



# Summary of Actions: 2019 National Conference of Constituency Leaders

## 2019 Resolutions

Res. No.	Title and Resolved	Action of NCCL	Recommended Referrals
1001	<p><b>Achieve FamMedPAC Free of Conflict of Interest/Transparency</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians requires that the FamMedPAC examine the campaign contributions of the National Rifle Association and other related groups as well as pharmaceutical and biotechnology companies in determining whether or not funds should be directed toward candidates, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians requires that the FamMedPAC review the candidates' voting records to ensure that they align with American Academy of Family Physicians' commitment to Health Care for All, affordable prescription drugs, and gun violence prevention in determining whether or not funds should be allocated for such a candidate, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians requests the FamMedPAC to prepare an annual report outlining their rationale for providing or withholding donations to candidates, politicians, and committees that would be available on American Academy of Family Physicians website for membership to ensure transparency and accountability of such funds collected from student, resident, and physician members, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians ensures the publication of the minutes of the proceedings of the FamMedPAC on their website to be available for all American Academy of Family Physicians members, and be it further</i></p> <p><i>RESOLVED, That this resolution be sent to the American Academy of Family Physicians Congress of Delegates.</i></p>	Not Adopted	N/A
1002	<p><b>Promoting Safety in Schools</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians expand its current firearm policy to support red flag laws, waiting periods, and gun-free school zones, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians promote the equitable and nondiscriminatory application of gun safety laws.</i></p>	Reaffirmed	N/A
1003	<p><b>Medical Student Debt Relief (Expanded)</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians seek to collaborate with financial institutions</i></p>	Adopted	1 <sup>st</sup> Resolved Clause – EVP (Shannon Scott)

	<p><i>to offer loan consolidation programs geared toward lowering the interest rate on privately funded student loans once a physician enters the United States work force or qualifying non-governmental organization as a practicing family medicine primary care provider, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians seek to advocate legislation to support that federal loan agencies offer loan consolidation programs geared toward lowering the interest rate on government funded student loans once a physician enters the United States work force or qualifying non-governmental organization as a practicing primary care provider (Family Medicine, Internal Medicine, Pediatrics, etc.) to offset the financial burden that high debt places on our primary care providers, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians collaborate with the Group of Six (American Academy of Pediatrics, American Osteopathic Association, American College of Physicians, American Congress of Obstetricians and Gynecologists, American Psychiatric Association) to advocate legislation to support that federal loan agencies offer loan consolidation programs geared toward lowering the interest rate on government funded student loans once a physician enters the United States work force or qualifying non-governmental organization as a practicing primary care provider (Family Medicine, Internal Medicine, Pediatrics, etc.) to offset the financial burden that high debt places on our primary care providers.</i></p>		2 <sup>nd</sup> & 3 <sup>rd</sup> Resolved Clauses – Commission on Governmental Advocacy
1004	<p><b>Paid Family Leave</b></p> <p><b>Substitute:</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support a minimum of 12 weeks paid leave for parents of a newly born or newly adopted child [of any age], including family physicians and residents, and support an optional extension of this leave as unpaid time off, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate actively for national legislation to support paid family leave, for parents of a newly born or newly adopted child [of any age], and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians communicate with the Accreditation Council for Graduate Medical Education (ACGME) to recommend updating the Common Program Requirements to endorse paid family leave and include covering birth of a child or adoption of a child of any age with optional extension of this leave as unpaid time off and communicate with the Family Medicine Residency Committee within ACGME to promote same paid family leave.</i></p> <p><i>RESOLVED, That this resolution be referred to the Congress of Delegates.</i></p>	Substitute Adopted	Accept for information
1005	<p><b>Support of a Sustainable Health Care System</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support a system of health care that is financially sustainable regardless of politics and free from undue influence from commercial entities, and be it further</i></p> <p><i>RESOLVED, That this resolution be referred to American Academy of Family Physicians Congress of Delegates.</i></p>	Reaffirmed	

1006	<p><b>Health Care Coverage Should Equate to Health Care Access</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support a system of universal health care in which coverage equates to access, and be it further</i></p> <p><i>RESOLVED, That this resolution be referred to American Academy of Family Physicians Congress of Delegates.</i></p>	Reaffirmed	
1007	<p><b>Affirming the Safety and Legality of Abortion Substitute:</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians partner with the American College of Obstetricians and Gynecologists and related stakeholders in position papers to defend access to safe and legal abortion across the United States, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will support the right of family physicians to provide medication abortions with mifepristone in their general family practices and oppose legislation restricting access, and be it further</i></p> <p><i>RESOLVED, That this resolution be referred to the AAFP Congress of Delegates.</i></p>	Substitute Adopted	<p>1<sup>st</sup> Resolved Clause – Accept for information</p> <p>2<sup>nd</sup> Resolved Clause – Reaffirm as current policy</p>
1008	<p><b>Declaration of Public Health Emergencies for Refugee, Migrant and Asylum-Seeker Care Substitute:</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians adapt the California Academy of Family Physicians Toolkit on immigration called "Healthy Harbors for All Californians" to assist family physicians nationally in caring for immigrant families and families separated at borders.</i></p>	Substitute Adopted	Commission on Health of the Public and Science
1009	<p><b>Oppose Criminalization of Physicians Providing Abortion Care</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians publicly oppose any law which would criminalize physicians for providing abortion care, and be it further</i></p> <p><i>RESOLVED, That this resolution opposing the criminalization of physicians providing abortion care will be sent to the American Academy of Family Physicians' Congress of Delegates.</i></p>	Adopted	Reaffirm as current policy
1010	<p><b>Fairness for Family Physicians of Non-US Origin and Their Families</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for the elimination of per country numerical limitation of permanent residency status for highly skilled employment-based immigrants, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians work with the American Medical Association and the Society of Hospital Medicine in the elimination of the country specific employment-based immigration limits.</i></p>	Adopted	Commission on Governmental Advocacy
1011	<p><b>Keep Legislators from Practicing Without a License Substitute:</b></p> <p><i>RESOLVED, That the AAFP will collaborate with the chapter, if requested, to advocate against state interference in the teaching and training of medical students and residents in the practice of evidence-based medical services.</i></p>	Substitute Adopted	Commission on Governmental Advocacy
1012	<b>Single Payer as the Health System that Provides Equity and Health Care as a Human Right</b>	Adopted as amended	Accept for information

	<p><b><u>Adopted as amended:</u></b>  <i>RESOLVED, That single payer be the preferred system amongst others studied by the American Academy of Family Physicians in efforts for health care reform, and be it further</i></p> <p><i>RESOLVED, That this resolution be referred to Congress of Delegates.</i></p>		
1013	<p><b>Support Breastfeeding Mothers in the Workplace Substitute:</b>  <i>RESOLVED, That the American Academy of Family Physicians advocate for amendments to and enforcement of the "Break Time for Nursing Mothers" law to remove exclusions for specific employment fields and include all breast or chest feeding parents.</i></p>	Substitute Adopted	Commission on Governmental Advocacy
1014	<p><b>AAFP Supports Family Leave</b>  <i>RESOLVED, That the American Academy of Family Physicians 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.</i></p>	Not Adopted	
1015	<p><b>Resolution to Prevent Nuclear War Substitute:</b>  <i>RESOLVED, That the American Academy of Family Physicians advocate for the United States government to lead a global effort to prevent nuclear war.</i></p>	Substitute Adopted	Accept for information
2001	<p><b>Resolution to Promote Training in Office-Based Treatment of Opioid Use Disorder</b>  <u><b>Adopted as amended:</b></u>  <i>RESOLVED, that the American Academy of Family Physicians draft a letter strongly encouraging the Accreditation Council on Graduate Medical Education (ACGME) to encourage all residents in family medicine, physical medicine and rehabilitation, psychiatry, pediatrics, internal medicine, neurology, general surgery, obstetrics and gynecology, and anesthesiology, and orthopedic surgeons and emergency room physicians to take a course on the appropriate use of buprenorphine and other medications approved by the US Food and Drug Administration (FDA) for the treatment of opioid use disorder prior to the end of the second year of training, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians draft a letter strongly encouraging the Accreditation Council on Graduate Medical Education (ACGME) to encourage that at least one core faculty preceptor in each residency training programs in family medicine, physical medicine and rehabilitation, psychiatry, pediatrics, internal medicine, neurology, general surgery, obstetrics and gynecology, and anesthesiology, and orthopedic surgeons and emergency room physicians to apply for and receive the waiver needed to prescribe buprenorphine, prior to January 1, 2021, and be it further</i></p> <p><i>RESOLVED, That this resolution be sent to CoD.</i></p>	Adopted as amended	Accept for information
2002	<p><b>Career Transition Support for Family Medicine</b>  <i>RESOLVED, That the American Academy of Family Physicians should investigate the development of a toolkit for mid-career transitions, with the focus of retaining physicians in clinical practice.</i></p>	Not Adopted	
2003	<p><b>Enhancing Opportunities for Gender-Affirming Care in Residency</b>  <i>RESOLVED, That the American Academy of Family Physicians update and strengthen the recommended Curriculum Guidelines for Family Medicine Residents "Lesbian, Gay, Bisexual, Transgender Health" section</i></p>	Adopted	Commission on Education

	<p>titled <i>Knowledge 9.g to read "Comprehensive understanding of gender-affirming treatment options (medical and non-medical) are in the scope of family physicians without specialist consult based on informed consent and patient-centered care models"</i>, and be it further</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for family medicine residencies to actively include transgender health care in their curriculum, specifically promoting and marketing the Lesbian, Gay, Bisexual, Transgender Health Family Medicine Residency Curriculum Guidelines that already exist, in particular marketing and promoting these guidelines at the annual AAFP Program Directors' Workshop, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians write a letter to the Association of Family Medicine Residency Directors advocating for the inclusion of gender-affirming care as part of family medicine residency training.</i></p>		
2004	<p><b>Lifestyle Medicine Education Throughout Training and Practice</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support legislation that incentivizes and/or provides funding for the inclusion of lifestyle medicine education in medical school education, graduate medical education, and continuing medical education, including but not limited to education in nutrition, physical activity, behavior change, sleep health, tobacco cessation, alcohol use reduction, emotional wellness, and stress reduction.</i></p>	Adopted	Commission on Governmental Advocacy
2005	<p><b>Longitudinal Electronic Medical Record Training Substitute:</b></p> <p><i>RESOLVED, that the American Academy of Family Physicians (AAFP) support the use of electronic health record (EHR) training as continuing medical education.</i></p>	Substitute Adopted	Commission on Continuing Professional Development
2006	<p><b>Applied Education in Billing and Coding in Family Medicine Residency</b></p> <p><b>Adopted as amended:</b></p> <p><i>RESOLVED, That the AAFP collaborate with the AFMRD to strongly recommend that family medicine residencies offer applied education in person (with preceptors or professional coders) in billing and coding, and be it further</i></p> <p><i>RESOLVED, That the next update of the AAFP practice management curriculum guidelines include that residency annual billing and coding workshops emphasize an applied component of billing and coding.</i></p>	Adopted as amended	Commission on Education
2007	<p><b>International Medical Graduate Physician Workforce</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support International Medical Graduate physicians to practice under a licensed family physician under the assistant physician model, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support International Medical Graduate physicians to practice under a licensed family physician under the assistant physician model, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop this tract for these physicians with the exception for them to continue to pursue family medicine residency training.</i></p>	Not Adopted	
2008	<b>Supporting Medical Students and Residents with Disabilities</b>	Substitute Adopted	Reaffirm as current policy

	<p><b>Substitute:</b>  <i>RESOLVED, That the American Academy Family Physicians support and affirm the rights of medical students and residents with disabilities throughout their education and training.</i></p>		
2009	<p><b>Providing Resources on how to Best Work with Advanced Practitioners</b>  <i>RESOLVED, That the American Academy of Family Physicians work with the appropriate commission to create a session at the Family Medicine Experience on best practices on working with advanced practitioners including but not limited to, best practice models, payment models, amount of chart review, patient co-management strategies, education, delineated roles and responsibilities, and patient selection, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians send a letter to the editorial board of Family Practice Management journal asking for a special issue on best practices for family medicine physicians to perform advanced practitioner management.</i></p>	Reaffirmed	
2010	<p><b>Health Care Systems, Health Care Economics, and Health Care Policy Categories for Continuing Medical Education</b>  <u><b>Substitute:</b></u>  <i>RESOLVED, That the American Academy of Family Physicians add the continuing medical education (CME) category "Health Care Systems, Health Care Economics, and Health Care Policy" when filling gaps in educational content when developing live and online CME.</i></p>	Substitute Adopted	Commission on Continuing Professional Development
2011	<p><b>Transparency in AAFP Live Educational Programming</b>  <u><b>Adopted as amended:</b></u>  <i>RESOLVED, That the American Academy of Family Physicians publish the number of live continuing medical education lectures/sessions addressing social justice and health equity as self reported by the confirmed lecturer/lecturers.</i></p>	Adopted as amended	Commission on Continuing Professional Development
2012	<p><b>Training in Value Based Payment Model During Residency</b>  <i>RESOLVED, That the American Academy of Family Physicians send a letter to the Review Committee for Family Medicine to formally teach Value Based Payment Model in Residency Training, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage Value Based Payment Model educational tracks at the National Conference for Family Medicine Residents.</i></p>	Not Adopted	
2013	<p><b>Lactation Accommodations at American Board of Family Medicine Testing Centers</b>  <u><b>Substitute:</b></u>  <i>RESOLVED, That the American Academy of Family Physicians write a letter to the American Board of Family Medicine requesting they eliminate the need for a physician's note documenting lactation for a parent to have protected break time during the family medicine board examination and, be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians include in a letter to the American Board of Family Medicine a request that all testing centers have adequate designated locations for milk expression that are not bathrooms and secure lactation pump storage.</i></p>	Substitute Adopted	EVP (Clif Knight, MD, FAAFP)
2014	<p><b>Database Development of Family Medicine Residency Program Requirements</b>  <u><b>Substitute:</b></u></p>	Substitute Adopted	Commission on Education

	<p><i>RESOLVED, That the American Academy of Family Physicians improve visibility to links with FREIDA™, the American Medical Association Residency and Fellowship Database®, in order to educate United States-based and international medical graduate applicants on family medicine residency requirements.</i></p>		
2015	<p><b>Pathway to Critical Care Training</b> <i>RESOLVED, That the American Academy of Family Physicians collaborate with the American Board of Internal Medicine (ABIM) to allow family medicine physicians to sit for ABIM Critical Care Board Exam which will, in turn, make family medicine physicians eligible to attend critical care fellowships.</i></p>	Reaffirmed	
2016	<p><b>Advocate and Support the Importance of Residency and Fellowship Training in Maternity Care Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians advocate to prevent residency and fellowship training in maternity care from being reduced or displaced by obstetricians and gynecologists residencies in current residency and fellowship training sites, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians advocate to support these current residency and fellowship training sites as resources of leadership and mentorship in Family Medicine Maternity Care training.</i></p>	Substitute Adopted	Commission on Education
3001	<p><b>Person-First Language in AAFP Materials Adopted as amended:</b> <i>RESOLVED, That the American Academy of Family Physicians update its policy titled, "Obesity and Overweight," to incorporate person-first language: stating "adults with obesity" rather than "obese adults" and recognizing obesity as a complex, chronic disease that requires medical attention, and be it further</i>  <i>RESOLVED, That the AAFP revise content on familydoctor.org to ensure person-first language in all of its educational materials about obesity, for example, using "a person who has obesity." Instead of "a patient who is obese."</i></p>	Adopted as amended	Commission on Health of the Public and Science
3002	<p><b>Improving Access to Care for Homebound Patients</b> <i>RESOLVED, That the American Academy of Family Physicians recognize the lack of access to care for homebound patients and the role of the family medicine physician in providing these services, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians research and support training family medicine physicians in team-based delivery of care in the home setting, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians support current opportunities for family medicine physicians providing these services, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians advocate for legislation and parity in compensation for physician delivery of primary care in the home setting.</i></p>	Adopted	<p>1<sup>st</sup> &amp; 3<sup>rd</sup> Resolved Clauses – Commission on Quality and Practice</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Education</p> <p>4<sup>th</sup> Resolved Clause – Commission on Governmental Advocacy</p>
3003	<p><b>Front of Label Packaging to Improve Diet Choices Among Those with Low Health Literacy</b> <i>RESOLVED, That the American Academy of Family Physicians offer updated conclusions based on current research on diet and nutrition as it relates to obesity and</i></p>	Adopted	Commission on Health of the Public and Science

	<p>cardiovascular disease (leading cause of death among adults in the United States), and be it further</p> <p><i>RESOLVED, That the American Academy of Family Physicians support single, standardized front-of-package labeling, regulated by the Food and Drug Administration, specifically geared toward obesity, cerebrovascular accident, and diabetes in a simple, health literate manner.</i></p>		
3004	<p><b>Abolish Corporal Punishment in Schools</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians strengthen its statement on Corporal Punishment in Schools to recommend the abolishment of corporal punishment in schools, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop free creative resources and supportive tools for chapters to advocate locally against corporal punishment in schools, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians collaborate with the American Academy of Pediatrics for the abolishment of corporal punishment in schools in the 19 states where corporal punishment is legal.</i></p>	Adopted	Commission on Health of the Public and Science
3005	<p><b>Family Medicine's Role in Addressing and Preventing Sexual Harassment</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a comprehensive initiative to raise awareness of family medicine's role in addressing and preventing sexual harassment, both member-facing and public-facing.</i></p>	Adopted	Commission on Health of the Public and Science
3006	<p><b>Eliminate Race-Based Medicine</b></p> <p><b>Substitute:</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians adopt a policy that speaks against the use of race as a proxy for biology or genetics in management guidelines, and that identifies race as a social construct, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support members in critically evaluating their use of race in research and clinical practice, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support research to investigate indicators alternative to race to stratify medical risk factors for disease states, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for estimated glomerular filtration rate to be reported without regard to race by liaising with other medical associations (including the American Society of Nephrology).</i></p>	Substitute Adopted	Commission on Health of the Public and Science
3007	<p><b>Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a policy statement that mirrors the American Academy of Pediatrics 2019 Policy Statement: "Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents", and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians join the American Academy of Pediatrics (AAP) and the American Heart Association in its support of the AAP 2019 Policy Statement: "Public Policies to</i></p>	Adopted	Reaffirm as current policy

	<i>Reduce Sugary Drink Consumption in Children and Adolescents."</i>		
3008	<b>Gender Affirming Medical Care for Youth in Family Medicine</b> <i>RESOLVED, That the American Academy of Family Physicians support gender-affirming medical care for children and adolescents including puberty suppression and hormonal treatment as part of the scope of family medicine.</i>	Reaffirmed	
3009	<b>Implicit Bias Revision Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians make available a toolkit to allow for implicit bias education for all members of the health care delivery team, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians address implicit bias training through various means such as continuing medical education, performance improvement activity, problem-based learning sessions, and other activities, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians request to collaborate with the Liaison Committee on Medical Education and Accreditation Council for Graduate Medical Education efforts to create a curriculum for implicit bias training, and report findings back to the 2020 National Conference of Constituency Leaders.</i>	Substitute Adopted	1 <sup>st</sup> Resolved Clause – Commission on Health of the Public and Science  2 <sup>nd</sup> Resolved Clause – Reaffirm as current policy  3 <sup>rd</sup> Resolved Clause – Commission on Education
3010	<b>Addressing “Stealthing” as a Form of Sexual Assault</b> <i>RESOLVED, That the American Academy of Family Physicians develop a policy defining sexual assault, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians include non-consensual condom removal (stealthing) as a form of sexual assault, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians provide patient education on non-consensual condom removal as a form of sexual assault, including but not limited to FamilyDoctor.org, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians support legislative efforts that include non-consensual condom removal (stealthing) as a form of sexual assault, and be it further</i>  <i>RESOLVED, That the NCCL Delegates present a resolution on non-consensual condom removal at the 2019 AAFP Congress.</i>	Adopted	1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Resolved Clauses – Commission on Health of the Public and Science  4 <sup>th</sup> Resolved Clause – Accept for information
3011	<b>Increase Food Equity in the United States Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians create a toolkit to help members advocate to address geographical food insecurity.</i>	Substitute Adopted	Commission on Health of the Public and Science
3012	<b>Gender-Neutral Language in AAFP Publications</b> <i>RESOLVED, That the American Academy of Family Physicians existing and future publications (eg. online, print) be reviewed and updated to use gender-neutral language, including those regarding sexual and</i>	Adopted	1 <sup>st</sup> Resolved Clause – EVP (Clif Knight, MD, FAAFP)

	<p><i>reproductive health topics or other topics that have traditionally been gendered, and be it further</i></p> <p><i>RESOLVED, That all American Academy of Family Physicians (AAFP) produced and AAFP-supported patient education materials use gender-neutral language, including those regarding sexual and reproductive health or other topics that have traditionally been gendered, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for use of gender-neutral language in patient-oriented materials to third-party purveyors of patient education materials used by AAFP members in their practice.</i></p>		2 <sup>nd</sup> & 3 <sup>rd</sup> Resolved Clauses – Commission on Health of the Public and Science
3013	<p><b>Sexual Orientation and Gender Identity Data Collection in Electronic Health Records</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate to commercial electronic health record developers and vendors to include Sexual Orientation and Gender Identity fields, name used, pronouns used, and anatomy inventories, as required features, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for hospital and other health care entities to enable Sexual Orientation and Gender Identity fields, name used, pronouns used, and anatomy inventories in their electronic health record, and provide adequate training to their staff on best practices for this data collection.</i></p>	Adopted	Commission on Quality and Practice
3014	<p><b>AAFP to Oppose Legislation of Physician-Patient Decision Making in Child and Adolescent Gender-Affirming Care</b></p> <p><b>Substitute:</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians affirm that gender-affirming care should occur between the physician and patient, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians oppose legislation limiting medical decision-making in gender-affirming care for children and adolescents.</i></p>	Substitute Adopted	Reaffirm as current policy
3015	<p><b>Oppose Racism</b></p> <p><b>Substitute:</b></p> <p><i>RESOLVED, That The American Academy of Family Physicians develop and adopt an anti-racism policy which includes but is not limited to: encouraging its members and requiring its officeholders to participate in training in racism and implicit bias and further encourage its members to identify structural racism in their work setting, while also including language regarding the American Academy of Family Physicians taking an active stance against racism when racist events occur in the medical community, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians ask the Liaison Committee on Medical Education to add race to its existing "Cultural Competence and Health Care Disparities" section 7.6 of their Functions and Structure of a Medical School Standards for Accreditation of Medical Education Programs Leading to the MD Degree, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians ask the corresponding governing body for education programs leading to the DO degree to also add race to existing curriculum regarding cultural</i></p>	Substitute Adopted	1 <sup>st</sup> Resolved Clause – Commission on Health of the Public and Science  2 <sup>nd</sup> & 3 <sup>rd</sup> Resolved Clauses – Commission on Education

	<i>competence and health care disparities, or develop curriculum addressing cultural competence and health care disparities including race.</i>		
4001	<b>AAFP Political Action Committee Fund Distribution</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) not donate political action committee (PAC) funds to other PACs, political campaigns, or politicians that endorse policies that are in direct conflict with existing AAFP policy and evidence-based medicine.</i>	Not Adopted	
4002	<b>Increasing Family-Centeredness at AAFP Meetings</b> <b>Adopted as amended:</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) adjust its recommendations regarding children at AAFP meetings from "Out of consideration for others, please do not bring children to CME events" to "AAFP supports families. Please use your best judgment regarding bringing children to CME events", and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians research the options and implement an on-site play area for children and their caregivers at AAFP Family Medicine Experience, National Conference of Family Medicine Residents and Medical Students and Congress of Delegates, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians research the options and implement on-site child care services at National Conference of Constituency Leaders, AAFP Family Medicine Experience, National Conference of Family Medicine Residents and Medical Students and Congress of Delegates.</i>	Adopted as amended	EVP (1 <sup>st</sup> Resolved Clause - Clif Knight; 2 <sup>nd</sup> & 3 <sup>rd</sup> Resolved Clauses - Shannon Scott)
4003	<b>Inclusion of Residents in American Academy of Family Physicians Supporting Membership</b> <i>RESOLVED, That the American Academy of Family Physicians offer supporting membership to resident physicians previously trained in family medicine who are currently in non-family medicine residency programs.</i>	Adopted	Commission on Membership and Member Services
4004	<b>Improving Public Education Regarding the Scope and Value of Family Physicians Through a Multi-Platform Media Campaign</b> <i>RESOLVED, That the American Academy of Family Physicians launch an indefinite media campaign including but not limited to various social media platforms, national and local news channels, and print media using resources already available through sources such as: American Academy of Family Physicians public relations, "Health is Primary," American Medical Association, and Primary Care Coalition to promote the value and scope of family physicians, now, be it further</i>  <i>RESOLVED, That this media campaign would be developed to promote the value and scope of family physicians as well as highlight the difference in training between physicians and various other health care providers including nurse practitioners, physician assistants, and chiropractors.</i>	Not Adopted	
4005	<b>Advocating for an Outspoken Academy Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) use the existing rapid media response system to heighten AAFP presence in the media to respond to legislation and social injustices that are in conflict with existing AAFP policies.</i>	Substitute Adopted	EVP (Shannon Scott)

4006	<b>Intersectionality at the American Academy of Family Physicians National Conference of Constituency Leaders</b> <i>RESOLVED, That the American Academy of Family Physicians promote intersectional collaboration within members of the special constituencies by providing a link, within the conference confirmation registration email, to a unified member constituency online community to facilitate idea sharing that spans across constituencies and to optimize resolution writing at the National Conference of Constituency Leaders meeting.</i>	Adopted	EVP (Shannon Scott)
4007	<b>Facilitating Gender Pronouns on Nametags and Electronic Registration at all AAFP Events</b> <b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) have all individuals identify their preferred pronouns, or lack thereof, upon event registration including printed pronouns on name badges at all AAFP-sponsored events and conferences.</i>	Substitute Adopted	EVP (Shannon Scott)
4008	<b>International Medical Graduate Comprehensive Section on the American Academy of Family Physicians Website</b> <i>RESOLVED, That the American Academy of Family Physicians, when revamping its website, include members of each constituency for the creation of its website section.</i>	Not Adopted	
5001	<b>Family Medicine Surgical and Non-Surgical Obstetrical Privileges</b> <b>Adopted as amended:</b> <i>RESOLVED, That the American Academy of Family Physicians setup a committee that will study current barriers preventing family physicians from obtaining privileges to practice operative and/or non-operative Obstetrics.</i>  <i>RESOLVED, That the AAFP embark on advocacy and/or legislative lobbying, focusing on hospital systems and administrators as well as malpractice insurers recognizing that family physicians are capable of practicing operative and non-operative Obstetrics.</i>	Adopted as amended	Reaffirm as current policy
5002	<b>Support Training and Patient/Physician Reimbursement of Lifestyle Medicine</b> <b>Substitute Adopted:</b> <i>RESOLVED, That the American Academy of Family Physicians support legislation and regulatory policies that incentivize active patient participation in evidence-based lifestyle changes, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians support physician reimbursement for providing lifestyle medicine initiatives.</i>	Substitute Adopted	1 <sup>st</sup> Resolved Clause - Commission on Governmental Advocacy  2 <sup>nd</sup> Resolved Clause – Commission on Quality and Practice
5003	<b>Education on Anal Cancer Screening</b> <i>RESOLVED, That the American Academy of Family Physicians make available adequate educational opportunities for members to develop the skills and knowledge required for anal cancer screening and appropriate follow-up testing including high resolution anoscopy (HRA), and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians develop clinical practice guidelines regarding screening for anal cancer, including high risk populations.</i>	Adopted	1 <sup>st</sup> Resolved Clause – Commission on Continuing Professional Development  2 <sup>nd</sup> Resolved Clause – Commission on Health of the Public and Science
5004	<b>Physician Wellness as a Quality Metric</b> <i>RESOLVED, That the American Academy of Family Physicians work with Centers for Medicare and Medicaid Services and other appropriate organizations/insurers</i>	Not Adopted	

	<p><i>with the goal to improve patient safety, reduce cost of care by improving the wellness of physicians, particularly within large groups or employed settings, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians work to make physician wellness an objective quality measure for health care systems and group practices and tie this to reimbursement (e.g. physician wellness to hospital reimbursements and Centers for Medicare and Medicaid Services Medicare Star Rating), as well as making this information publicly available.</i></p>		
5005	<p><b>State parity in Telehealth and Telemedicine</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide comparative resources on state reimbursement policies regarding telehealth and telemedicine, and, be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide a toolkit on telehealth and telemedicine (TH/TM) reimbursement, inclusive of model legislation, with particular attention to the topics of fee-for-service, value based care, parity, and capitation abilities, in order to empower family physicians to best incorporate TH/TM into their practices.</i></p>	Not Adopted	
5006	<p><b>Pay Us for Quality Measures that We have Control Over</b></p> <p><b><u>Adopted as amended:</u></b></p> <p><i>RESOLVED, That the American Academy of Family Physicians lobby Centers for Medicare &amp; Medicaid Services to revise the quality measures to accept ICD-10 codes that reflect that the appropriate counseling was performed, a service declined by patient, or the referral was placed per standard medical guidelines but physician reimbursement is not based on patient follow-through, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians lobby Centers for Medicare &amp; Medicaid Services to create specific ICD-10 codes for refusal of specific preventive services related to quality measures and remove patients from the denominator of the core quality metrics for whom an ICD-10 code has been submitted indicating appropriate counseling was performed but patient refused service.</i></p>	Adopted as amended	Commission on Quality and Practice
5007	<p><b>Non-Physician Provider Resource Utilization</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians will promote and advocate for research and data collection regarding the differences in utilization of ancillary services, including but not limited to emergency department visits, subspecialty referrals, and diagnostic tests, between family medicine physicians and non-physician providers, specifically with regard to management of acute versus chronic disease.</i></p>	Not Adopted	
5008	<p><b>Opposition of Restrictive Covenants</b></p> <p><b><u>Adopted as amended:</u></b></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a policy regarding restrictive covenants opposing unreasonable geographic, time or scope of practice constraints protecting the patient-physician relationship, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide resources and support to members facilitating contract negotiations around restrictive covenants.</i></p>	Adopted as amended	Commission on Quality and Practice

	<i>RESOLVED, That the American Academy of Family Physicians advocate against the use of restrictive covenants in employment contracts that restrict scope of practice or geographic location.</i>		
5009	<p><b>AAFP Policy on Assistant Physicians</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians adopt a policy including the Assistant Physician and Associate Physician that resembles the current policy about non-physician providers being used in an integrated team based healthcare setting and not practicing independently, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians discourage the Assistant Physician and Associate Physician from using the designation of Family Medicine Physician, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians study the current landscape regarding the process of licensing requirements for these Assistant Physicians and Associate Physicians and bring back a report to the 2020 Congress of Delegates.</i></p>	Adopted	Commission on Quality and Practice
5010	<p><b>Education for Completion of Disability Certifications Substitute:</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide resources like the FPM toolkit and practice guidelines regarding disability certification process that broaden the knowledge of family physicians and help in accurate completion of disability certification forms.</i></p>	Substitute Adopted	Commission on Quality and Practice
5011	<p><b>Preceptor Expansion Through Financial Incentives</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians collect and distribute best practices in state model legislation to assist with financial incentivization in the expansion of clinical preceptor opportunities.</i></p>	Adopted	EVP (Clif Knight, MD, FAAFP)
5012	<p><b>Prevention of HIV Acquisition</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support the use of the Centers for Disease Control toolkit for family medicine physicians to aid in screening and prescribing of Pre-exposure Prophylaxis and Post-exposure prophylaxis, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) support continual training for practicing family medicine physicians in human immunodeficiency virus pre-exposure prophylaxis and Post-exposure prophylaxis through development of continuing medical education as Continuing Medical Education staff determine appropriate for the greatest exposure to AAFP membership.</i></p>	Adopted	<p>1<sup>st</sup> Resolved Clause – Commission on Health of the Public and Science</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Continuing Professional Development</p>
5013	<p><b>Required Residency Training for Pre-Exposure and Post Exposure HIV Treatment</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians recommend to the Review Committee for Family Medicine (RC-FM) pre and post HIV exposure treatment be a required part of family medicine residency training, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support universal insurance coverage of PrEP and PEP as a preventative care service.</i></p>	Adopted	<p>1<sup>st</sup> Resolved Clause – Commission on Education</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Governmental Advocacy</p>
5014	<p><b>Developing Point of Care Ultrasound Education and Resources for Practicing Family Physicians</b></p> <p><b><u>Adopted as amended:</u></b></p> <p><i>RESOLVED, That the American Academy of Family Physicians work to continue to grow and develop point-of-care-ultrasound continuing medical education</i></p>	Adopted as amended	Reaffirm as current policy (per resolution adopted by the COD in 2016)

	<p><i>offerings in the future, exploring opportunities to partner with organizations such as American Institute of Ultrasound Medicine and the Society for Ultrasound Medical Education, to help further the advancement of point-of-care-ultrasound in family medicine.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians explore opportunities to create a stand-alone point-of-care ultrasound workshop, including education regarding reimbursement/billing including demonstrating financial benefit to larger organizations, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Graduate Medical Education to explore adding point of care ultrasound as a residency curriculum recommendation.</i></p>		
<b>Late Res. No. 1</b>	<p><b>Improving Access to Job and Proctorship Opportunities for AAFP Members Practicing Maternity Care and Rural Medicine</b></p> <p><b><u>Adopted as amended:</u></b></p> <p><i>RESOLVED, That the AAFP update Career Link to allow AAFP members to post maternal, rural and health professional shortage area and rural health job openings at reduced or no cost, and be it further</i></p> <p><i>RESOLVED, That the AAFP update its website to assist members in identifying proctorship opportunities in maternity and rural health, and be it further</i></p> <p><i>RESOLVED, That the AAFP investigate ways to study the impact of updating their website with maternity and rural medicine practice and proctorship opportunities through the AAFP membership survey and other current resources.</i></p>	Adopted as amended	<p>1<sup>st</sup> &amp; 3<sup>rd</sup> Resolved Clauses – EVP (Shannon Scott and Julie Wood, MD, FAAFP)</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Education</p>