



Summary of Actions: 2022 National Conference of Constituency Leaders

2022 Resolutions

Res. No.	Title and Resolved Clause(s)	Action of NCCL	Referrals	Actions
1001	Oppose Governmental Interference of Gender-Affirming Care for Minors Substitute: <i>RESOLVED, That the American Academy of Family Physicians develop a written statement that will be provided to all AAFP chapters for advocacy within all levels of state government in all states and territories and to the armed forces regarding the need for immediate opposition to attempts to limit or limit the provision of healthcare by any form of governmental interference to gender diverse youth.</i>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept as current policy.</p> <p>The Center for State Policy has developed a chapter toolkit on gender affirming care, which includes our policies, fact sheets, and testimony template that chapters can use in their advocacy. This toolkit lives within the Chapter staff community.</p>
1002	Advocacy for Reimbursement to Include all Telehealth Services Substitute: <i>RESOLVED, That the American Academy of Family Physicians advocate for permanent reimbursement for all forms of remote healthcare communications within an established patient care relationship via any form of digital communication.</i>	Substitute Adopted	Commission on Quality and Practice	<p>Accept as current policy.</p> <p>This issue is currently addressed in the AAFP's Telehealth and Telemedicine policy and its advocacy efforts. The AAFP uses these policies in its advocacy efforts with public and private payers as well as its legislative and regulatory advocacy. The AAFP's efforts have included advocacy regarding the importance of continuing payment for telehealth services after the end of the COVID-19 public health emergency. The AAFP has also stressed the importance of the patient-physician relationship and recommends appropriate protections to prevent disruption of established relationships.</p>
1003	Payment Reform for Insurance Contracts Adopted as amended: <i>RESOLVED, that the American Academy of Family Physicians recognize the burden on family physicians to collect payments from insured patients, and be it further</i> <i>RESOLVED, that the American Academy of Family Physicians further investigate financial and</i>	Adopted as amended on the floor	Commission on Quality and Practice	<p>Accept as current policy.</p> <p>One of the AAFP's strategic objectives is to reduce administrative complexity. In 2018, the AAFP developed Principles for Administrative Simplification that address a broad range of administrative burden areas. In addition, the AAFP meets annually with the largest national commercial health insurance companies to advocate for administrative simplification. The AAFP utilizes policies like the Principles for Administrative Simplification during our meetings to inform our advocacy. Further, the AAFP submits comments on legislation and responds to</p>

	<i>administrative burden as it relates to enforcing insurance contracts and the strain it creates on the relationship between patients and physicians.</i>			requests for information that would reduce administrative burden.
1004	<p>Supporting Patient Navigator Services for LGBTQ+ and Other Vulnerable Patients Substitute: <i>RESOLVED, That the American Academy of Family Physicians advocate to the Centers for Medicare and Medicaid Services, State Medicaid programs, and commercial payers to develop payment models that incentivize health care entities to create and sustain dedicated patient navigator services for vulnerable patient populations including but not limited to LGBTQ+ patients, patients experiencing homelessness, and patients with chronic diseases, and be it further.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create a policy supportive of patient navigators for vulnerable patient populations, including but not limited to LGBTQ+ patients, patients experiencing homelessness, and patients with chronic diseases.</i></p>	Substitute Adopted	<p>1st Resolved Clause - Commission on Federal and State Policy</p> <p>2nd Resolved Clause – Commission on Quality and Practice</p>	<p>1st Resolved Clause - Accept for Implementation.</p> <p>The Government Relations staff continues to seek opportunities to advocate before Congress, the Centers for Medicare and Medicaid Services, State Medicaid programs, and commercial payers to develop programs and policies that finance the creation and maintenance of dedicated patient navigator services for vulnerable patient populations.</p> <p>2nd Resolved Clause – Accept as current policy.</p> <p>The AAFP has several policies which offer the support requested in the new policy requested by the resolution, including Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (Position Paper), Medically Underserved, and Health Care is a Right. These policy statements are used to advocate in support of patient navigators and community health workers as evidence-based interventions to support health equity in access and outcomes to vulnerable populations.</p>
1005	<p>Improving Political Action Committee Contributions to Uphold AAFP Values Substitute: <i>RESOLVED, That the American Academy of Family Physicians recommend that the AAFP Political Action Committee (FamMedPAC) board review its' "Three-Strike Rule" to account for votes or positions taken by legislators that contradict science or criminalize family physicians for providing evidence-based medical care.</i></p>	Substitute Adopted	EVP	<p>Accept for implementation.</p> <p>Every Congressional cycle, the FamMedPAC Advisory Board reviews the contribution criteria that dictates how the AAFP Government Relations staff disburses PAC funds to candidates and incumbents. In 2021, following the events that transpired on January 6th, the Advisory Board developed a 3-strike policy to address members who seek to undermine/damage the democratic process.</p> <p>The FamMedPAC Advisory Board will review the criteria at the start of 2023 (118th Congress) and make changes as deemed appropriate to ensure the 3-strike policy takes into account Members of Congress and their views on evidence-based health care.</p>
1006	<p>Improving Workforce Diversity by Eliminating Minority Medical Student Debt Adopted as amended:</p>	Adopted as amended on the floor	Commission on Federal and State Policy	<p>Accept as current policy.</p> <p>The AAFP has endorsed legislation, the RED! Act, which seeks to delay student loan payments during the residency period. We endorsed</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians advocate to Congress for sustained fund legislation for debt relief for academically at risk and underrepresented medical students choosing to pursue a career in family medicine and also debt relief to help support underrepresented physicians currently practicing Family Medicine.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians should advocate to expand the National Health Service Corps policy and also advocate for the elimination of requirements for loan debt relief for academically <u>at-risk</u> students, based on Title I, for those pursuing a career in Family Medicine or currently practicing in Family Medicine.</i></p>			<p>legislation in the 117th Congress and have endorsed in the 118th Congress.</p> <p>AAFP Supports Measures to Address Student Debt</p> <p>Joint Letter to Congress Urging Passage of REDI Act</p> <p>Joint Letter to House Endorsing the REDI Act</p>
1007	<p>Building Upon AAFP “Integration of Primary Care and Public Health” Position Paper</p> <p><i>RESOLVED, That the American Academy of Family Physicians include integration of public health and primary care educational topics to raise awareness for constituents, which may include but is not limited to lectures and workshops, at American Academy of Family Physician sponsored continuing medical education virtual and in-person events, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support efforts to improve transparency and flexibility of current public health funding and perform regular assessments of funding to ensure that the necessary amount of resources are available and distributed to the appropriate public health programs based on current health needs, and be it further</i></p>	Not Adopted	N/A	N/A

	<p><i>RESOLVED, That the American Academy of Family Physicians support health information technology quality to ensure adequate capturing of population health data and subsequent coordination between primary and public health to reduce gaps in care related to evidence-based quality measures as we move towards value-based care.</i></p>			
1008	<p>Ensuring Mentoring Resources for International Medical Graduates</p> <p><i>RESOLVED, That the American Academy of Family Physicians increase awareness of the challenges and inequities for IMGs, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians implement and promote a structured IMG support/town hall initiative.</i></p>	Reaffirmed	Reaffirm as current policy	N/A
2001	<p>Improve Clerkship Access for Minority & International Medical Graduates (IMG) Students for Family Medicine</p> <p><i>RESOLVED, That the American Academy of Family Physicians strongly advocate that the Visiting Student Application Service (VSAS) system be made available for students from foreign medical schools to schedule clerkships/rotations, and be it further</i></p> <p><i>RESOLVED, That, should such advocacy fail, the American Academy of Family Physicians develop a standardized online platform for all family medicine residency programs list open clerkship slots for students to apply to rotate at and, as such, increase opportunities for minority and international medical graduate (IMG) students to obtain access to family medicine experiences that lead to a higher likelihood of a successful residency match</i></p>	Not Adopted	N/A	N/A
2002	<p>Redefining Diversity in Family Medicine: A Far-</p>	Substitute Adopted	Commission on Diversity, Equity, and	Accept for implementation.

	<p>Reaching Youth Pipeline Substitute: <i>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity create a best practices toolkit for implementing longitudinal, retention-focused pipeline programs along the educational continuum, including school-aged children, high school students, pre-medical students, and medical students, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will facilitate the development of family medicine-centered summer and year-round programs and cascading mentorship programs focused on the enrichment of K-12 youth, especially those in underrepresented demographics.</i></p>		Inclusiveness in Family Medicine	The Commission on Diversity, Equity, and Inclusiveness in Family Medicine and the Commission on Education have created a cross commission work group to complete an environmental scan and literature review with the goal of drafting a report of best practices.
2003	<p>Supporting the Scope of Practice of Rural Family Physicians Substitute: <i>RESOLVED, That the American Academy of Family Physicians strongly recommend that the American Board of Family Medicine develop a Focused Practice Designation in Rural Emergency Care.</i></p>	Not Adopted	N/A	N/A
2004	<p>Education About Self-Sourced Medication Abortion Substitute: <i>RESOLVED, That the American Academy of Family Physicians make continuing medical education materials accessible for providers to educate themselves about self-managed medication abortion and management of physician-directed aftercare needs, including an updated educational article about self-sourced medication abortion in the American Family Physician (AFP) journal and publication of a policy paper stating the safety and efficacy of self-sourced</i></p>	Substitute Adopted	EVP	<p>Accept for information.</p> <p>AAFP now has the following course https://www.aafp.org/cme/all/maternity/pregnancy-care-post-dobbs.html and will continue to provide updated education and resources.</p>

	<p><i>medication abortion, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians produce educational material and resources for patients on non-medically supervised abortion and make these resources available on familydoctor.org.</i></p>			
2005	<p>Inclusion of Intersectional Education Regarding LGBTQIA+ Patients for Medical Students, Residents and Physicians</p> <p><u>Substitute:</u></p> <p><i>RESOLVED, That the American Academy of Family Physicians recommend and expedite the inclusion of lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) centered education as an educational target for medical students, residents, and physicians, and that this education shall include the intersection of LGBTQIA+ and Black, Indigenous, or People of Color (BIPOC) communities through dedicated student-directed education, Graduate Medical Education (GME) or Continuing Medical Education (CME), and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians object to any restrictions to funding for undergraduate and graduate medical education based upon the provision of education or care for lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) communities.</i></p>	Adopted	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for implementation.</p> <p>Commission on Diversity, Equity, and Inclusiveness in Family Medicine members have drafted a policy which was approved by the Commission at the February 2023 cluster meeting. It has been sent forward to the Board for review/approval. We are continuing to seek cross-commission members to help with updating the curriculum portion.</p>
2006	<p>Value Based Care and Contract Negotiation for Physicians and Residents</p> <p><i>RESOLVED, That the American Academy of Family Physicians provide directly or work with other organizations to advocate or provide programs to educate residents and physicians about value-based care, different</i></p>	Reaffirmed	Reaffirm as current policy	N/A

	<i>models of practice, contract negotiations, and financial planning post residency.</i>			
2007	<p>Improving Family Medicine Work Force Using ECFMG-Certified IMGs in Medically Underserved Areas/Population</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation Council for Graduate Medical Education (ACGME) to introduce a one year/two-year alternate pathway for International Medical Graduates (IMGs) which focuses on inculcating the principles of family medicine, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians work with the Federation of State Medical Boards towards a pathway for licensure.</i></p>	Not Adopted	N/A	N/A
2008	<p>Assist Unmatched Medical Graduates Interested in Family Medicine with Employment and Experience in Primary Care</p> <p>Substitute:</p> <p><i>RESOLVED That the American Academy of Family Physicians explore various pathways for unmatched medical graduates interested in family medicine to gain postgraduate training prior to reentering the match.</i></p>	Substitute Adopted	Commission on Education	<p>Accept for information.</p> <p>Nearly 500 family medicine residency positions went unfilled in first round of the 2022 NRMP Match. The number of entry GME positions continues to grow with no signs of a major GME squeeze for US MD and DO seniors. AAFP strategies seek to identify root causes and solutions to the workforce shortage in family medicine, with a focus on interventions prior to the Match rather than after the Match as called for in this resolution.</p>
2009	<p>Enhancing Severe Mental Health Continuing Medical Education</p> <p><i>RESOLVED, That the American Academy of Family Physicians create continuing medical education materials for the diagnosis and treatment of severe and treatment resistant mental health disorders in a family medicine office.</i></p>	Adopted	Commission on Continuing Professional Development	<p>Accept as current policy.</p> <p>The topic of mental health is being addressed by the AAFP in a number of ways including CME, journal articles, patient care resources, and clinical recommendations.</p>
3001	<p>Douglas Advocacy in Family Medicine</p> <p>Substitute:</p>	Substitute adopted	Commission on Health of the Public and Science	<p>Accept as current policy.</p> <p>The AAFP has a current legislative backgrounder, a tool for decision-makers in states to inform</p>

	<i>RESOLVED, That the American Academy of Family Physicians affirms the value of doulas as non-medical professionals during the perinatal period.</i>			legislative activities on trending health topics, from the AAFP Center for State Policy titled, Scope of Practice - Midwives and Doulas. The backgrounder states, "The AAFP understands the role that doulas can play in the continuous emotional and physical support of women during pregnancy and birth, but they are not trained healthcare professionals and thus should not provide medical care." The commission discussed the resolution and agreed that current AAFP policy and resources captured the spirit and intent of the resolution.
3002	Support In Lieu of Services as a Funding Mechanism to Address Social Determinants of Health <i>RESOLVED, That the American Academy of Family Physicians create a roadmap for state chapters that may enable them to better collaborate with their state health departments to seek funding for and receive authority to allow Medicaid Managed Care companies to use In Lieu of Services funding mechanisms to aid in addressing social determinants of health and health equity.</i>	Adopted	Commission on Federal and State Policy	<p>Accept for implementation.</p> <p>The Government Relations staff continues to actively work on this topic with chapters on an as-needed basis.</p>
3003	Support Transgender Child and Adolescent Athletes <i>RESOLVED, That the American Academy of Family Physicians (AAFP) write and publish a policy statement in support of full and equal participation in sports and athletic competitions for transgender and gender-diverse children and adolescents in their affirmed gender and in opposition of discriminatory laws that prohibit such participation.</i>	Adopted	Commission on Health of the Public and Science	<p>Accept as current policy.</p> <p>The Board of Directors approved that the resolution be accepted as current policy based on the revised policy statement, "Sports Medicine, Health and Fitness" adopted by the 2022 Congress of Delegates.</p>
3004	Social Determinants of Health: Expanding Screening and Service Reimbursement <i>RESOLVED, That the American Academy of Family Physicians supports and encourages universal screening for social determinants of health to include access to safe space for physical activity, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians advocates for</i>	Adopted	1 st Resolved Clause - Commission on Health of the Public and Science 2 nd CQP	<p>1st Resolved Clause – Accept as current policy.</p> <p>Support and encouragement for screening for social needs/social determinants of health is an important part of the AAFP's activities around health equity and is a significant component of the resources included in the EveryONE Project Toolkit. Staff from the Center for Diversity and Health Equity and the Health of the Public and Science Division have recently collaborated on a new project to update the Social Needs Screening Tool in The EveryONE Project Toolkit. CHPS reviewed the resolution in light of this planned update and recommends the resolution be accepted as current policy.</p> <p>2nd Resolved Clause – Accept as current policy.</p>

	<i>comprehensive reimbursement for screening, evaluation, counseling, and treatment to address social determinants of health by physicians and team-based care members.</i>			These issues are addressed in current policy and advocacy efforts with public and private payers. One of the AAFP's Board Objectives is to increase family physician payment to better reflect the value of their contributions to health. This is represented in several of the AAFP's operational strategies and tactics. The AAFP advocates with public and private payers and other stakeholders in support of the Academy's priorities, including greater investment in primary care. In addition, the AAFP advocates for payment models that increase the investment in primary care that more effectively supports the resources and teams required to deliver comprehensive, whole-person primary care.
3005	<p>Postpartum Morbidity and Mortality: Lowering the Rates of Depression and Cardiovascular Events</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate to raise awareness to relevant stakeholders, hospital systems, payers, legislators, patients, American Academy of Family Physician members (physician, residents, medical students) about the increased risk of postpartum morbidity and mortality among marginalized populations, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support postpartum accredited continuing medical education (CME) for American Academy of Family Physician members and advocate for legislative initiatives to fund education for other healthcare providers, patients, and health systems regarding the increased risk of postpartum morbidity and mortality associated with depression and cardiovascular events especially in marginalized populations, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support research regarding why the United States (U.S) has the highest maternal mortality rate of any industrialized nation.</i></p>	Adopted	<p>1st Resolved Clause - Commission on Federal and State Policy</p> <p>2nd Resolved Clause - Commission on Continuing Professional Development</p> <p>3rd Resolved Clause - EVP</p>	<p>1st Resolved Clause – Accept as Current Policy.</p> <p>The AAFP has recently advocated for the following issues around maternal health:</p> <p>The AAFP urged the House Appropriations Committee to appropriate robust funding in the FY 2023 federal budget for HRSA, CDC, and NIH programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health.</p> <p>Supported maternal health provisions in the House-passed Build Back Better Act, such as the inclusion of the Momnibus legislation to address social determinants of maternal health, advance a diverse perinatal health workforce, and strengthen federal maternal health programs.</p> <p>Supported maternal health provisions in the American Rescue Plan such as providing incentives to states to extend Medicaid eligibility to women for 12 months postpartum, expanding coverage access while addressing maternal health disparities and mortality. Endorsed the Black Maternal Health Momnibus Act, which is package of bills that fund federal programs to reduce maternal morbidity and mortality, address social determinants of health, and improve health equity.</p> <p>Endorsed the Rural Maternal and Obstetric Modernization of Services (MOMS) Act, which would creating a demonstration to train family physicians in rural, community-based settings on maternal care services. It also helps clinicians with procuring technology to advance their practice and instructs the CDC to collect maternal-specific data and prioritize research addressing maternal mortality.</p> <p>Endorsed the COVID-19 Safe Birthing Act, which would expand maternal telehealth for Medicaid beneficiaries and extend Medicaid and CHIP coverage for one year postpartum.</p> <p>2nd Resolved Clause – Accept as current policy.</p> <p>AAFP CME credit claiming data from the last 3 years indicates that members have engaged in 29 activities, 72 sessions, and over 10,000 credits with some emphasis on postpartum education.</p>

				<p>3rd Resolved Clause - Accept for information.</p> <p>AAFP continues to support research on morbidity and mortality including research by the Robert Graham Center.</p>
3006	<p>Equity for Non-binary Service Members <i>RESOLVED, That the American Academy of Family Physicians issue a statement in support of including non-binary identity options for service members in their service and medical record, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support the education of uniformed family physicians to provide comprehensive multi-disciplinary care to non-binary, gender-diverse patients within the United States (U.S.) military and expand access to gender-affirming care through in-person and telehealth options.</i></p>	Adopted	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for implementation.</p> <p>The Commission on Diversity, Equity, and Inclusiveness in Family Medicine drafted the policy and approved it at the February 2023 Cluster meeting. It has been submitted to the Board for review/approval.</p>
3007	<p>Filling Gaps in Mental Health Care for Children and Adolescents <i>RESOLVED, That the American Academy of Family Physicians financially support and advocate for the development of a pediatric psychiatric toolkit of resources and best practices for family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians financially support the development of a training curriculum for family medicine residencies to increase education in the area of child psychiatry and develop continuing medical education resources that provide additional education in child psychiatry for current practicing family physicians.</i></p>	Adopted	<p>1st Resolved Clause - Commission on Continuing Professional Development</p> <p>2nd Resolved Clause – Commission on Education and Continuing Professional Development</p>	<p>1st and 2nd Resolved Clauses – Accept as current policy.</p> <p>The AAFP supports and advocates for educational resources for family physicians and residents in training regarding mental health care for children and adolescents.</p>
3008	<p>Eliminations Restrictions on Blood Donation by Sexual and Gender Minorities <i>RESOLVED, That the American Academy of Family Physicians advocate</i></p>	Adopted	Commission on Federal and State Policy	<p>Accept for Information.</p> <p>In the 116th Congress, the AAFP endorsed the Science in Blood Donation Act, which requires the FDA to revise its guidance to remove recommendations to not receive blood donations from a man who had sex with another man in the</p>

	<i>to remove the three-month deferral period restricting the ability of sexual and gender minority people to donate blood products.</i>			<p>past 3 months. Then in September 2021, the FDA sent a letter to Congressional leaders affirming that they are exploring an end to discriminatory policies that ban blood donors based on their sexual orientation or gender identity. This came after years of pressure from Congress and external stakeholders for the FDA to change its policy</p> <p>The AAFP will continue to seek opportunities for engagement, endorsement, and comment to further demonstrate the Academy's advocacy to remove barriers and restrictions to blood donation for sexual and gender minorities.</p>
4001	<p>Developing Anti-Racism Physician Training for all AAFP Members – A Call for Racial Affinity Groups Substitute: <i>RESOLVED, That the American Academy of Family Physicians develop and provide an evidence-based longitudinal anti-racism education that is eligible for continuing medical education credit and a corresponding facilitator guide, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop and provide shared resources as well as training to facilitate racial affinity groups in conjunction with anti-racism training, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians offer protected time and spaces at any AAFP-sponsored event to host racial affinity groups to build upon anti-racism training while providing a space to reflect, recharge, and heal.</i></p>	Substitute Adopted	<p>1st and 2nd Resolved Clauses - Commission on Diversity, Equity, and Inclusiveness in Family Medicine</p> <p>3rd Resolved Clause – EVP</p>	<p>1st and 2nd Resolved Clauses – Accept for Implementation</p> <p>The CDHE has launched 2 health equity virtual on demand courses (January and February 2023). A third course dedicated to anti-racism is in production with a spring, 2023 launch date. Additionally, we have secured external funding to support creation of a The EveryONE Project action guide on Antiracism which will begin work in the late spring, 2023. We are continuing to explore opportunities for train the trainer sessions in the future.</p> <p>3rd Resolved Clause – Accept for Information.</p> <p>This request would require AAFP to redesign its event schedules and meeting space requirements to accommodate the ask of this resolved clause, which could be challenging considering the tight schedules many events operate under.</p>
4002	<p>Reduce the Threat of Scope Creep by Non-physicians on Family Medicine Physicians Substitute: <i>RESOLVED, That the American Academy of Family Physicians develop public-facing advertising and public relations campaigns that highlight the comprehensive training of family physicians as well as the complexity and high quality of the evidence-based care they provide.</i></p>	Substitute Adopted	EVP	<p>Accept as current policy.</p> <p>The AAFP's current public relations campaign incorporates the ask of this resolution. Additional efforts would require supplementary financial resources to support additional campaign tactics.</p>

4003	<p>Pay Parity for Women Substitute: <i>RESOLVED, That the American Academy of Family Physicians advocate that the Centers for Medicare and Medicaid Services make freely and publicly available the salary and compensation information by physician gender, years of experience, geography, hours of work, and scope of work that participants in Medicare and Medicaid are mandated to provide.</i></p>	Substitute Adopted	EVP	<p>Accept for information.</p> <p>The information requested by Res. No. 4003 is important to family physicians, but the mechanism for securing the information suggested by the resolution is not realistic. CMS would not be the appropriate source of such information sought and even if they could obtain the information from other sources, they likely would be prohibited from sharing that information in an open-source manner.</p> <p>The AAFP is working to identify mechanism whereby the Academy might be able to collect and make available randomized, de-identified salary data that would meet the expectations of the resolution, but those efforts are in their infancy and still have not cleared potential legal hurdles.</p>
4004	<p>Constituency for Physicians with Disabilities Substitute: <i>RESOLVED, That the American Academy of Family Physicians investigate the need for a member constituency to represent those with disabilities.</i></p>	Substitute Adopted	Commission on Membership and Member Services	<p>Accept for implementation</p> <p>The AAFP is in the process of creating a broader Member Engagement strategy encompassing online communities, among other engagement mechanisms. Once final decisions on the go-forward plan and timing are made, The AAFP will have more clarity on how best to proceed with supporting this resolution.</p>
4005	<p>Global Health as a Continued Priority for the AAFP Substitute: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) reinstate the annual Global Health Summit with Center for Global Health Initiatives oversight and planning beginning in 2023, and be it further</i></p> <p><i>RESOLVED, That the Global Health Summit be a dedicated summit lasting at least two days and not in direct competition with other AAFP educational opportunities and focus on the educational and networking global health needs for member constituencies.</i></p>	Substitute Adopted	EVP	<p>Accept as current policy</p> <p>The Global Health Summit has been reinstituted and will be one and one-half day preconference workshop held prior to FMX in Chicago from October 25 -26th, 2023.</p>
4006	<p>NCCL Black Male Longitudinal Mentorship Program Substitute: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) identify and collaborate with organizations such as (but not limited to) the National Medical Association or Black Men in White Coats to help develop a</i></p>	Substitute Adopted	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for information. We appreciate that Black males are a group with significant challenges due to barriers for entry and success within the training path for medicine, including family medicine. We also recognize that multiple NCCL and COD resolutions have been brought forward requesting different versions of mentorship and programming which if pursued individually would be resource, time and cost-prohibitive. We believe that the best approach is to unify this work across resolutions and start by identifying what best practices we should lean into while continuing our existing work which currently</p>

	<p><i>longitudinal mentorship program with the goal of creating a pathway program to increase the number of Black men in family medicine, with such program to include, among other things, that the AAFP host participants in the mentorship program at a preconference at the Annual Leadership Conference, and that the AAFP evaluate the success of the mentorship program, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP), pursuant to the success of the longitudinal mentorship program for grade school Black male students, expand such program to include other underrepresented minorities.</i></p>			<p>includes partnering with organizations with shared values who have existing programming. (e.g. Doctors Back to School with AMA, Tour for Diversity, HOSA, National Medical Association, National Hispanic Medical Association, etc.) Black males continue to be underrepresented in medicine and would be intentionally included in our current strategic AAFP strategic plan objective 2: Strengthen the Pathway of Family Physicians to best care for our communities including strategy 2.1 Develop a New Mentorship Program targeting URiM (Underrepresented in Medicine).</p>
5001	<p>Support Changing How Insurance Companies Credential Providers for New Plans <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians advocate for insurance companies to notify physicians when new plans are created so physicians have the opportunity to participate in those new plans without recredentialing</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for implementation. Per the approved recommendation, the policy "Tiered and Narrowed Physician Networks" has been revised. The revised policy is on the website.</p> <p>Per the approved recommendation, the updated policy has been used in advocacy with the largest private payers with whom the AAFP has relationships. The updated policy will continue to be used in advocacy when and if needed in the future.</p>
5002	<p>Oppose Prior-Authorizations for Time-sensitive Medications <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians actively advocate against prior authorizations and update the existing Prior Authorization policy to include specific medications that lose efficacy or increase risk for patients, if not given in a timely manner.</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for information. The AAFP advocates for the elimination and reduction of all prior authorizations rather than advocating for the elimination of prior authorization for certain categories of medications. While generic medications are identified in the Prior Authorization policy, they comprise a broad range of medications. Due to the AAFP's comprehensive advocacy strategy against all prior authorizations, the addition of more specific language to the policy was not recommended. The AAFP uses this policy during annual meetings with the largest national payers to advocate for the elimination and reduction of all prior authorizations.</p>
5003	<p>Advocating for Coverage of Lifestyle Medicine Interventions Through Strengthened Preventive Medicine Partnerships, in Order to Reduce Chronic Disease Burden and Related Expenditures <u>Substitute:</u></p>	Substitute Adopted	EVP	<p>Accept for implementation.</p> <p>The AAFP has a Lifestyle Medicine policy that states, "The American Academy of Family Physicians (AAFP) recognizes the importance of lifestyle interventions such as diet, physical activity, stress management, and emotional wellness in the prevention and management of common conditions seen in family medicine. The</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians develop a unified mission in conjunction with American College of Preventive Medicine and their subdivision of the American College of Lifestyle Medicine to advocate for insurance coverage of lifestyle medicine prescriptions.</i></p>			<p>AAFP supports payment for evidence-based, lifestyle medicine interventions in physician practices." The request of NCCL Resolution 5003 is consistent with that policy and not otherwise addressed by current AAFP activities. While the AAFP has a Member Interest Group on Lifestyle Medicine and some related resources/education, we are not currently engaged with either ACPM or ACLM in any advocacy around coverage of lifestyle medicine prescriptions. Staff will explore opportunities to collaborate with ACPM and ACLM in this area.</p>
5004	<p>USPSTF Guidelines, Genetic Testing, Pre-exposure Prophylaxis (HIV) and Access to Life and Disability Insurance</p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage state legislation for those patients on medications for, including but not limited to, HIV prevention and those who have positive genetics for potential future health problems not be disqualified from obtaining or receiving claims payments from disability or life insurance, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians adopt policy that patients on medications for prevention of, including, but not limited to, HIV prevention and also those who have positive genetics for potential future health problems not be disqualified from obtaining or receiving claims payments from disability or life insurance, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians modify its "Coverage Equity for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies" policy to add life insurance and disability insurance coverage policies.</i></p>	Adopted	<p>1st Resolved Clause – Commission on Federal and State Policy</p> <p>2nd & 3rd Resolved Clauses – Commission on Quality and Practice</p>	<p>1st Resolved Clause - Accept as current policy.</p> <p>The AAFP adopted policy in 1971 that was reaffirmed by COD in 2019 which states that the AAFP opposes discrimination against patients receiving STI-specific therapies, such as pre-exposure or post-exposure prophylaxis for HIV, in obtaining health related services and life, health, or disability insurance.</p> <p>Access to the policy is available to any chapter wishing to pursue state legislation for those patients on such medications. State chapters ultimately make their own decision for how they engage on this topic.</p> <p>2nd and 3rd Resolved Clauses – Accept as current policy. These issues are currently addressed in two existing AAFP policies. The AAFP's Direct to Consumer Genetic Testing policy partly states:</p> <p>"Currently, protections against discrimination based on genetic information are limited. The Genetic Information Nondiscrimination Act (GINA), for example, only covers group health and Medicare supplemental plans and employment decisions. Life insurance, disability insurance, and long-term care plans are not covered. Physicians should be aware of all relevant state and federal laws. Due to the potential impacts of the exposure of an individual's genetic information on the individual, their family, and their population, the AAFP supports expanding privacy protections and nondiscrimination protections concerning genetic information."</p> <p>This policy supports expanding privacy protections and nondiscrimination protections concerning genetic information. In addition, the AAFP's Prevention and Management of Sexually Transmitted Infections policy opposes discrimination against patients receiving STI-specific therapies, such as pre-exposure or post-exposure prophylaxis for HIV, in obtaining health related services and life, health, or disability insurance.</p> <p>The second resolved clause asks the AAFP to modify its "Coverage Equity for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies" policy to add life insurance and disability insurance coverage policies. While the requested policy does not include life or disability insurance coverage, the</p>

				AAFP's Prevention and Management of Sexually Transmitted Infections policy states, "the AAFP opposes discrimination against patients receiving STI-specific therapies, such as pre-exposure or post-exposure prophylaxis for HIV, in obtaining health related services and life, health, or disability insurance."
5005	<p>Improving Coordination of Care <u>Adopted as amended:</u> <i>RESOLVED, That the American Academy of Family Physicians update its policy on "Consultations, Referrals, and Transfers of Care" to state more clearly that a referral or consultation be performed by another physician when available and when requested by the referring physician, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians update its policy to expand the definition of "transfer of care" to include better collaboration between physicians to reduce duplication of care and to better expedite care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate to the American Board of Medical Specialties to also update their policies to reflect the American Academy of Family Physicians values of coordination of care that reduce costs and delays in care.</i></p>	Adopted as amended on the floor	Commission on Quality and Practice	<p>Accept for information.</p> <p>The policy revisions recommended in the first and second resolved clauses are being addressed through the five-year policy review process with commended revisions to "Consultations, Referrals, and Transfers of Care." The updated policy has been approved by the commission is with the Board chair for approval. AAFP staff, in consultation with ABMS staff have identified that ABMS does not have policy on this topic and such advocacy would not have any affect. ABMS has recommended that this sort of advocacy would best be directed at the Council of Medical Specialty Societies (CMSS).</p>
5006	<p>Updating Practice Management Toolkit for Non-Physician Provider Collaboration <i>RESOLVED, That the American Academy of Family Physicians update its practice management resources to include a clinical leadership toolkit specifically addressing collaborative practice with non-physician providers.</i></p>	Adopted	Commission on Quality and Practice	<p>Accept for implementation.</p> <p>The policy, "Guidelines on the Supervision of Certified Nurse Midwives, Nurse Practitioners and Physician Assistants", is directly relevant to the requested resource. This policy is currently assigned to the commission for its five-year review.</p> <p>Staff anticipates the creation of the requested toolkit will require an outside consultant or consultants with expertise in collaborative practice and supervision requirements which vary among the states. Funds in the Career & Practice special project are available to support this project.</p>
5007	Updating Practice Management Toolkit in all AAFP Policies, Procedures, and Practices	Adopted	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for information.</p> <p>The Commission on Diversity, Equity, and Inclusiveness in Family Medicine sees a trauma-informed approach as embedded within its charge</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) Commission on Diversity, Equity, and Inclusiveness in Family Medicine explicitly use a trauma-informed approach when they review all AAFP policies, procedures, and practices, and be it further</i></p> <p><i>RESOLVED, that the American Academy of Family Physicians change the name of their new policy on "Trauma-informed Care" to "Trauma-informed Approach" to express that this is not restricted to physician-patient relationships.</i></p>			<p>and scope of practice. Simply changing the title of the current Trauma-Informed Care policy would not change the language to reflect the desired outcome stated by the resolution authors because the policy itself would still fail to address the wider scope extending beyond the doctor-patient relationship.</p> <p>Should a future resolution be brought forward, the authors could consider simply asking for the AAFP to adopt a trauma informed approach when drafting and revising policies. This would allow the commission to explore revising existing policy and allow for creating a policy that meets the desired outcome to see the approach used in broader settings outside of the exam room. By making it a policy of the AAFP rather than attempting to direct a single Commission's work who does not have oversight over all the policies of the Academy, any AAFP policy would be incorporated.</p>
5008	<p>Expand Blood Donation Policy to Include Sperm Donation</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) amend its current policy on blood donation to read:</i></p> <p><i>Policy on Blood and Sperm Donation: The AAFP opposes the use of lifetime donor bans and arbitrary time-based deferrals that only serve to further stigmatize and marginalize certain groups, particularly gender and sexual minorities. The AAFP opposes any efforts to further restrict or limit eligibility of potential blood <u>or sperm</u> donors for reasons that are not evidence-based. Deferral periods for potential donors should be reasonably and consistently applied using unbiased screening tools to determine individual risk. The length of any specific, time-based donor deferrals should be supported by evidence and should take into consideration the accuracy of the latest screening and testing technologies for blood-borne pathogens. The AAFP supports continued research into individualized risk assessments as a reasonable alternative to broad-based, time-based deferrals for potential blood <u>and sperm</u> donors.</i></p>	Adopted	Commission on Health of the Public and Science	<p>Accept for information.</p> <p>The commission agreed there was a need to revise the current policy but felt there was an opportunity to be more inclusive of donations of tissue, human milk, and other biological materials in addition to sperm. A recommendation was made and sent to the July 2022 Board meeting to accept for implementation the 2022 NCCL Resolution 5008, "Expand Blood Donation Policy to Include Sperm Donation." CHPS also noted its desire to expand the scope of the revised policy to include donations of sperm, tissue, human milk, and other biological materials.</p> <p>The Board approved an amended recommendation to accept the resolution for information because of the improper formatting and incompleteness of the revised policy language included in the resolved clause. However, the Board was very supportive of the expanded revisions to the Blood Donation policy proposed by CHPS and further requested that the commission consider sending a more complete policy on this issue for consideration by the Board. The Board ultimately approved a revised policy statement on Blood, Tissue, and Biological Material Donation at its December 2022 meetin</p>