spectrum of clinical disorders. The ACGME does not get to a granular level in the requirements to identify an educational activity such as PrEP. AAFP Reprint No. 273 - HIV Infection/AIDS includes: Prevention of trasnmission (i - importance of condom use, and safer sex and injection practice; ii - decreased transmission with undectable viral load; iii. - availability of and indications for pre-exposure prophylaxis PrEP; and iv - counseling for post-exposure prophylaxis PEP regarding indications, limitations and side effects). Many residency programs have faculty who have expertise in HIV treatment. An HIV expert is not required to provide Pre-exposure Prophylaxis (PrEP) education. Logistically, it would be difficult and time intensive to develop and maintain a list of HIV specialists.
3004	**Increased Access for Providers to Prescribe to Anti-Hepatitis Medications** *RESOLVED, That the American Academy of Family Physicians advocate for coverage of anti-hepatitis C medications regardless of the prescribing physician's specialty in order to facilitate care of hepatitis C patients.*	New Physicians, Minority	Health of the Public and Science	Commission on Quality & Practice	Accept for information. The commission accepted the resolution for information. The resolution asked the AAFP to advocate for coverage of anti-hepatitis C medications regardless of the prescribing physician's specialty in order to facilitate care of hepatitis C patients. The intent of the resolution was fulfilled the prior year in a separate resolution when the AAFP sent letters to the six major payers advocating for a similar resolved clause.
3005	**Following HIV Testing Guidelines from the CDC** *RESOLVED, That the American Academy of Family Physicians update the age of recommended HIV screening to reflect the best evidence-based medicine from either the U.S. Preventive Services Taskforce or Centers for Disease Control Guidelines.*	GLBT, New Physicians	Health of the Public and Science	Commission on Health of the Public & Science	Accept for information. The current AAFP recommendation does not include adolescents under 18 years of age. The USPSTF recommends screening at age 15 and the CDC recommends screening at age 13. The current available evidence groups adolescents as persons aged 13 to 19, which is an issue as the prevalence is significantly higher in people age 18 and 19 years old. The seroprevelance is extremely low in the younger age groups resulting in a need of 4,000 tests to be performed to screen effectively in this age group. Additionally, the false positive

					rate is extremely high in this age group.
3006	**Sweet and Accurate Food Labeling** *RESOLVED, That the American Academy of Family Physicians (AAFP) publicly support the 2015 Food and Drug Administration (FDA) proposed rule to properly and accurately label all food with the % Daily Value (%DV) for added sugar excluding naturally occurring sugars in milk and fruit in its naturally occurring state.*	Women, New Physicians	Health of the Public and Science	Commission on Health of the Public & Science	Accept for information. The FDA has already made the decision to implement a new label that will indicate total sugars and added sugars, in grams and as a percentage. The new label will take effect on July 26, 2018.
3007	**Oppose Transphobic Legislation Regarding the Use of Public Facilities** *RESOLVED, That the American Academy of Family Physicians endorse laws protecting people from discrimination based on gender expression and identity and oppose laws that compromise the safety and health of transgender people, and be it further* *RESOLVED, That the American Academy of Family Physicians support work to include sex, gender identity, and sexual orientation to federal anti-discrimination legislation in "public accommodations, housing, employment in public and private workplaces."*	GLBT, Women, Minority	Health of the Public and Science	Commission on Health of the Public & Science	The resolution was laterally referred to the Commission on Governmental Advocacy. Reaffirm. The CGA recommended that the Board reaffirm Resolution 3307 as being addressed in current policy or through current projects/activities.
3008	**Increasing Education, Research, and Access for Opioid Addiction Treatment** *RESOLVED, That the American Academy of Family Physicians increase available continuing medical education (CME) opportunities specific to identifying and treating addiction to opioids, and be it further* *RESOLVED, That the American Academy of Family Physicians advocate for improved reimbursement for addiction services, and be it further* *RESOLVED, That the American Academy of Family Physicians advocate for continued research and development of evidence-based addiction treatment options related to opioid abuse.*	Women	Health of the Public and Science	1st Resolved Clause: Commission on Continuing Professional Development 2nd Resolved Clause: Commission on Quality & Practice 3rd Resolved Clause: Commission on Health of the Public & Science	1st Resolved Clause: Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities. 2nd Resolved Clause: Reaffirm. The commission reaffirmed the second resolved clause of this resolution, which asked the AAFP to advocate for improved reimbursement for addiction services. The commission determined that the AAFP was already addressing the resolution through current activities, including a May 26, 2016, letter in response to a proposed rule from the Substance Abuse and Mental Health Services Administration (SAMHSA). In the letter, the AAFP cited "concerns about governmental and third-party reimbursement for the additional reporting, documentation, counseling, and other requirements to prescribe" medication-assisted treatment (MAT) as among the many reasons AAFP members do not prescribe MAT to the fullest extent of their current waiver. 3rd Resolved Clause: Reaffirm. The following AAFP activities have addressed the intent of the

					resolution: • Participation in numerous initiatives on pain management with external collaborators. • Numerous letters have advocated for increased funding in the United States for medication assisted treatment • The Chronic Pain and Opioid Misuse position paper has been updated to include information on medication-assisted treatment (MAT) • Numerous educational opportunities through American Family Physician, live courses, and participation in the FDA Risk Evaluation and Mitigation Strategies (REMS) topic of safe and appropriate opioid prescribing. CME courses on medication-assisted treatments were offered at FMX 2016, and there is a link to additional MAT training on the website • The Chronic Pain Management Toolkit offers resources for family physicians to manage pain and tips for opioid prescribing. An update to the toolkit is planned with the addition of billing/coding information, additional versions of a medication agreements, model policies for pain management, and resources for naloxone or other MAT medications.
3009	**Care and Support of Transgender and Gender-Nonconforming (T/GNC) Youth** *RESOLVED, That the American Academy of Family Physicians develop educational programs for clinicians related to the care of transgender and gender-nonconforming youth, as well as incorporating youth-specific information into the general online transgender health resources, and be it further* *RESOLVED, That the American Academy of Family Physicians strongly recommend that its chapters consider working with school systems to lobby for supportive environments for transgender and gender nonconforming youth in schools, specifically restrooms, locker rooms, and extracurricular programs.*	GLBT, Minority, Women, New Physicians	Health of the Public and Science	1st Resolved Clause: Commission on Continuing Professional Development 2nd Resolved Clause: Commission on Health of the Public & Science	1st Resolved Clause: Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities. The 2nd resolved clause was laterally referred to the Commission on Governmental Advocacy and reaffirmed. The CGA recommended that the Board reaffirm Resolution 3009 as being addressed in current policy or through current projects/activities.
3010	**Promotion of Parity in Insurance Coverage for Transition-Related Transgender Care** *RESOLVED, That the American of Family Physicians send letters to appropriate parties that recommended preventive medical services covered for the general population should be covered for transgender patients regardless of*	GLBT, Women, New Physicians, Minority, IMG	Health of the Public and Science	1st & 2nd Resolved Clauses: Commission on Quality & Practice 3rd Resolved Clause: Commission	1st and 2nd Resolved Clauses: Accept for information. The commission accepted the 2nd and 3rd resolved clauses for information because they are addressed in Section 1557 “Nondiscrimination in Health Programs and Activities,” of the Affordable Care Act. Subsection 92.206, “Equal Program Access on the Basis of Sex” of Section 1557

	gender on insurance card, and be it further *RESOLVED, That the American of Family Physicians send letters to appropriate parties to oppose and remove any transgender exclusion clauses from insurance policies concerning medically appropriate transition-related care, and be it further* *RESOLVED, That the American Academy of Family Physicians create a toolkit for chapters to utilize when lobbying within their state legislatures to advocate for policies related to transgender health equity and removal of transgender exclusion clauses.*			on Governmental Advocacy	states, "A covered entity shall provide individuals equal access to its health programs or activities without discrimination on the basis of sex; and a covered entity shall treat individuals consistent with their gender identity, except that a covered entity may not deny or limit health services that are ordinarily or exclusively available to individuals of one sex, to a transgender individual based on the fact that the individual's sex assigned at birth, gender identity, or gender otherwise recorded is different from the one to which such health services are ordinarily or exclusively available." 3rd Resolved Clause. Reaffirm. The CGA recommended that the Board reaffirm Resolution 3010 as being addressed in current policy or through current projects/activities. CGA members acknowledged this as a fundamental issue of equity.
3011	**Screening for Social Determinants of Health in Primary Care Practices** *RESOLVED, That the American Academy of Family Physicians explore how family physicians can best address social determinants of health in clinical practice in an evidence-based manner, and be it further* *RESOLVED, That the American Academy of Family Physicians create continuing medical education (CME) on how to address social determinants of health in clinical practice.*	Minority, New Physicians, Women	Health of the Public and Science	1st Resolved Clause: Commission on Health of the Public & Science 2nd Resolved Clause: Commission on Continuing Professional Development	1st Resolved Clause: This resolution will be addressed at the June 2017 meeting of the Commission on Health of the Public and Science. 2nd Resolved Clause: Reaffirm. Resolution is currently being addressed in current policy or through current projects/activities.
3012	**Updating of AAFP Reproductive Decisions Policy** *RESOLVED, That the American Academy of Family Physicians (AAFP) actively oppose non-evidenced-based restrictions on medical services through advocacy efforts including but not limited to letter writing and providing public testimony when appropriate, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) modify the current reproductive decisions policy to state "the AAFP endorses the concept that abortion should be performed in conformance with the standards of good medical practice as determined by evidence-based outcomes."*	Women, New Physicians	Health of the Public and Science	Commission on Health of the Public & Science	1st Resolved Clause: Reaffirm. The 1st resolved was reaffirmed because the AAFP's Government Relations Division and Health of the Public and Science Division work closely to advocate for evidence-based recommendations. 2nd Resolved Clause: Accept for information. The 2nd resolved was accepted for information because the policy statement is in concert with current medical practice, and the intent of the policy is decision-making, not reproductive procedures.
4001	**Necessity of a Specific Law Regarding Violence Against Physicians** *RESOLVED, That the American*	Minority	Organization and Finance	Commission on Governmental Advocacy	Accept for information. The CGA recommended that the Board accept for information Resolution 4001 as not aligned with AAFP strategic

	Academy of Family Physicians (AAFP) encourage chapters to advocate for legislation modeled after the Violence Against Nurses law, which would make it a felony to assault physicians, residents, and medical students.				priorities. There was discussion that assault is already a felony in most jurisdictions. The CGA discussed that the laws vary by state but is already addressed.
4002	**Public Reporting of Diversity Data for Race and Ethnicity** *RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate summary data on race and ethnicity of the American Academy Family Physicians membership be published publicly so that it is demonstrated that diversity is an important value of American Academy of Family Physicians, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) intentionally promote the importance of race and ethnicity self-reporting in census data for its own organization, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) include race and ethnicity data in the primary census survey from the American Academy Family Physicians as opposed to a separate survey.*	Minority, GLBT, New Physicians	Organization and Finance	Commission on Membership & Member Services	Agree with modification (with or without recommendation to the Board). Concern was expressed by the CMMS that combining the surveys would result in average members, those not in leadership, choosing to not complete the survey resulting in a higher abandonment rate. Race and ethnicity data collected will be shared in the aggregate with chapters and also published in the online AAFP Facts Tables.
4003	**Public Reporting of Diversity Data for Gender Identity and Sexual Orientation** *RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate summary data on self-reported sexual orientation and gender identity of American Academy Family Physicians' membership be published publicly so that it is demonstrated that diversity is an important value of American Academy Family Physicians, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) will intentionally promote the importance of sexual orientation and gender identity self-reporting in census data for its own organization, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) sexual orientation and gender identity data is included in the primary census survey as opposed to a separate survey.*	Women, New Physicians, GLBT	Organization and Finance	Commission on Membership & Member Services	Agree with modification (with or without recommendation to the Board). Concern was expressed that combining the surveys would result in average members, those not in leadership, choosing to not complete the survey resulting in a higher abandonment rate. The commission recommended, and the Board approved, the following modifications to the sexual orientation survey: 1. A question about gender identity will be added to the sexual orientation survey. 2. A question will be added to the sexual orientation survey asking respondents if they are interested in serving as a chapter delegate at NCCL and authorize release of their personal information. 3. Aggregate race and ethnicity and sexual orientation data will be shared with chapters and published in the online AAFP facts tables. 4. The sexual orientation survey disclaimer will be revised to state that data collected on a go-forward basis will be reported publicly in the aggregate.
4004	**Better Parental Leave Policies for Family Physicians**	Women	Organization and Finance	1st Resolved Clause:	1st Resolved Clause: The commission is developing a policy

	RESOLVED, That the American Academy of Family Physicians (AAFP) support a minimum of 12 weeks paid leave for primary caregivers for a newly born or adopted child, including family physicians and residents, and support an optional extension of this leave as unpaid time off, and be it further *RESOLVED, That the American Academy of Family Physicians (AAFP) shall perform an electronic survey of its members, focusing on residents and new physicians, regarding current employment and self-employment parental leave experiences, policies, and benefits, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) shall investigate relationships with insurance programs to provide short-term paid parental leave insurance to physicians and residents.*			Commission on Health of the Public & Science 2nd Resolved Clause: Commission on Membership & Member Services 3rd Resolved Clause: EVP for appropriate staff referral	statement that will be considered by the Board of Directors in July 2017. 2nd Resolved Clause: Accept for information. Parental leave benefits are offered as a subset benefit within the spectrum of diverse employer-administered short-term disability insurance products that are available in the private insurance marketplace, and fall outside of the AAFP's sphere of influence. In light of the restrictions on the AAFP's ability to influence, there is not a readily apparent benefit to securing member experience information through a survey, the results of which could not be acted upon to support either of the other two initiatives addressed in the first and third resolved clauses, and the costs associated with conducting and analyzing the survey would be incurred without resultant changes. 3rd Resolved Clause: Accept for information. Staff checked with Insurance Services and this type of insurance is not currently available.
4005	**Addressing Health Care Workplace Violence** *RESOLVED, That the American Academy of Family Physicians (AAFP) study the issue of workplace violence as it relates to family physicians, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) explore and make recommendations for addressing health care workplace violence.*	IMG, GLBT	Organization and Finance	Commission on Health of the Public & Science	Agree (with or without recommendation to the Board). The policy statement titled "Violence, Illegal Acts Against Physicians and Other Health Professionals," has been revised to include language encouraging health care facilities to develop security protocols. This will be considered by the Board of Directors during its April 2017 meeting.
4006	**Put the "Family" in Family Medicine Meetings** *RESOLVED, That the American Academy of Family Physicians (AAFP) offer information regarding age appropriate interactive and engaging childcare services at national meetings and include this information in conference promotional materials.*	Minority, Women, IMG	Organization and Finance	EVP for appropriate staff referral	Accept for information. The AAFP has provided child care services in the past but it was discontinued several years ago due to very low participation. The AAFP recently investigated bringing those services back for major meetings, but the cost has proven to be too high to pursue immediately. The AAFP will do some investigative work to see if the need has grown to levels that would enable a childcare offering at a reasonable cost. In the meantime, the Academy protocol is to ensure hotel concierges can provide recommendations to attendees. Regarding family-appropriate activities surrounding AAFP meetings, markets chosen are favorable for and in close proximity to a diverse array of family friendly options and communicated in promotional materials.
4007	**Identifying ICD-10 Codes Which Are Related to Social Determinants of Health** *RESOLVED, That the American*	Women, IMG	Organization and Finance	Commission on Quality & Practice	Accept for information. The 87 ICD-10 CM codes that denote socioeconomic and/or psychosocial issues are not required according to

	Academy of Family Physicians (AAFP) should increase awareness of the usage of ICD-10 codes related to the social determinants of health and provide a list of these codes on the AAFP website.				the ICD-10 CM Coding Guidelines. This series of codes are considered miscellaneous codes and are intended as supplemental information. Since these codes are not considered as part of risk adjustment and payment initiatives by CMS or by private insurers, the AAFP has prioritized awareness and education on ICD-10 diagnosis codes associated with Hierarchical Condition Categories at this time. The commission accepted the resolution for information.
4008	**Advocacy and Policy to Prevent Gun Violence in Medical Facilities** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate against laws that permit firearms in civilian health care facilities, including, but not limited to, hospitals, clinics, nursing homes, and medical school campuses, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) current policy statement entitled "Firearms and Safety Issues" be changed to remove the statement "The Academy supports strong and robust enforcement of existing federal, state and local laws and regulations regarding the manufacture, sale and possession of guns."*	New Physicians, Minority	Organization and Finance	1st Resolved Clause: Commission on Governmental Advocacy 2nd Resolved Clause: Commission on Governmental Advocacy with Commission on Health of the Public & Science (CGA lead)	1st Resolved Clause: Accept for information. The CGA recommended that the Board accept for information Resolution 4008 as not aligned with AAFP strategic priorities. There was discussion that health care facilities can post signage to ban firearms. The CGA acknowledged that this is being addressed by the AAFP and that this is an issue that should be handled on the state level. 2nd Resolved Clause: Accept for information. The Commission on Health of the Public and Science will conduct a full review of the policy statement rather than simply removing the sentence.
4009	**People-First Language for Obesity** *RESOLVED, That the American Academy of Family Physicians (AAFP) use people-first language on future educational materials by using "obesity" as a disease rather than the adjective "obese" to describe a patient.*	Women, New Physicians, IMG	Organization and Finance	Commission on Health of the Public & Science	Agree with modification (with or without recommendation to the Board of Directors). The commission has recommended to the Board that the AAFP use people-first language for all disease processes when developing policy statements, position papers, and all educational materials for patients and physicians. This will be considered by the Board at its April 2017 meeting.
4010	**Collecting Sexual Orientation and Gender Identity Data as Standard Demographics** *RESOLVED, That the American Academy of Family Physicians (AAFP) strongly recommend that family physicians collect sexual orientation and gender identity for all patients in an effort to identify individual health needs and address health disparities.*	GLBT, New Physicians	Organization and Finance	Commission on Health of the Public & Science	Accept for information. The commission recognized the importance of asking patients about sexual orientation and gender identity due to health disparities affecting lesbian, gay, bisexual, and transgender (LGBT) people. Collecting this data is consistent with the Healthy People 2020 recommendations as well as the National Academy of Medicine's report, The Health of Lesbian, Gay, Bisexual, and Transgender People. Data gathering will help health care providers customize patient care based on health disparities.
4011	**Upgrading to Diversity and Inclusion Version 3.0** *RESOLVED, That the American Academy of Family Physicians*	GLBT, Women, IMG, New Physicians	Organization and Finance	Commission on Health of the Public & Science (to	Accept for information. The AAFP recently launched a new Center for Diversity and Health Equity to become a more profound, visible

	(AAFP) develop a Taskforce on Diversity and Inclusion to address issues of diversity including, but not limited to: develop diversity metrics and processes to assess diversity, equity, and inclusion efforts; develop programs to encourage diversity and cultural proficiency in the medical workforce; explore development of an office of diversity and inclusion; create strategic partnerships with community organizations, higher education, government, and other organizations, and be it further *RESOLVED, that the Taskforce on Diversity and Inclusion report back to the National Conference of Constituency Leaders (NCCL) by 2018.*			work with Commission on Membership & Member Services; CHPS lead)	leader for social justice, diversity, and health equity. The initial focus will be on advocacy and collaboration. The Center will support our members in promoting evidence-based community and policy changes needed to address social determinants of health and diversity in order to strive for health equity.
4012	**Position Statement Against Religious Freedom Bills** *RESOLVED, That the American Academy of Family Physicians (AAFP) modify its current policy to include a statement opposing religious freedom legislation and the inherent resultant discrimination.*	GLBT, IMG, Minority	Organization and Finance		Reaffirmed by the 2016 National Conference of Constituency Leaders.
4013	**Increasing the Pipeline of Underrepresented Physicians to Address Diversity and Inclusion** *RESOLVED, That the American Academy of Family Physicians (AAFP) communicate annually to the membership its efforts to grow the number of underrepresented family physicians and investigate developing an objective reportable criteria to communicate this effort.*	Minority, Women, New Physicians	Organization and Finance	Commission on Education	Reaffirm. The AAFP has supported a number of programs that expose underrepresented minority students to a career in medicine. SRSI members believe that these programs, and others such as developed by a number of Area Health Education Centers (AHECs) can be effective mechanisms to increase workforce diversity. The SRSI strongly expressed the need for the AAFP to collect data, and monitor outcomes of this important work in order to determine the impact of these programs and the COE concurred.
5001	**Supporting Nationwide Adoption of Physician Orders For Life-Sustaining Treatment (POLST)** *RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation to bring Physician Orders for Life-Sustaining (POLST) to all 50 states.*	Women	Practice Enhancement		Reaffirmed by the 2016 National Conference of Constituency Leaders.
5002	**Expanding Patient-Centered Education Materials** *RESOLVED, That the American Academy of Family Physicians (AAFP) expand the available languages of patient education materials beyond English and Spanish, including on FamilyDoctor.org, and be it further,* *RESOLVED, That the American Academy of Family Physicians (AAFP) increase the use of*	New Physicians, Minority	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.

	pictorial information for patient education material, including on FamilyDoctor.org.				
5003	**Physician Management of Patient Reviews on Social Media** *RESOLVED, That the American Academy of Family Physicians (AAFP) research the impact of social media physician reviews on the practices of family physicians.*	New Physicians	Practice Enhancement	Commission on Quality & Practice	Accept for information. The commission accepted the resolution for information because there is significant expense to conducting this research and it is not directly tied to a strategic objective of the AAFP. Since this was considered by the commission, a new related study was published and may be accessed at https://www.jmir.org/2016/12/e324.
5004	**End Of Life Care Discussions: Educating Family Physicians** *RESOLVED, That the American Academy of Family Physicians (AAFP) prioritize education to its membership regarding initiating conversations about goals of care and end-of-life planning, the spectrum of Palliative Care and Hospice benefits, and the utility of Advance Directive and Physician Orders for Life-Sustaining Treatments (POLST) documentation.*	Women	Practice Enhancement	Commission on Health of the Public & Science	Reaffirm. The AAFP has policy on ethics and advance planning for end-of-life care, the American Family Physician journal frequently includes articles on end-of-life, and the AAFP has partnered with The Conversation Project to offer family physicians and their patients resources to better prepare them for end-of-life care discussions. This is available at http://www.aafp.org/news/health-of-the-public/20161205conversationstarter.html.
5005	**The Use Of LC-MS Screening Tools To Evaluate Patients For Polypharmacy and Medication Compliance** *RESOLVED, That the American Academy of Family Physicians (AAFP) recommend screening tools, such as the Bennett Polypharmacy Profile, as a resource for patient medication reconciliation and compliance.*	Minority, New Physicians	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.
5006	**Family Physician and Direct-To-Consumer Advertising** *RESOLVED, That the American Academy of Family Physicians (AAFP) create a public campaign to educate the public on the dangers of direct-to-consumer advertising.*	Women, New Physicians	Practice Enhancement	Board of Directors	Accept for information. Based on the cost of a public campaign and the well documented legality of the practice of direct-to-consumer advertising, the Board Chair accepted this resolution for information.
5007	**End Ranking by Performance** *RESOLVED, That the American Academy of Family Physicians (AAFP) strongly advise insurance companies to cease ranking physicians and/or removing them from insurance panels based on pay for performance measures.*	Women, IMG	Practice Enhancement	Commission on Quality & Practice	Accept for information. Current AAFP policy on physician payment states "Quality care, access to care and positive health outcomes must be the primary goals of any payment system." This concept is the main tenant of several AAFP policies including: Pay-For-Performance, Value-based Payment, Physician Payment, Physician Performance Reporting, Tiered and Select Physician Networks, and Performance Measures Criteria. The commission accepted the resolution for information because it is in conflict with current AAFP policies.
5008	**Improving Patient Satisfaction Through Autonomy and Shared Decision Making through Continuing Medical Education** *RESOLVED, That the American*	IMG	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.

	Academy of Family Physicians (AAFP) consider inclusion of continuing medical education (CME) addressing patient satisfaction through autonomy and shared decision making through CME at the AAFP Family Medicine Experience (FMX).				
5009	**Social and Behavioral Domains and Measures for Electronic Health Records** *RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the current research that identifies the current domains and measures that capture the social determinants of health to inform the development of electronic health record templates, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) investigate developing a tool of domains and measures to capture the social determinants of health in the electronic health record that members can use, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate to electronic health record vendors to incorporate domains and measures to capture the social determinants of health in the electronic health record, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) educate members regarding validated tools or templates that members can use to capture the social determinants of health into the patient's medical record, such as by creating mock-ups of electronic health record templates and examples of ways to incorporate this data into daily workflow, among other potential resources.*	Women	Practice Enhancement	Commission on Quality & Practice	Accept for information. The 2015 Edition of the federal certification process for health IT includes required support for a social determinants data set [CFR 170.315(a)(15)]. Significant work in this area is occurring at the National Quality Forum and Institutes of Medicine. The AAFP Robert Graham Center published an article on Community Vital Signs addressing social determinants. Finally, AAFP's HealthLandscape is working on an application programming interface (API) to support inclusion of a robust set of social determinants into EHRs specific to a patient's geolocation. Since the resolution was consistent with existing AAFP and external activities, the commission accepted it for information.
5010	**Updating the Prerequisites for "Recognition of Focused Practice In Hospital Medicine Exam"** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for an additional pathway for the individuals who have successfully completed the fellowship in hospital medicine to be eligible for the "Recognition of Focused Practice in Hospital Medicine."*	Minority, IMG, Women	Practice Enhancement		Not adopted by the 2016 National Conference of Constituency Leaders.
5011	**Increase Point of Care Ultrasound (POCUS) Education in Family Medicine**	Women, New Physicians,	Practice Enhancement	Commission on Continuing Professional	Accept for information. Supplanted by Congress of Delegates Resolution No. 602, which was accepted for

	RESOLVED, That the American Academy of Family Physicians (AAFP) increase continuing professional development opportunities regarding point of care ultrasound (POCUS) [for example, at its scientific meetings and continuing medical education (CME) courses].	Minority, GLBT		Development	information by the COCPD.
5012	**To Promote The Mission of the American Academy Of Family Physicians by Limiting Pay for Performance Parameters to those Reasonably Under The Control Of The Physician** *RESOLVED, That the American Academy of Family Physicians (AAFP) amend its current policy titled "Pay-for-Performance" to state that patient controlled quality measures and benchmarks such as lab values and medication fill rates be removed from pay-for-performance arrangements, and be it further* *RESOLVED, That the American Academy of Family Physicians (AAFP) support legislation that removes patient-controlled quality measures from pay for performance arrangements.*	Women, Minority	Practice Enhancement	1st Resolved Clause: Commission on Quality & Practice 2nd Resolved Clause: Commission on Governmental Advocacy	1st Resolved Clause: Accept for information. The commission accepted the first resolved clause of this resolution for information. The commission noted that guidelines 1.f, 5, 7, and 9 in the current policy all presume that pay-for-performance programs will include measures and benchmarks over which patients have some control. Further, the policy suggests that such measures and benchmarks are appropriate as long as there are case-mix and other appropriate adjustments and as long as there are relevant denominator exclusions (e.g. when a physician can demonstrate that, among other things, he or she has attempted to provide patients with the support needed to follow recommended care and the patient has subsequently not followed such recommendations or the patient is unable to comply). The policy was last reviewed and approved in 2015. Finally, the AAFP supports the primary care core measure set developed by the Core Quality Measures Collaborative, and those measures include some that are patient influenced. Because the first resolved clause of Resolution No. 5012 is otherwise contrary to the current, recently-reviewed AAFP policy, the commission accepted the resolved clause for information. 2nd Resolved Clause: Reaffirm. The CGA recommended that the Board reaffirm Resolution 5012 as being addressed in current policy or through current projects/activities. CGA members disagreed with the resolution's authors over family physicians' influence on lab values and medication fill rates.
5013	**Systemic Solutions to Physician Burnout** *RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for use by health organization leaders to provide screening and supportive resources for physician burnout.*	New Physicians	Practice Enhancement	Commission on Quality & Practice	Reaffirm. This resolution was reaffirmed on the basis that it is addressed through current AAFP activities. These include establishment of a cross-divisional task force, development of web-based content, and development of a live physician resiliency course, among other initiatives.
Late Res. 1	**Telemedicine Payment Parity** *RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for a policy of*	GLBT, IMG		Commission on Quality & Practice	Accept for information. The commission accepted this resolution for information because advocacy for parity in payments between in-

	payment parity between virtual visits and office visits to the family physician where reimbursement is equivalent for online care and face-to-face care.				person visits versus telemedicine visits does not align with current policy. The recently revised Telehealth and Telemedicine Policy steers away from advocacy for parity in payments and instead advocates for adequate payment for telemedicine services, and payment models which support the physician's ability to direct the patient toward the appropriate service modality (i.e., provides adequate reimbursement) in accordance with current standard of care. Current policy also notes reimbursement policies warrant increased standardization among payers, but again does not advocate for parity in payments. The AAFP currently advocates for adequate payment for telemedicine services as reimbursements are transitioned to more global payment models.

New Physicians Delegates Report

April 27-29, 2017 (preconference April 26, 2017) — National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

2016 AAFP New Physicians Delegates Report
AAFP Congress of Delegates
September xx–xx, 2016
Orlando, Florida

Submitted by:

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It was an honor to represent the priorities of new physician members at the AAFP Congress of Delegates (COD) this year in Orlando. The new physician delegation is comprised of two delegates and two alternate delegates. Our delegation is granted two votes, equivalent to each state or territory chapter. This report summarizes actions taken at the meeting.

Town Hall Meeting

The Town Hall Meeting on Sunday night provided an opportunity to hear from AAFP EVP and CEO Doug Henley, Board Chair Bob Wergin, President Wanda Filer and President-Elect John Meigs on current issues in health care. The discussion covered updates on Medicare Access and CHIP Reauthorization Act (MACRA) and the Health is Primary campaign. Attendees also asked questions and shared experiences relating to the opioid crisis, access to mental health treatment, and physician burnout.

Congress of Delegates business sessions:

Monday
The business of Congress began on Monday. The New Physician delegation started the day bright and early to caucus, reviewing the more than 60 resolutions before Congress this year.
During the first business session we heard remarks from AAFP officers EVP and CEO Doug Henley, Board Chair Bob Wergin, President Wanda Filer and President-Elect John Meigs.
The five reference committees heard testimony on resolutions for the remainder of the work day.
In the evening delegates had a formal opportunity to meet the candidates for elected position and their supporters.

Tuesday
During Tuesday's business sessions we heard updates from ABFM President Keith Stelter, The College of Family Physicians of Canada President Jennifer Hall, AMA President-elect David Barbe (a family physician), AAFP Foundation President Evelyn Lewis & Clark, ACOFP President Larry Anderson, and Immediate Past Chair of the Council of Academic Family Medicine Todd Shaffer. WONCA President Professor Michael Kidd of Adelaide, Australia gave his address and honored AAFP Past President Bob Higgins with a WONCA Fellowship. Gerry Tolbert, Convener of the 2016 National Conference of Constituency Leaders (NCCL), and Kaci Larsen, Student Chair of the 2016 National Conference of Family Medicine Residents and Medical Students, gave reviews of their respective conferences.

The four candidates for Board and the three candidates for President-Elect made their formal speeches and expanded on their priorities during the question and answer sessions. We also heard from uncontested candidates for Speaker and Vice Speaker Javette Orgain and Alan Schwartzstein, and 2016-2017 New Physician, Resident and Student Board members Mathew Burke, Stewart Decker and Lauren Abdul-Majeed.

Reports from Monday's reference committees were presented, and after continued debate on several issues voting was finalized on new AAFP policy.

Actions on Resolutions (Organized by Reference Committee):

Advocacy

The reference committee on Advocacy heard 16 resolutions on a broad range of topics that covered moving oral contraceptives to over the counter for all age groups, opposition to discriminatory bathroom use policies for transgender persons, and the elimination of pain as the 5th vital sign. The largest area of discussion surrounded resolutions 510, 511, and 512 all of which involved support for single payer insurance or AAFP sponsored exploration of the feasibility of such programs. While some speakers felt the free market was the continued best option for improvement and expansion of health coverage, others cited the current state of affairs in US health coverage and how the simplification of health coverage would improve patient welfare and reduce physician administrative burden. This reference committee is often an area where health justice and social determinants come to the fore and this year a resolution on support for a minimum living wage (513) was introduced. The New Physician delegation expressed support for all resolutions.

Health of the Public and Science

The Health of the Public and Science reference committee heard 13 resolutions on topics including the health impacts climate change, death with dignity, removing sugar sweetened beverages from the Supplemental Nutrition Assistance program (SNAP), and elective late term abortions. The new physician delegation testified in support of resolution 402 calling for the creation of a new office of diversity within the AAFP, resolution 405 to appeal to federal authorities for a comprehensive report on gun violence, and resolutions 410 and 411 which asked for stronger policy statements in opposition of discrimination.

Practice Enhancement

The reference committee on Practice Enhancement heard testimony on 17 resolutions. Discussion in this committee centered around resolutions 301, 302, and 303 which focused on reducing the burden of prior authorization. Proper evaluation of Family Medicine in a team based practice model (304) had testimony from the Board which suggested this is a complex issue and Board referral may be appropriate to do a deeper dive into this issue. Resolution 310 also garnered Board opinion as such work (elimination of wasteful spending in Medicare) is already being looked at by the commissions and may be referred back to that arena. The New Physicians gave direct testimony on 307 (preventing non primary care providers from collecting the annual wellness visit fee to promote patient welfare and avoid fractionating care). The New Physicians also gave testimony on 314 (expanding coverage of USPSTF grade A and B recommendations) suggesting all highly evidenced services deserve coverage under any health plan. Our delegation supported all resolutions in this reference committee.

Education

The reference committee on Education heard 10 resolutions including 3 addressing student loan debt. Other resolutions focused on addressing burnout among physicians and medical students, creating a marketing campaign with the goal of attracting more students to family medicine through, calling for improvement in the maintenance of certification process. The New Physician delegation supported all resolutions heard by this reference committee.

Organization and Finance

The reference committee on Organization and Finance heard 6 resolutions on: engaging former AAFP directors and officers, limiting COD campaigning materials, improving the COD format, changing the wording of the FAAFP oath, providing nutritional information at conferences, and improving the AAFP CME website. In general, testimony was in favor of each of these topics. The most debate surrounded the concept of appointing a task

force to study and change the COD process itself, and this item was extracted, amended, and passed. In addition, clarifying amendments were made to membership bylaws.

Wednesday
The New Physician delegation met for one final caucus. Then voting happened early Wednesday morning. Election results were announced during the final business session. The 2016 Congress of Delegates elected the following members to leadership positions:

- President-Elect – Michael Munger, MD of Overland Park, Kansas
- Speaker of the Congress – Javette Orgain, MD, MPH of Chicago, Illinois
- Vice Speaker – Alan Schwartzstein, MD of Oregon, Wisconsin
- Directors (3-year terms) –
    - Robert Raspa, MD of Orange Park, Florida
    - Leonard Reeves, MD of Rome, Georgia
    - Ada Stewart, MD, RPh of Columbia, South Carolina
- New Physician Board member – Mathew Burke, MD of Arlington, Virginia
- Resident Board member – Stewart Decker, MD of Klamath Falls, Oregon
- Student Board member – Lauren Abdul-Majeed of Chicago, Illinois

Mark your calendars! Next year's AAFP Congress of Delegates will be held September 11-13, 2017 in San Antonio, TX. Please consider running for New Physician Alternate Delegate to the AAFP Congress of Delegates at the next National Conference of Constituency Leaders (NCCL), April 27-29, 2017 in Kansas City, Missouri.

Member Constituency Delegates Report

April 27-29, 2017 (preconference April 26, 2017) — National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

2016 AAFP Member Constituency Delegates Report
AAFP Congress of Delegates
September xx–xx, 2016
Orlando, Florida

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Jaividhya Dasarathy, MD- Delegate
Benjamin (Frankie) Simmons III, MD - Delegate
Lisa Lavadie-Gomez, MD -Alternate Delegate
Mary Nguyen, MD- Alternate Delegate
LaTasha Seliby, MD- Alternate Delegate
Brent Sugimoto, MD- Alternate Delegate
Kimberly Becher, MD- Alternate Delegate
Melissa Hemphill, MD- Alternate Delegate

The Delegates and Alternate Delegates worked diligently to make sure the voice of Member Constituencies was heard and was impactful at the 2016 AAFP Congress of Delegates.

Shortly after arriving in Orlando, our work began on Sunday when we came together to review this year's candidates for AAFP leadership and this conversation continued through the final day of the Congress. The delegation developed strategies to assess how both board candidates and president-elect candidates could best represent the interests and goals of the National Conference of Constituency Leaders, along with the broader membership. Through the more personal interactions at Sunday's Meet the Candidates session, the broader social interactions at Monday's Hospitality Night, the candidate's own speeches, and input of attendees who met with us each morning, we ultimately chose and voted for our choices on Wednesday morning.

Besides selecting our academy's future leadership, some of the other major themes of this Congress were the focuses of Sunday night's Town Hall Meeting. Attendees heard from our current leadership (Drs Wergin, Filer, Meigs, and Henley) on topics that were also present in the work of the Congress this year: tackling physician burnout and promoting resilience; preparing for MACRA implementation and its impact on our practices; increasing awareness of and support for our profession through Family Medicine for America's Health; and addressing the opioid epidemic as something that is not just the responsibility of our Academy.

The delegation got off to an early start Monday morning with a 6am caucus to discuss the resolutions proposed this year and to ensure that we were able to provide testimony in the various reference committees.

Our Delegates and Alternate Delegates represented you in the reference committee discussions, testimony, debate, and voting on the floor of Congress. The following resolutions were of particular interest to the member constituencies:

Session One

The 69th Congress of Delegates began with an invocation and the singing of the National Anthem, by NCCL's very own Dr. Marie-Elizabeth Ramas, the outgoing New Physician Board member.

Following the opening of the session and the adoption of rules and bylaws, two late breaking resolutions were accepted for consideration including consideration of access to pharmaceuticals in cases of monopolies (e.g., EpiPen) and consideration of the Maintenance of Certification process imposed by the ABFM.

Dr. Javette Orgain, Speaker, opened the Congress by reminding delegates of the Vision, Mission Statement and Creed of the AAFP. She additionally took a moment to recognize the historical role women have taken within the AAFP in the past and their representation in today's Academy leadership.

Current AAFP President Wanda Filer then addressed the Congress, reporting on the progress in her year of leadership in representing our Academy and promoting Family Medicine. She then showed the Congress the ZDoggMD music video, first released at the 2016 National Conference of Family Medicine Residents and Students, as a means of inspiration for members to promote Health is Primary nationwide and tell our own stories of why Family Medicine is vital to our nation.

President-elect Dr. John Meigs used his speech to recognize the importance of this Congress as an anniversary in the long history of how Family Medicine came into existence.

Board Chair Dr. Robert Wergin reflected on his work through the Board surrounding the ACA and SGR. He argued that one of our largest challenges is to provide a strong voice that is "indivisible and undefeatable" for who we are and what we are able to offer in contrast to the many various bodies who would seek to try to challenge and to define our roles for us, particularly with regards to electronic health records and implementation of standards such as meaningful use.

Executive Vice President & CEO Dr. Douglas Henley gave an impassioned speech citing the continued efforts of the Academy over his twelve years in attempting to promote the ideals of comprehensive care as part of the medical home while also facing new challenges in implementation of payment reform, patient access to care, patient coverage for care and medications. The Congress gave him a standing ovation when he emotionally affirmed his intention to defend that "health care is a fundamental human right" and that it is our duty to "care for each other."

Session Two

The second session of the Congress of Delegates began on Tuesday morning with recognition of past presidents of the academy as well as updates from several affiliate organizations including:

World Organization of Family Doctors (WONCA), President - Dr. Michael Kidd presented Dr. Robert Higgins (past president of AAFP and WONCA) with the award of fellowship of WONCA.

College of Family Physicians Canada (CFPC) president Dr. Jennifer Hall addressed the congress bringing greetings from the Canadian Academy.

American Medical Association (AMA) President-Elect, Dr. David O. Barbe, who is a family physician, gave his report and highlighted that there are 5 family physicians on the 22-member AMA Board of Trustees. He laid out the strategic plans of AMA as accelerating changes in medical education, improving health outcomes, professional satisfaction and practice sustainability.

AAFP Foundation president, Dr. Evelyn L. Lewis and Clark, addressed the Congress and highlighted the Foundation's Family Medicine Cares which promotes free clinics in the United States and internationally (in Haiti). The Foundation's Family medicine Leads continues to support scholarship (220 scholarship recipients last year) and developing leaders through the Emerging Leader Institute.

Board of Directors of the American Board of Family Medicine (ABFM) Chair, Dr. Keith L. Stelter, gave his report and highlighted recent changes by ABFM to current Maintenance of Certification.

At this point, the Congress heard from the four candidates for the AAFP Board of Directors: Dr. Robert Raspa, Dr. Leonard Reeves, Dr. Ada Stewart, and Dr. Windel Stracener. All candidates gave speeches and also participated in a question and answer session concerning various issues affecting family physicians including physician burnout, excessive administrative work that increases work after clinic to name a few.

The morning session concluded with the Congress being able to fully address the resolutions brought before the reference committees on Organization and Finance and Education. (see separate commentary on each of these committees below)

Session Three

Reconvening after a busy morning session, the afternoon began with the presentation of of the the Robert Graham Physician Executive Award to Dr. Nick Turkal, MD of Milwaukee, Wisconsin by Dr. Filer.

The Congress was then addressed by various affiliated and representative organizations for the AAFP, including the Council of Academic Family Medicine, the American College of Osteopathic Family Physicians, and FamMedPAC. Of special note, the long-serving leader of the AAFP's AMA Delegation, Dr.Joseph Zebley, reported on the actions of this year's delegation and also announced that he was stepping down. We heard about the success of this past year's 2016 National Conference of Family Medicine Residents & Students from outgoing Resident Chair Dr. Kaci Larsen. Finally, we heard from NCCL's own Dr. Gerry Tolbert who celebrated the continued high attendance at 2016's National Conference of Constituency Leaders (NCCL), while also calling on those states who did not send full delegations "to keep working harder."

We then moved on to the consideration of the candidates for AAFP President-Elect. Dr. Michael Munger, Dr. Jack Chou, and Dr. Robert Lee all addressed the congress with their prepared speeches before participating in a question-and-answer session moderated by Dr. Filer.

The Tuesday afternoon session concluded with the Congress being able to address all of the remaining reports and extracted resolutions from the remaining reference committees on Advocacy, Health of the Public and Science, and Practice Enhancement (see separate commentary on each of these committees below)

Session Four

The Fourth and final session of the Congress was called to order Wednesday morning and started with presentation of several awards that coincidentally represented a clean sweep for the Wisconsin delegation: the Thomas W. Johnson Award for Career Contributions to Family Medicine Education was presented to Dr. John W. Beasley; the Humanitarian Award for extraordinary and enduring humanitarian efforts for both within and beyond the borders of the US was presented to Dr. David Gaus; and finally, the Arnold P. Gold Foundation Humanism in Medicine award, which honors practicing physicians who best demonstrate the ideals of compassionate and respectful care for a patient's physical and emotional well-being, was presented to Dr. Patricia Tellez-Giron.

Following this, the Congress acknowledged those Board members and Congress delegates who were retiring, before reviewing the resolutions of condolences for those AAFP members who died in the past year.

After thanking the members and chairs of the credentialing committee, the rules committee, the bylaws committee and the commission chairs, the election results were announced:

Student Board member : Ms. Lauren Abdul-Majeed of Chicago, Illinois
Resident Board member: Stewart Decker, MD of Klamath Falls, Oregon
New Physician Board member: Matthew Burke, MD of Arlington, Virginia
Vice Speaker: Alan Schwartzstein, MD
Speaker: Javette Orgain, MD
Board members: Robert Raspa, MD, FAAFP, FL - AFP; Leonard Reeves, MD, FAAFP, GA-AFP; and Ada Stewart, MD, FAAFP, SC-AFP
President Elect: Mike Munger, MD, FAAFP, KS-AFP

The Congress concluded with candidate acceptance and appreciation speeches from the floor as well as a few particular announcements:

Dr. Viviana Martinez-Bianchi will be running for WONCA member-at-large.

The Texas delegation welcomes everyone to attend next year's COD and FMX in San Antonio, TX.

Later that evening, your delegation enjoyed celebrating the accomplishments of outgoing president, Dr. Wanda Filer and the successful election of new board members and president elect at the delegates dinner.

Advocacy

Your delegation testified to several resolutions that came before this committee.
Member constituencies supported two resolutions written to ease contraceptive access, including resolution 501 which asked the AAFP to advocate that adolescents be included in FDA approval studies for access to over-the-counter oral contraceptives, and resolution 502, which would make emergency contraception a covered benefit under Medicaid. Both were passed by the Congress of Delegates

Resolution 503 sought to address the poor access to reproductive health care experienced by incarcerated women. Testimony noted lack of access disproportionately impacts minorities. This resolution was passed by the COD.

NCCL delegates also supported and testified on one approach to address the opioid abuse epidemic received applause by the audience during testimony. Resolution 507 sought the removal of pain scores from vital signs, which one testimony labeled as “subjective data placed in an objective portion” of medical data gathering. This resolution received overwhelming support in testimony. A substitute resolution was adopted which simplified the original to read “RESOLVED, That the American Academy of Family Physicians work to eliminate the classification of pain as the “fifth vital sign” and as a determinant of quality patient care.”

Resolution 515 also addressed the opioid epidemic by asking for AAFP advocacy for a national prescription database and interoperability of existing state prescription drug monitoring programs. This received general support in testimony, although there was concern about how law enforcement may use such a database. Additionally, there was concern from state delegations that such an initiative should be nationally driven, given that states like Missouri have chosen not to implement their own databases. This resolution was ultimately adopted by the COD.

Resolutions 508 and 509 addressed supporting state and federal laws to protect people from discrimination based on gender expression and identity as well as to support the use of public facilities of their choosing. Testimony was contested and largely focused on restroom access, with passionate arguments on both sides. Member constituencies advocated for both of these resolutions. Despite divided testimony, a combined simplified resolution was approved by the COD without extraction from the consent calendar.

Resolution 513 mirrored a similar resolution that went through 2014’s NCCL and it sought to raise the minimum wage and make it a living wage, indexed with the Federal Poverty Level. While our constituency supported it, there was a lot of testimony against its adoption, including concern about unintended consequences, such as effects upon solo practices, small business, and patient access to care. The Board testified its concern about whether this resolution fit into the scope of AAFP’s mission and referenced the Academy’s position paper on

poverty. Despite a recommendation to not adopt, this resolution was ultimately extracted and referred to the Board for further consideration.

Health of the Public and Science

Many resolutions were discussed for this committee that we felt were relevant to Member Constituencies.

Resolution 401 asked the AAFP to develop a toolkit that could be used to educate members and provide them with resources to assess and address our patient's social determinants of health. Testimony was overwhelmingly supportive, including testimony from a current Board member who indicated that work is already underway on this issue. Based on this knowledge, this resolution was referred to the BOD.

Resolution 402 asked the AAFP to create an Office of Diversity to help guide Academy efforts in membership, governance, and development of public health policies related to discriminatory practices and inclusivity. This reflected similar language emerging from this past year's NCCL. Committee testimony was generally supportive, apart from one clause which would have limited the actions of FamMedPAC. The Board again testified that diversity is a strategic goal for the AAFP this year and given plans are in place for creation of a Diversity role, this resolution was also referred to the Board.

Resolutions 403 and 404 addressed Climate Change and its Health implications. Language was passed emphasizing the role of "greenhouse emissions from human activities." Other language was referred to the Board to help clarify our ability to speak to evidence-based federal policies.
Resolution 405 asked AAFP to call for a federally-supported comprehensive report on gun violence, noting the urgency of action to prevent injury and death from firearms using a public health, hard reduction approach. This resolution was adopted with general support from the Congress.

Resolutions 410 & 411 asked the AAFP to issue strong statements condemning xenophobia, homophobia, and transphobia. There was spirited debate on the issue, mostly centered on the fact that such opposition is already current policy. However, proponents argued it was also about being more vocal about standing up to discrimination. In the end, a substitute resolution was adopted reading, "Resolved, that the AAFP elevate and promote its anti-discrimination policy statements in a more visible and high profile manner."

Resolution 412 asked the AAFP to set policy to not support or endorse elective late term abortion. There was spirited discussion on the topic, and also concern about what "late term" and "elective" meant. The resolution was not adopted.

Resolution 413 asked the AAFP to join in the United Nations initiative to recognize 2015-2024 as the International Decade for People of African Descent and to empower our members to address the health needs of Americans of African Descent. This resolution was adopted.

Education

The Reference Committee on Education heard multiple testimonies from our delegation as well as other registrants. Dr, Nicole Clark was the chair of this reference committee. The committee began with Resolution no 601 "Developing a Campaign for Medical Students Related to Family Medicine as a Career Path", it received unanimous support from the audience.

As we started to hear further, Resolutions no 603 and 604 "Reducing Mental Health Stigma and Promoting Physician, Resident, and Medical Student Wellness" were discussed the most! Dr. Ike from our member constituency gave a testimony in support on our behalf. There are number of testimony spanning from new physicians, medical students, board members regarding this resolution 604.

Resolution no 605 "Student Loan repayment for Primary Care Faculty Physicians" were discussed and the reference committee adopted the substitute resolution in the lieu of Resolution No's 605, 606 and 607

On September 20th, 2016, Resolution no 610 “Major changes needed in ABFM MOC process” was extracted and debated. The second, third, fourth clause of this resolution was adopted and first one was debated. The first resolved clause. “AAFP express immediate changes are needed for ABFM MOC process” was referred to board.

Organization and Finance

The Reference Committee on Organization and Finance had the smallest schedule of resolutions to discuss and there were not any particularly relevant to NCCL.

Some of the resolutions (202, 203, and 205) looked at how business is conducted in the Congress of Delegates and future meetings. Adopted language from this committee will result in a reduction of campaign materials in future Congresses as well as nutrition information being made available when possible at official events.

Resolution 204 resulted in adopted language that changes the wording of the AAFP Oath of Fellows to include language to emphasize the importance of personal physician well-being to continue to provide care for patients.

Resolutions that were not passed or were reaffirmed included efforts to further formalize the involvement outgoing officers and directors as well as address tracking of CME through the AAFP website.

Practice Enhancement

None of the resolutions coming before this year’s Practice Enhancement Reference Committee were considered particularly pertinent for the Member Constituencies caucus this year, but we mention some of the more noteworthy resolutions discussed.

Several resolutions (301, 302, and 304) addressed the frustrations with the Prior Authorization process and appropriate physician compensation, attempting to tackle it through proposing new reimbursement coding or models for implementation. Given the complexity of these issues, these resolutions were referred to the Board.

Resolution 308, calling for a ban on direct to consumer advertising, was possibly the most contentious item discussed, as to uphold such a ban would be to deny the right of free speech of the companies advertising; therefore, this resolution was referred to the Board.

Resolution 315 (VA), which asked the AAFP to support coverage for evidence-based medicine therapies for autism spectrum disorders was referred to the Board, due in large part to disagreement over which therapies are evidence based. Given support for this important health topic, it was felt that a more in depth review and exploration of opportunities for collaboration with specialty societies would likely yield benefit.

It has been an honor and a pleasure to serve each and every member of the member constituencies and we thank you for your trust in us. Those who served as alternate delegates at this Congress will be back as your delegates next year. We hope that you will join them to learn more about the important things your Academy is doing for you.

AMA-YPS Report

April 27-29, 2017 (preconference April 26, 2017) — National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

REPORT
AMERICAN MEDICAL ASSOCIATION (AMA) –
Young Physicians Section (YPS)
JUNE 2016

Submitted by:
Joanna Bisgrove, MD, FAAFP
Saby Karuppiah, MD, MPH, FAAFP

The Annual Meeting of the American Medical Association's (AMA) Young Physician's Section (YPS) was held in Chicago, June 9-12, 2016. Your Delegates, Dr. Joanna Bisgrove and Dr. Saby Karuppiah represented you, the young physicians of the American Academy of Family Physicians (AAFP), at this meeting. The Young Physicians Section (YPS) of the AMA was again an active and integral part of the AMA House of Delegates (HOD) meeting in Chicago. YPS delegates offered testimony in all of the HOD reference committees based on the Assembly's direction to actively support or oppose relevant reports and resolutions.
The meeting began with a caucus between the AAFP's AMA Delegation Members along with the AAFP's AMA Young Physician Section Delegates, AAFP's AMA Residents and Fellows Section Delegates, and the AAFP's AMA Medical Student Section Delegates. The caucus, held before the section meetings at both AMA annual and AMA interim each year, is designed to develop a coordinated strategy amongst all of the sections. Each of these initial caucus sessions are attended by AAFP executive leadership, who help section delegates work together to speak with a unified voice on AMA issues in which there is AAFP policy. This allows us, your representatives, to better represent young family physicians as a whole.

On June 10th, the AMA-YPS commenced its Annual Meeting. In our YPS Reference Committee we considered seven reports and three resolutions:

Report A: Governing Council Activities/Action Plan Update Report A provided a compilation of activities accomplished by the AMA-YPS since the 2015 Interim Meeting. Updates on AMA-YPS objectives are organized under five main categories: focus; communications; leadership development; membership; and participation.

Report B: State Medical Society Representation in the AMA-YPS Assembly Report B was an informational report and includes the 2016 allocations for state society representation in the AMA-YPS.

Report C: Specialty Society Representation in the AMA-YPS Assembly Report C presented the criteria for specialty society representation in the AMA-YPS Assembly and discusses strategies to gain new society representation. Report C included the following recommendations: 1. The YPS Governing Council will continue to connect with AMA members that are part of the specialties not represented in the AMA-YPS and encourage them to serve as a liaison to the young physicians in their society or identify someone in their society for further outreach. 2. The YPS Governing Council will continue to reach out to societies that are eligible for representation in the AMA-YPS Assembly that have not sent a representative in the past two years.

Report D: Strengthening The MSS-RFS-YPS Relationship (AMA-YPS Resolution 2-A-15) Report D proposed that the following recommendations be adopted in lieu of YPS AMA-YPS Resolution 2-A-15 and that the

remainder of the report be filed: 1. The Governing Council through the Delegate and Alternate Delegate will continue to represent the YPS in the informal advocate for formalizing a MSS-RFS-YPS caucus that occurs each HOD meeting. 2. That this report be distributed at the MSS-RFS-YPS Annual 2016 caucus and discussed at the will of the caucus leadership.

Report E: Endorsing AMA Board of Trustees and Elected Councils Candidates. 1. That the AMA-YPS Assembly approve the new process for endorsing AMA Board of Trustees and Elected Councils candidates. 2. That the AMA-YPS Assembly ratify the updated YPS Internal Operating Procedures language "Endorsing AMA Board of Trustees and Elected Councils Candidates."

Report F: AMA-YPS Finance Report Report F was an informational report on the AMA-YPS budget and finances.

Report G: AMA-YPS Strategic Plan Report G proposed that the AMA-YPS Assembly adopt the following recommendations: 1. That our AMA-YPS GC work to implement the proposed actions outlined in this report. 2. That our AMA-YPS GC make the AMA-YPS 2016-2021 Strategic Plan available on the AMAYPS Web site. 3. That our AMA-YPS GC monitor the effectiveness of the 2016-2021 Strategic Plan and update the strategic plan in five years with report to the AMA-YPS Assembly at the 2021 Annual meeting.

YPS Resolution 1: Parity in Reproductive Health Insurance Coverage for Same-Sex Couples Resolution 1 asks the AMA to support parity in insurance coverage for fertility treatments for same-sex couples, when insurance provides coverage for fertility treatments. This resolution also asks the AMA to support local and state efforts to promote parity in reproductive health insurance coverage for same-sex couples when insurance provides coverage for fertility treatments. Resolution 1 was passed by the Assembly and will be submitted for the 2016 Interim Meeting.

YPS Resolution 2: Unforeseen Consequences of Core Measures Resolution 2 asks the AMA to call for the immediate suspension of the SEP-1 core measure as well as related financial incentives and penalties. This resolution also asks the AMA to discourage the implementation of protocols, core measures, or directives relating to the care of patients in the outpatient or inpatient settings without structured trials designed to identify unforeseen costs and potential patient harms. In addition, this resolution asks the AMA to discourage the implementation of indiscriminant and not medically indicated screening or testing for "pre-existing" infection in patients in order to avoid financial penalties. This resolution also asks the AMA to support any physician who refuses to perform testing or treatment that they feel is not medically indicated or potentially harmful to patients.

YPS Resolution 3: Equality Resolution 3 asks the AMA to only consider towns, cities, counties, and states that do not discriminate. Resolution 3 was adopted as amended to read as follows: RESOLVED, That all future meetings and conferences organized and/or sponsored by our American Medical Association, not yet contracted and finalized, only be held in towns, cities, counties, and states that do not have discriminatory policies discriminate based on race, color, religion, ethnic origin, national origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age.in employment, housing, education, credit, public accommodations, jury service, and federally funded programs. (New HOD Policy) Resolution 3 will be submitted for the 2016 Interim Meeting.

We have been honored to serve you as your AAFP YPS delegates at this meeting. In that same manner, we have remained involved in the YPS operations to continue to have the voices of the AAFP New Physicians heard at the AMA. Dr. Bisgrove served on the Credentials Committee and both Dr. Bisgrove and Dr. Karuppiah provided testimony to the HOD Reference Committees on behalf of the AAFP and YPS.

If you have any questions, please do not hesitate to contact us at

Jo4ASL@yahoo.com (Dr. Joanna Bisgrove)
Sabesan@yahoo.com (Dr. Saby Karuppiah)

REPORT
AMERICAN MEDICAL ASSOCIATION (AMA) –
Young Physicians Section (YPS)
NOVEMBER 2016

Submitted by:
Saby Karuppiah, MD, MPH, FAAFP
Anita Ravi, MD, MPH

The Annual Meeting of the American Medical Association's (AMA) Young Physician's Section (YPS) was held in Orlando, November 11-13, 2016. We, Dr. Saby Karuppiah and Dr. Anita Ravi served as your delegates to this meeting to represent the new physicians of the American Academy of Family Physicians (AAFP). In this role, we engaged in advocating for or against resolutions put forth in the 2016 House of Delegates (HOD) to best reflect the ideals and perspectives of our AAFP new physician membership.
The Young Physicians Section (YPS) of the AMA was again an active and integral part of the AMA House of Delegates (HOD) meeting in Orlando. The meeting began with a caucus between the AAFP's AMA Delegation Members along with the AAFP's AMA Young Physician Section Delegates, AAFP's AMA Residents and Fellows Section Delegates, and the AAFP's AMA Medical Student Section Delegates. The caucus, held before the section meetings at both AMA annual and AMA interim each year, is designed to develop a coordinated strategy amongst all of the sections. Each of these initial caucus sessions are attended by AAFP executive leadership, who help section delegates work together to speak with a unified voice on AMA issues in which there is AAFP policy. This allows us, your representatives, to better represent young family physicians as a whole.

On November 11th, the AMA-YPS commenced its Annual Meeting. In our YPS Reference Committee we considered the following resolutions:

RESOLUTION REVIEW

YPS put forth three resolutions including one late resolution to the HOD.

YPS Resolution 1: Parity in Reproductive Health Insurance Coverage for Same-Sex Couples (Resolution 804): Adoption as Amended

Resolution 1 asked the AMA to support parity in insurance coverage for fertility treatments for same-sex couples, when insurance provides coverage for fertility treatments. This resolution also asked the AMA to support local and state efforts to promote parity in reproductive health insurance coverage for same-sex couples when insurance provides coverage for fertility treatments.
Ultimately, the resolution was adopted with the amendments to the title and language of the resolution overall. Retitled as "Reproductive Health Insurance Coverage", the terms "parity in" and "same-sex couples" in the resolved clauses were removed and replaced with broader, more inclusive language by incorporating the term "regardless of marital status or sexual orientation."

YPS Resolution 2: Equality (Resolution 602): Referred

Resolution 602 asked that all future meetings and conferences organized and/or sponsored by the AMA, not yet contracted and finalized, only be held in towns, cities, counties, and states that do not have discriminatory policies discriminate based on race, color, religion, ethnic origin, national origin, language, creed, sex, sexual orientation, gender, gender identity and gender expression, disability, or age.in employment, housing, education, credit, public accommodations, jury service, and federally funded programs.
Testimony on Resolution 602 was divided: while the membership agreed that exclusionary and discriminatory policies and practices that deny basic human rights are unacceptable, the logistics in implementing this proposal (given the fluid nature of laws and legislation), could be challenging and polarizing. Referral was recommended so that the AMA could consider whether current policy can appropriately reflects the AMA's

opposition to all forms of exclusionary or discriminatory policies or practices, review of current AMA Policy (G-630.140 “Lodging, Meeting Venues, and Social functions” states opposition only to gender, race, color, religion, national origin, gender identity, or sexual orientation, while Resolution 602 identifies additional classes that require consideration).

YPS Late Resolution: Emergency Post Election Support for Principles of the Patient Protection and Affordable Care Act

RESOLVED, That our American Medical Association make a public statement that any health care reform legislation considered by Congress ensure continued improvement in patient access to care and patient health insurance coverage by maintaining: 1) Guaranteed insurability, including those with pre-existing conditions, without medical underwriting, 2) Income-dependent tax credits to subsidize private health insurance for eligible patients, 3) Federal funding for the expansion of Medicaid to 138% of the federal poverty level in states willing to accept expansion, as per current AMA policy, 4) Maintaining dependents on family insurance plans until the age of 26, 5) Coverage for preventive health services, 6) Medical loss ratios set at no less than 85% to protect patients from excessive insurance costs.

In anticipation of potential post-election changes, YPS was among several delegations which put forth a late resolution regarding the AMA policy on the Affordable Care Act. Ultimately, all five resolutions were combined into one, titled “PROTECTING PATIENT ACCESS TO HEALTH INSURANCE COVERAGE, PHYSICIANS, AND QUALITY HEALTH CARE.” These resolutions included plans of action involving creating a strong public statement for immediate and broad release articulating the AMA’s support of access to care for all patients, and plan to engage the new Administration and Congress in discussions about the future of health care reform. This resolution was adopted following further deliberation.

Additionally, to further our role as your delegates to the AMA-YPS, Dr. Karuppiah engaged in discussion with delegates from specialty organizations to better understand the impetus behind HOD resolutions we had flagged as potentially impacting AAFP young physicians, and Dr. Ravi engaged in updating our membership on issues salient to our constituency via social media, (under the hashtag #AMA2016).

Thank you for the privilege of allowing us to serve as your AAFP YPS delegates at this meeting. If you have any questions, comments or feedback, please do not hesitate to contact us at

Sabesan@yahoo.com (Saby Karuppiah)
aravibifm@gmail.com (Anita Ravi)

Parliamentary Procedure at a Glance

(based on *The Standard Code of Parliamentary Procedure* by Alice Sturgis)

April 27-29, 2017 (preconference April 26, 2017) — National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

Principal Motions (Listed in Order of Precedence)

TO DO THIS	YOU SAY THIS	May You Interrupt Speaker?	Must You Be Seconded?	Is The Motion Debatable?	What Vote is Required?
*Adjourn the meeting	"I move the meeting be adjourned"	NO	YES	YES (RESTRICTED)	MAJORITY
*Recess the meeting	"I move that the meeting be recessed until..."	NO	YES	YES**	MAJORITY
Complain about noise, room temperature, etc.	"I rise to the question of personal privilege"	YES	NO	NO	NONE
Postpone temporarily (Table)	"I move that this motion be tabled"	NO	YES	NO	MAJORITY (REQUIRES TWO-THIRDS IF IT WOULD SUPPRESS)
End debate	"I move to vote immediately"	NO	YES	NO	TWO-THIRDS
*Limit debate	"I move that each speaker be limited to a total of two minutes per discussion"	NO	YES	YES**	TWO-THIRDS
*Postpone consideration of an item to a certain time	"I move to postpone this item until 2:00pm..."	NO	YES	YES**	MAJORITY
*Have something referred to committee	"I move this matter be referred to…"	NO	YES	YES**	MAJORITY
*Amend a motion	"I move to amend this motion by…"	NO	YES	YES	MAJORITY
*Introduce business (the Main Motion)	"I move that..."	NO	YES	YES	MAJORITY
*Amend a previous action	"I move to amend the motion that was adopted..."	NO	YES	YES	SAME VOTE
*Ratify action taken in absence of a quorum or in an emergency	"I move to ratify the action taken by the Council..."	NO	YES	YES	SAME VOTE
Reconsider	"I move to reconsider..."	YES	YES	YES**	MAJORITY
Rescind (a main motion)	"I move to rescind the motion..."	NO	YES	YES	SAME VOTE

***Amendable**
****Debatable if no Other Motion is Pending**

Incidental Motions

TO DO THIS	YOU SAY THIS	May You Interrupt Speaker?	Must You Be Seconded?	Is The Motion Debatable?	What Vote is Required?
Vote on a ruling by the Chair	"I appeal the Chair's decision"	YES	YES	YES	MAJORITY
Consider something out of its scheduled order	"I move to suspend the rules and consider…"	NO	YES	NO	TWO-THIRDS
To discuss an issue without restrictions of parliamentary rules	"I move that we consider informally…"	NO	YES	NO	MAJORITY
To call attention to a violation of the rules or error in procedure, and to secure a ruling on the question raised	"I rise to a point of order"	YES	NO	NO	NONE
To ask a question relating to procedure	"I rise to a parliamentary inquiry"	YES	NO	NO	NONE
To allow the maker of a motion to remove the motion from consideration	"I move to withdraw my motion"	YES	NO	NO	NONE
To separate a multi-part question into individual questions for the purpose of voting	"I move division of the question"	NO	NO	NO	NONE
To verify an indecisive voice or hand vote by requiring voters to rise and be counted	"I move to divide the Assembly"	YES	NO	NO	NONE

***Amendable**
****Debatable if no Other Motion is Pending**

The Chief Purposes of Motions

PURPOSE	MOTION
Present an idea for consideration and action	Main motion
	Resolution
	Consider informally
Improve a pending motion	Amend
	Division of question
Regulate or cut off debate	Limit or extend debate
	Close debate
Delay a decision	Refer to committee
	Postpone to a certain time
	Postpone temporarily
	Recess
	Adjourn
Suppress a proposal	Table
	Withdraw a motion
Meet an emergency	Question of privilege
	Suspend rules
Gain information on a pending motion	Parliamentary inquiry
	Request for information
	Request to ask member a question
	Question of privilege
Question the decision of the presiding officer	Point of order
	Appeal from decision of chair
Enforce rights and privileges	Division of assembly
	Division of question
	Parliamentary inquiry
	Point of order
	Appeal from decision of chair
Consider a question again	Resume consideration
	Reconsider
	Rescind
	Renew a motion
	Amend a previous action
	Ratify
Change an action already taken	Reconsider
	Rescind
	Amend a previous action
Terminate a meeting	Adjourn
	Recess

Parliamentary Strategy

TO SUPPORT A MOTION	TO OPPOSE A MOTION
1. Second it promptly and enthusiastically.	1. Speak against it as soon as possible. Raise questions; try to put proponents on the defensive.
2. Speak in favor of it as soon as possible.	2. Move to amend the motion so as to eliminate objectionable aspects.
3. Do your homework; know your facts; have handouts, charts, overhead projector slides, etc., if appropriate.	3. Move to amend the motion to adversely encumber it.
4. Move to amend motion, if necessary, to make it more acceptable to opponents.	4. Draft a more acceptable version and offer as amendment by substitution.
5. Vote against motion to table or to postpone, unless delay will strengthen your position.	5. Move to postpone to a subsequent meeting.
6. Move to recess or postpone, if you need time to marshal facts or work behind the scenes.	6. Move to refer to committee.
7. If defeat seems likely, move to refer to committee, if that would improve chances.	7. Move to table.
8. If defeat seems likely, move to divide question, if appropriate, to gain at least a partial victory.	8. Move to recess, if you need time to round up votes or obtain more facts.
9. Have available a copy of the organization's standing rules, its bylaws, and *The Standard Code of Parliamentary Procedure*, in case of a procedural dispute.	9. Question the presence of a quorum, if appropriate.
10. If motion is defeated, move to reconsider, if circumstances warrant it.	10. Move to adjourn.
11. If motion is defeated, consider reintroducing it at a subsequent meeting.	11. On a voice vote, vote emphatically.
	12. If the motion is adopted, move to reconsider, if you might win a subsequent vote.
	13. If the motion is adopted, consider trying to rescind it at a subsequent meeting.
	14. Have available a copy of the organization's standing rules, its bylaws, and *The Standard Code of Parliamentary Procedure*, in case of a procedural dispute.

Standard Code of Parliamentary Procedure

(Source: *The American Institute of Parliamentarians Standard Code of Parliamentary Procedure*–May, 2012)

PRINCIPAL RULES GOVERNING MOTIONS								
Order of precedence[1]	*Can interrupt?*	*Requires second?*	*Debatable?*	*Amendable?*	*Vote required?*	*Applies to what other motions?*	*Can have what other motions applied to it?*[5]	*Renewable?*
PRIVILEGED MOTIONS								
1. Adjourn	No	Yes	Yes[2]	Yes[2]	Majority	None	Amend, Close debate, limit debate	Yes
2. Recess	No	Yes	Yes[2]	Yes[2]	Majority	None	Amend, Close debate, limit debate	Yes[6]
3. Question of privilege	Yes	No	No	No	None	None	None	Yes
SUBSIDIARY MOTIONS								
4. Table	No	Yes	No	No	2/3	Main motion	None	No
5. Close debate	No	Yes	No	No	2/3	Debatable motions	None	Yes
6. Limit or extend debate	No	Yes	Yes[2]	Yes[2]	2/3	Debatable motions	Amend, close debate	Yes[6]
7. Postpone to a certain time	No	Yes	Yes[2]	Yes[2]	Majority	Main motion	Amend, close debate, limit debate	Yes[6]
8. Refer to committee	No	Yes	Yes[2]	Yes[2]	Majority	Main motion	Amend, close debate, limit debate	Yes[6]
9. Amend	No	Yes	Yes[3]	Yes[3]	Majority	Rewordable motions	Amend, Close debate, limit debate	No[6]
MAIN MOTIONS								
10. (a) The main motion	No	Yes	Yes	Yes	Majority	None	Subsidiary	No
(b) Specific main motions								
Adopt in-lieu-of	No	Yes	Yes	Yes	Majority	None	Subsidiary	No
Amend a previous action	No	Yes	Yes	Yes	Same Vote	Adopted main motion	Subsidiary	No
Ratify	No	Yes	Yes	Yes	Same vote	Adopted main action	Subsidiary	No
Recall from committee	No	Yes	Yes[2]	No	Majority	Referred main motion	Close debate, limit debate	No
Reconsider	Yes[4]	Yes	Yes[2]	No	Majority	Vote on main motion	Close debate, limit debate	No
Rescind	No	Yes	Yes	No	Same Vote	Adopted main motion	Subsidiary, except amend	No

INCIDENTAL MOTIONS								
No order of precedence	*Can interrupt?*	*Requires second?*	*Debatable?*	*Amendable?*	*Vote required?*	*Applies to what other motion?*	*Can have what other motions applied to it?*	*Renewable?*
MOTIONS								
Appeal	Yes	Yes	Yes	No	Majority[7]	Ruling of chair	Close debate, limit debate	No
Suspend rules	No	Yes	No	No	2/3	Procedural rules	None	Yes
Consider informally	No	Yes	No	No	Majority	Main motion or subject	None	No
REQUESTS								
Point of order	Yes	No	No	No	None	Procedural error	None	No
Inquiries	Yes	No	No	No	None	All motions	None	No
Withdraw a motion	Yes	No	No	No	None[8]	All motions	None	No
Division of question	No	No	No	No	None[8]	Main motion	None	No
Division of assembly	Yes	No	No	No	None[8]	Indecisive vote	None	No

[1] Motions are in order only if no motion higher on the list is pending. Thus, if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.
[2] Restricted.
[3] It is not debatable when applied to an undebatable motion.
[4] A member may interrupt the proceedings but not a speaker.
[5] Withdraw may be applied to all motions.
[6] Renewable at the discretion of the presiding officer.
[7] A tie or majority vote sustains the ruling of the presiding officer; a majority vote in the negative reverses the ruling.
[8] If decided by the assembly, by motion, requires a majority vote to adopt.