



Summary of Actions: 2023 National Conference of Constituency Leaders

2023 Resolutions

Res. No.	Title and Resolved Clause(s)	Action of NCCL	Recommended Referrals	Actions
1001	Ask the Drug Enforcement Administration (DEA) to Reclassify Marijuana from a Schedule I to a Schedule III Drug Substitute: <i>RESOLVED, That the American Academy of Family Physicians support reclassifying marijuana from a Schedule I to a Schedule III drug by continued discussions with the U.S. Food and Drug Administration and the Drug Enforcement Agency as this will facilitate further research on the potential medical uses of pharmaceutical cannabinoids.</i>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept as current policy.</p> <p>The AAFP position paper on Marijuana and Cannaboids specifically “calls for decreased regulatory barriers to facilitate clinical and public health cannabis research, including reclassifying cannabis from a Schedule I controlled substance” and “advocates for further research into the overall safety and health effects of recreational use, as well as the impact of legal recreational marijuana use laws on patient and societal health.”</p> <p>While action has been taken at the state-level, marijuana rescheduling or descheduling is not a high-priority issue for federal lawmakers.</p>
1002	Ensure Access to Medical Care Across State Lines Substitute: <i>RESOLVED, That the American Academy of Family Physicians change their policy on Criminalization of Medical Practice to read “The American Academy of Family Physicians takes all reasonable and necessary steps to ensure that evidence-based, medical decision-making and treatment, exercised in accordance with evidence-based standards of care, does not become a violation of criminal law. This includes criminalization of clinicians, patients, and those who aid patients in receiving reproductive, abortion, or gender-</i>	Substitute Adopted	1 st and 2 nd Resolved Clauses - Commission on Federal and State Policy 3 rd Resolved Clause - EVP	<p>1st Resolved Clause - Accept for implementation.</p> <p>In December 2023, the Board of Directors approved the changes as requested by the first resolved of the resolution. The policy has been updated to include the following sentence, “This includes criminalization of clinicians, patients, and those who aid patients in receiving reproductive, abortion, or gender-affirming healthcare across state lines.”</p> <p>2nd Resolved Clause - Accept as current policy.</p> <p>With respect to the 2nd resolved clause, the AAFP continues to support legislation that seeks to protect clinicians, patients, and those who aid patients in receiving reproductive health care across state line. This includes the Ensuring Access to Abortion Act of 2022, legislation that would protect a person's right to travel across state lines to seek abortion services. The legislation passed the House in 2022 alongside the Women's Health Protection Act. In addition, through the AAFP's Center for State Policy, the AAFP has provided advocacy support to state chapters through backgrounders and talking points with respect to cross-state line travel.</p>

	<p><i>affirming healthcare across state lines,” and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians oppose legislation that would prosecute or otherwise penalize physicians and other clinicians, patients, and those who aid patients in receiving reproductive, abortion, or gender-affirming healthcare across state lines, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians prioritize directing FamMedPAC funds toward legislators that protect access to reproductive, abortion, and gender-affirming care across state lines.</i></p>			<p>3rd Resolved Clause – Accept for information.</p> <p>Decisions about FamMedPAC contributions to candidates and incumbents is based off the AAFP's advocacy areas of focus along with contribution criteria that have been established by the PAC Advisory Board. The Board looks at candidate and incumbents' positions on multiple issues associated with primary care and family medicine with the goal of positioning the AAFP to have access to policymakers who can champion such priorities. Narrowing contribution criteria could establish a slippery slope through which the PAC Board closes itself off from lawmakers who may have altering views on certain issues while supportive of others.</p>
1003	<p>Strengthening Ties to Support the Access to Restricted and Banned Healthcare Substitute: <i>RESOLVED, That the American Academy of Family Physicians formally partner with advocacy organizations, such as the National LGBTQ Task Force and Planned Parenthood, to oppose discriminatory bans and support protections for transgender and gender-diverse communities at the state and national levels, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create formal relationships with advocacy organizations, such as the National Abortion Federation and the World Professional Association of Transgender Health, to share resources and inform the work of each respective organization, on advocacy efforts, clinician education, and community outreach, and be it further</i></p>	Substitute Adopted	EVP	<p>Accept for information.</p> <p>The AAFP routinely works with partners and collaborators who are aligned with our strategic objectives. We typically avoid accepting resolutions for implementation that direct work with specific entities on advocacy directives for a variety of reasons, but primarily because it assumes that those organizations wish to work with the AAFP which is often not the case. Furthermore, the AAFP has no way of knowing if the groups prescribed in the resolved clauses would be the correct entities to engage with or if there are other factors that would put any collaborations at risk with other priorities or our members.</p> <p>Information related to our efforts can be found on our website – within our press center and on our advocacy pages. In addition, activities related to our engagement are communicated to AAFP members through AAFP Connect. Listing our specific organizations on the AAFP website is a step that would require additional input from Communications and the AAFP's General Counsel to address any PR or legal concerns.</p>

	<i>RESOLVED, That the American Academy of Family Physicians (AAFP) include resources on the AAFP website with steps to connect constituency academy chapters with AAFP liaisons at advocacy organizations, such as Lambda Legal and InterACT.</i>			
1004	Advocate for Eliminating J-1 Requirement for Family Physicians <i>RESOLVED, That the American Academy of Family Physicians actively advocate for elimination of J-1 holders' requirement to return to the home countries for those who completed family medicine residency in the United States.</i>	Adopted	Commission on Federal and State Policy	<p>Accept for implementation.</p> <p>The AAFP continues to support the Conrad 30 waiver program, which would allow international medical graduates to remain in the United States instead of returning to their place of origin as required under law. The AAFP has supported extension of this program (which has been extended through September 30, 2024) and has supported legislation that would allow un-used waivers to be redirected to states that have a higher influx of international medical graduates in training/practice.</p>
1005	Removing Testosterone as a Controlled Substance <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians individually, or in partnership with, other healthcare stakeholders, advocate before the U.S. Federal Drug Administration and the Drug Enforcement Agency for the removal of testosterone as a controlled substance.</i>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept for implementation.</p> <p>The AAFP supports reclassifying of testosterone from Schedule III to Schedule V or the removal testosterone from the controlled substance list altogether and continues to look for ways to advance this legislation. While legislation was introduced during previous Congressional sessions, they have not considered any action in the current Congress. The Government Relations team will continue to track this legislation and will engage should opportunities present itself for reclassification.</p>
1006	Pulling the Trigger on Gun Violence <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create a toolkit for chapters to use for advocacy for the prevention of gun violence, and be it further</i> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) encourage cross collaboration between commissions (Health of the Public and Science and Federal and State Policy), other professional medical organizations (national, state, and local levels), and stakeholders (e.g. Here For The Kids) to address gun violence, and be it further</i>	Adopted	1 st Resolved Clause - Commission on Federal and State Policy 2 nd Resolved Clause – Commission on Health of the Public and Science 3 rd Resolved Clause - EVP	<p>1st Resolved Clause – Accept for implementation.</p> <p>The AAFP Government Relations team in coordination with Health of the Public and Science is putting finishing touches on a new advocacy toolkit for state chapters on gun violence.</p> <p>2nd Resolved Clause – Accept as current policy.</p> <p>The Commission on Health of the Public and Science (CHPS) is working with the Commission on Federal and State Policy to update the prevention of gun violence position paper. The AAFP has joined with five other medical organizations in several joint positions/statements urging the President and Congress to take action towards addressing gun violence and encouraging lawmakers to work together to enact evidence-based policies to address gun violence.</p> <p>3rd Resolved Clause - Accept for information.</p> <p>Decisions about FamMedPAC contributions to candidates and incumbents is based off the AAFP's advocacy areas of focus along with contribution criteria that have been established by the PAC Advisory Board. The Board looks at candidate and incumbents' positions on multiple issues associated with primary care and family medicine with the</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians Family Medicine Political Action Committee (FamMedPAC) prioritize supporting candidates and campaigns who are committed to preventing gun violence.</i></p>			<p>goal of positioning the AAFP to have access to policymakers who can champion such priorities. Narrowing contribution criteria could establish a slippery slope through which the PAC Board closes itself off from lawmakers who may have altering views on certain issues while supportive of others</p>
1007	<p>Expanding Access to Postpartum Care for One Year Following Delivery Substitute: <i>RESOLVED, That the American Academy of Family Physicians encourage ALL individual states to apply for expansion of Medicaid and CHIP coverage for maternal and postpartum care to cover the entirety of need lasting twelve months after delivery to raise awareness and prioritization of the states to opt in for this coverage, and be it further</i></p> <p><i>RESOLVED, That the American Academy Family Physicians publicly advocate that the U.S. Congress expand the State Plan Amendment (SPA) as permanent legislation to continue postpartum Medicaid and CHIP coverage for twelve months after delivery.</i></p>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept for information.</p> <p>The Consolidated Appropriations Act of 2023 made permanent the option, established by the American Rescue Plan, for states to provide 12 months of continuous postpartum Medicaid or CHIP coverage. This was a win for AAFP, as staff has advocated for this since 2021 as depicted in the September 9, 2021 letter to Congressional Leaders from AAFP and its fellow coalition members of the Partnership for Medicaid.</p> <p>More than 40 states (including Washington, DC) have adopted the policy, however, a handful of Republican-led states like Iowa, Idaho and Arkansas ended their legislative sessions for the second time since the extension option has been available without approving the extension. The AAFP's Center for State Policy fully supports efforts of chapters in these remaining states to continue advocating for the extension. The AAFP offers data, policy, and other mechanisms of support for chapters on this issue.</p>
1008	<p>Exploring the Effect of Healthcare Restrictions and Bans on the Medical Workforce Substitute: <i>RESOLVED, That the American Academy of Family Physicians evaluate annual membership data to track the net inter-state migration of medical professionals, in correlation with healthcare bans and restrictions across the United States, and report data to support advocacy across the United States.</i></p>	Substitute Adopted	EVP	<p>Accept for information.</p> <p>The Robert Graham Center (RGC) for Policy Studies tracks workforce density at the state and national level using the American Medical Association Masterfile, the National Plan and Provider Enumeration System and the American Board of Family Medicine certification surveys. These databases provide an accurate estimation of workforce trends at the state level. These have been published in the Milbank Scorecard https://www.milbank.org/focus-areas/primary-care-transformation/health-of-us-primary-care-scorecard/ and dashboard https://www.milbank.org/primary-care-scorecard/.</p> <p>Publicly available data about state restrictions for abortion access can be overlayed on top of state workforce trends moving forward to examine potential associations.</p> <p>Using the American Board of Family Medicine certification data, the RGC is examining actual migration patterns of FPs into and out of abortion restrictive states. Given data lags, this project likely will not be ready for publication for a few years but it is actively being tracked as new data emerges.</p>

				<p>An important component of workforce migration is understanding training at the state level since most trainees stay within 50 miles of where they train. The Robert Graham Center worked with the AAMC to look at whether applications to family medicine residencies fell in states where abortion was restricted pre- and post-Dobbs. https://www.graham-center.org/content/dam/rgc/documents/publications-reports/one-pagers/aug-2023-one-pager.pdf. The RGC will continue to work on updating this yearly with AAMC.</p>
1009	<p>Do Not Criminalize Family Physicians Who Provide Evidence Based Care to LGBTQI+ Patients and their Families Substitute: <i>RESOLVED, That the American Academy of Family Physicians create a collated set of resources that members can use to protect themselves against legal claims and/or continue to safely provide care to LGBTQI+ patients and their families, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians update a legislative advocacy toolkit that state chapters can use to oppose governmental encroachment on family physicians who care for LGBTQI+ patients and their families.</i></p>	Substitute Adopted	<p>1st Resolved Clause – EVP</p> <p>2nd Resolved Clause – Commission on Federal and State Policy</p>	<p>1st Resolved Clause – Accept for information.</p> <p>The AAFP is committed to protecting members' ability to provide evidence-based care without interference from legislators, regulators, or other parties outside the physician-patient relationship. AAFP policy strongly supports this principle (see, e.g., Criminalization of the Medical Practice AAFP; Infringement on Patient Physician Relationship AAFP), and we have consistently opposed legislation and regulation that may interfere with or burden that relationship. The AAFP also frequently supports, via amicus briefs, legal challenges to laws that restrict a physician's ability to provide comprehensive health care and/or that criminalize evidence-based medical care, and it provides chapters with state law and policy advocacy support and resources. While the AAFP is not able to provide members with legal advice, it is developing resources for members that will help them navigate federal and state laws governing physician rights of conscience as well as ethical guidance regarding their rights and duties in this area.</p> <p>2nd Resolved Clause – Accept as current policy.</p> <p>The AAFP's Center for State Policy worked closely with Health of the Public and Science in 2022 to develop a chapter advocacy toolkit on gender affirming care. Due to the sensitive nature of the content within the toolkit, it lives on the side of aafp.org that is only available to chapter staff.</p> <p>Assets within the toolkit include: A document that lists AAFP's positions and statements on this issue as well as AAFP's legal involvement in relevant court cases; A Frequently Asked Questions document to help clarify any misconceptions lawmakers may have on gender dysphoria and treatment options; A list of talking points on gender-affirming treatments for youth; A document that provides an overview of state legislation regarding gender-affirming care treatments for youth; Examples of what other chapters are doing as it related to gender affirming care</p>
1010	<p>Improved Access to Medically Necessary Healthcare for Gender Diverse People <i>RESOLVED, That the American Academy of Family Physicians advocate for the Center on Medicare and Medicaid Services to provide comprehensive, appropriate insurance coverage for voice therapy and permanent hair removal as medically necessary for gender-diverse people and people with androgenic hirsutism, and be it further</i></p>	Adopted	<p>1st and 2nd Resolved Clauses – Commission on Federal and State Policy</p> <p>3rd Resolved Clause – Commission on Health of the Public and Science</p>	<p>1st and 2nd Resolved Clauses – Accept for information.</p> <p>Current AAFP policy has enabled the AAFP to advocate for equitable access to care for non-binary and transgender people, including gender affirming care. We have developed a toolkit on Gender Affirming Care and other materials for state chapters, released statements opposing efforts to interfere in the patient-physician relationship and criminalize the provision of health care services, and commented in support of strengthening federal non-discrimination regulations.</p> <p>In Medicaid and the Children's Health Insurance Program (CHIP), states have the authority to determine coverage and payment for the vast majority of services. To advocate to modify existing coverage of voice therapy and permanent hair removal for these patient populations, the Government Relations staff first need the Commission on Health of the Public and Science to update AAFP policy. For advocacy on</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians, through their Center for State Policy, provide resources to state chapters to advocate for state Medicaid coverage for medically necessary gender-affirming healthcare, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) add voice therapy and permanent hair removal to the list of comprehensive care and supportive services in the AAFP "Care for the Transgender and Gender Nonbinary Patient" policy statement.</i></p>			<p>Medicare coverage, we would also need sufficient evidence supporting coverage for each service for the treatment of the relevant conditions noted in these resolved clauses.</p> <p>3rd Resolved Clause – Accept for implementation.</p> <p>In December 2023, the Board of Directors approved the Commission on Health of the Public and Science's recommendation to implement the resolution by revising the policy statement, Care for the Transgender and Gender Nonbinary Patient.</p>
2001	<p>Including LGBTQIA+ Healthcare, Including Gender-Affirming Care, as a Core Competency in Family Medicine Training</p> <p><i>RESOLVED, That the American Academy of Family Physicians write a letter to the Accreditation Council for Graduate Medical Education requesting that competency in patient care and medical knowledge in LGBTQIA+ healthcare, including gender-affirming care, in family medicine residency education be required.</i></p>	Adopted	Commission on Education	<p>Accept for information.</p> <p>Current accreditation requirements for family medicine set by the Accreditation Council for Graduate Medical Education (ACGME) are the result of a major revision and include that residents "must demonstrate competence in respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation." (IV.B.1.a).(1).(f) The new requirements also eliminate the use of gender binary language. The most effective route for the AAFP to advocate for training in LGBTQIA+ care is through regular interaction with the ACGME Review Committee for Family Medicine, as the AAFP vice president for medical education is an ex-officio member. The ACGME is not currently accepting revisions to the requirements as it seeks to evaluate the new revision through multiple years in effect.</p>
2002	<p>Lessons Learned from Long Covid: Increase Education and Treatment in Primary Care for Chronically Fatiguing Illnesses</p> <p>Substitute:</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) evaluate the current literature and recommendations for chronically fatiguing illnesses (including post-exertional malaise, myalgic encephalitis/chronic fatigue syndrome, and chronic fatigue in long-covid) and produce continuing medical</i></p>	Substitute Adopted	Commission on Continuing Professional Development	<p>Accept for information.</p> <p>The AAFP has covered long COVID symptoms in AAFP-produced CME, both live and on demand, for the last couple of years. Long COVID is included in the Care of Chronic Conditions On Demand activity. https://www.aafp.org/cme/all/chronic-conditions/care-of-chronic-conditions.html. In addition, the session "Fatigue: A Tiresome Topic" was included in the Neurology and Behavioral Health Self-Study activity: https://www.aafp.org/cme/all/neurology/self-study.html.</p> <p>There were four sessions at FMX 2023 that covered the topic of long COVID. No sessions on fatigue were identified. The AAFP also holds live in person and livestream courses throughout the year that cover a variety of topics pertinent to family medicine.</p> <p>Content development for American Family Physician is editorially independent (per CMSS code), the AAFP cannot recommend or suggest this to the medical editors.</p>

	<p><i>education (CME) in multiple formats (including live synchronous, online asynchronous, and others) to better reflect current evidence and practice-based guidelines.</i></p>			<p>Individuals (including members) can suggest topic ideas to the editors for consideration.</p> <p>American Family Physician has published articles that cover the topics of chronic fatigue syndrome, myalgic encephalomyelitis, and fatigue symptoms resulting from long COVID, several of which appear below.</p> <p>Fatigue in Adults: Evaluation and Management Am Fam Physician. 2023;108(1):58-69. https://www.aafp.org/pubs/afp/issues/2023/0700/fatigue-adults.html</p> <p>Long COVID: Rapid Evidence Review. Am Fam Physician. 2022;106(5):523-532. https://www.aafp.org/pubs/afp/issues/2022/1100/long-covid.html</p> <p>Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: How to Help Yourself Am Fam Physician. 2023;108(1):online. https://www.aafp.org/pubs/afp/issues/2023/0700/patient-information-myalgic-encephalomyelitis-chronic-fatigue-sy.html</p>
2003	<p>Integrating Free Anti-Racism and Health Equity Training into Residency Programs Substitute: <i>RESOLVED, That the American Academy of Family Physicians increase and improve resident education on anti-racism by leveraging tools from the EveryONE Project and exploring options to remove barriers to access for training for residents and residency programs.</i></p>	Substitute Adopted	Commission on Education and Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for implementation.</p> <p>The AAFP Commission on Education validated the need for this education and expressed that there may need to be some customization to the current AAFP resources to make them most relevant in residency education. The Commission on Diversity, Equity, and Inclusiveness in Family Medicine (CDEI-FM) noted that a past partnership with the American Board of Family Medicine (ABFM) led to the development of a free health equity course which saw much success and commission members thought this could be a good model for free antiracism materials for residencies. Members agreed that even though current policy supported and allowed for this type of work, accepting this resolution for implementation could help to further work that would enhance partnerships with key external partners such as the Accreditation Council for Graduate Medical Education and ABFM.</p>
2004	<p>Create a Longitudinal Mentorship Program for International Medical Graduates Students, Residents, and New Physicians Substitute: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) ensure that international medical students and graduates are included as populations served by AAFP mentorship programs and efforts of the AAFP strategic plan to strengthen pathways to family medicine careers.</i></p>	Substitute Adopted	Accept as Current Policy	Accept as current policy.
2005	<p>Transparency in Visa Sponsorship Information for Residency and Fellowship Programs Substitute: <i>RESOLVED, That the American Academy of</i></p>	Substitute Adopted	Commission on Education	<p>Accept for implementation.</p> <p>The AAFP recognizes the important role physicians utilizing visa waivers have in improving healthcare disparities by serving rural and underserved communities. The AAFP should have a position that is inclusive and supportive of individuals that need visa sponsorship as these individuals strongly contribute to the primary care workforce and to</p>

	<p><i>Family Physicians develop policy encouraging family medicine residencies and organizations that house residency and fellowship application services and databases to be fully transparent about institution-level support of visa waivers.</i></p>			<p>AAFP membership. Existing AAFP policy related to this topic was reviewed and determined that existing policy did not specifically address transparency in residency recruitment. The AAFP Board of Directors approved a new policy titled "Transparency in Residency Recruitment" which states:</p> <p><i>The American Academy of Family Physicians urges family medicine residency and fellowship programs to provide accurate, up-to-date program information, including transparency in reporting each program's level of support of visa acceptability and visa waivers, through all recruitment platforms including but not limited to program websites and residency databases.</i></p>
2006	<p>Promoting Clinical Research Opportunities for International Medical Graduates</p> <p><i>RESOLVED, That the American Academy of Family Physicians act as a bridge to help potential International Medical Graduate family medicine residency candidates find clinical research and training opportunities by creating online resources, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians has an International Medical Graduate representative on the AAFP National Research Network Advisory Committee, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians post studies to the International Medical Graduate (IMG) board and identify the opportunities for potential IMG participation.</i></p>	Adopted as Amended on the Floor	EVP	<p>Accept for information.</p> <p>The AAFP recognizes and appreciates the challenges faced by family physicians in research including the unique difficulty international medical students may have in connecting to and locating opportunities for participating in clinical research and training. Unfortunately, the asks from this resolution are outside of the of the AAFP's capabilities. While AAFP does continue to have a group of primary care practices that we work with at times, there is no longer a practice-based research network nor is there a National Research Network (NRN) Advisory Board to appoint an IMG representative to serve in. There are other organizations such as DARTNet who may have opportunities for leadership or service, but they are neither owned nor operated by the AAFP. Similarly, AAFP is not the family medicine organization dedicated to research nor is it best able to provide access to studies or training opportunities. We partner with our fellow organizations such as North American Primary Care Research Group (NAPCRG https://www.napcrq.org/), Association of Departments of Family Medicine (BRC Fellowship https://www.adfm.org/programs/building-research-capacity-fellowship/) and Society of Teachers of Family Medicine (https://www.stfm.org/).</p>
2007	<p>Increasing Access for Resident Engagement in Advocacy and Legislation</p> <p><i>RESOLVED, That the American Academy of Family Physicians explore means by which to expand financial assistance opportunities for residents with a focus in advocacy and legislation to have greater representation at AAFP conferences focused in these areas, such as the National Conference for Family Medicine</i></p>	Adopted	Accept for Information	Accept for information.

	<i>Residents and Student Members and the Family Medicine Advocacy Summit.</i>			
2008	<p>Increase Access to Palliative Care and Hospice Services to Minority Underserved Populations</p> <p><i>RESOLVED, That the American Academy of Family Physicians should advocate to the Accreditation Council for Graduate Medical Education an increase in fellowship career opportunities and increase residency requirements in the palliative and the hospice field, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians make emphasis on palliative and hospice educational opportunities such as workshops at Family Medicine Experience, online modules and AAFP National Conference with an emphasis on cultural sensitivity surrounding end-of-life care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for private and public organizations to increase funding, in order to better support underserved and rural inpatient and outpatient palliative and hospice care.</i></p>	Adopted as Amended on the Floor	<p>1st Resolved Clause – Commission on Education</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p> <p>3rd Resolved Clause – Commission on Health of the Public and Science</p>	<p>1st Resolved Clause – Accept for information.</p> <p>Program requirements for fellowship training in Hospice and Palliative Medicine are reviewed and maintained by the Review Committee for Family Medicine through the Accreditation Council for Graduate Medical Education. These requirements include specific language on end-of-life care. Requirements for all family medicine residents are already inclusive of end-of-life care, and these requirements are not up for review at the present time. Electronic Residency Application Service and National Resident Matching Program data on fellowship applicants show a slight increase in fellowship applicants, but all positions do not fill. The resolution focuses on residency requirements, which already include this area of training and are not up for review at this time, and fellowship opportunities, which are offered by individual programs and institutions and currently not filling.</p> <p>2nd Resolved Clause – Accept for information.</p> <p>The AAFP has a number of resources on both hospice and palliative care, including an on-demand activity, currently being revised: Hospice and Palliative Care Edition 1.1 Self-Study Package (https://www.aafp.org/cme/all/hospice-and-palliative-care-self-study.html).</p> <p>Topics are:</p> <ul style="list-style-type: none"> • Advance Care Planning and the Role of the Family Medicine Provider • Communication Grief and Bereavement • Hospice Versus Palliative Care – An Overview • Nutrition and Hydration in the Terminally Ill • Symptom Management Part 1: Pain and Constipation • Symptom Management Part 2: Non-Pain Symptoms • The Last Hours (Impending Death) • The Referral <p>The Geriatric Medicine Self-Study activity has two sessions pertinent to the resolution: Advance Care Planning and the Role of the Family Medicine Physician and Hospice Overview for Family Medicine Physicians</p> <p>There were no workshops at 2023 FMX or National Conference regarding palliative and hospice education.</p> <p>3rd Resolved Clause – Accept for implementation.</p> <p>The AAFP Commission on Health of the Public and Science plans to revise the policy statement on hospice care in 2024.</p>
2009	<p>Creating Safety for Diversity, Equity, Inclusion and Antiracism (DEIA) Work through Restorative Justice and Racial Affinity Caucusing</p> <p>Substitute</p> <p><i>RESOLVED, That the American Academy of Family Physicians</i></p>	Substitute Adopted	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for information.</p> <p>CDEI-FM acknowledged that AAFP does not currently have the core competency to deliver training that would make a family physician capable of leading or delivering restorative justice sessions or racial caucus sessions independently. However, a successful pilot of an affinity group session was held at the AAFP Physician Health & Well-being Conference in April 2023 leading to further exploration of future similar sessions at major AAFP meetings. CDEI-FM agrees that this is important and AAFP should explore adding introductory</p>

	<i>investigate and pilot ways to improve members' ability to facilitate restorative justice and racial affinity caucusing in their institutions and communities.</i>			material on the topic to its current health equity on-demand portfolio and the feasibility of delivering the more extensive training necessary to train facilitators.
2010	Promoting Greater Access for Sub-Internship to IMG and BIPOC Students Interested in Family Medicine <i>RESOLVED, That the American Academy of Family Physicians advocate for creating more sub-internship opportunities in Family Medicine for BIPOC and International Medical Graduate medical students to meet the shortage of primary care physicians across the nation.</i>	Adopted	Commission on Education	Accept for information. The Commission on Education could not draw a direct causal relationship between a lack of sub-internship opportunities for international and BIPOC medical students and the likelihood of family medicine workforce growth. It was noted that eligibility and support for sub-internship positions are set at the institutional and program level. Current AAFP policy does not specifically address this topic, and establishing policy would be a first step to any action on this issue.
3001	Requiring Nasal Naloxone in all In-Flight Emergency Medical Kits <i>RESOLVED, That the American Academy of Family Physicians write a letter to the Federal Aviation Administration advocating for the inclusion of nasal naloxone as a required medication in all in-flight emergency medical kits.</i>	Reaffirmed	N/A	N/A
3002	Racism is a Social Determinant of Health <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians specifically name racism as a historical and current cause and driver of social determinants of health in policies, educational material and discussions including but not limited to health equity and implicit bias.</i>	Substitute Adopted as Amended on the Floor	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	Accept for implementation. The position paper titled "Advancing Health Equity by Addressing the Social Determinants of Health in Family MEDICINE Position Paper" will be updated to add the requested language with proper references. The Commission on Diversity, Equity, and Inclusiveness in Family Medicine (CDEI-FM) established a working group at the 2024 Winter Cluster that will draft an updated position paper and present to CDEI-FM at the 2024 Summer Cluster.
3003	The Role of Family Physicians in Responding to Mental Health Crisis <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians create continuing medical education content that introduces family physicians to the skills required to support and protect patients</i>	Substitute Adopted	1 st Resolved Clause – Commission on Continuing Professional Development 2 nd Resolved Clause - Commission on Health of the Public and Science	1 st Resolved Clause – Accept for implementation. The AAFP recognizes the importance of mental and behavioral health care provided by family physicians. While the AAFP offers mental and behavioral health activities and topics in a variety of formats, the scope does not include in-depth discussions of mental health crises. 2 nd Resolved Clause – Accept as current policy. The 2 nd Resolved Clause was accepted as current policy for the following reasons:

	<p><i>experiencing mental health crisis, which includes training in verbal de-escalation skills and learning how to prioritize patient physical safety, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a mental health crisis intervention team toolkit for family physicians to initiate and create multidisciplinary mental health crisis behavioral health teams in their communities and in practice settings.</i></p>			<ol style="list-style-type: none"> 1. Revision of the Mental and Behavioral Health Care Services position paper, approved by the Board of Directors in December 2023. The title of the paper was updated to better reflect the current integration of mental and behavioral health care services. The content of the paper was updated to reflect current data on mental health care and behavioral health care services, expand on the AAFP call for action, discussed the growing integration of mental and behavioral health care, and expanded on the health inequities section to provide a more comprehensive understanding of the various populations impacted. The AAFP currently has a prevention and wellness page dedicated to mental health and well-being with focus areas dedicated to adolescent and young adult health, depression and mental health, adult ADHD, and teen suicide prevention. AAFP also has content dedicated to understanding and addressing physician mental health. 2. The AAFP page on Depression & Mental Health connects readers to various AAFP clinical recommendations and policies related to mental health, links to patient education resources, as well as AAFP articles and CME sessions related to mental and behavioral health including: <ul style="list-style-type: none"> o Mental Health and Behavior CME o Behavioral Health Integration Collaborate Compendium o Counseling Patients in Primary Care: Evidence-Based Strategies o Immediate Action Protocol: A Tool to Help Your Practice Assess Suicidal Patients o Managing Behavioral Health Issues in Primary Care: Six Five-Minute Tools 3. The AAFP Advocacy Focus: Behavioral Health page highlights the work done by AAFP in this space over the last several years, including recent AAFP communication and joint communication with partnering organizations.
3004	<p>The Lacking Evidence of Parental Alienation as a Diagnosis and Adverse and Fatal Outcomes for Families</p> <p>Substitute: <i>RESOLVED, That the American Academy of Family Physicians assert that parental alienation syndrome is not a recognized diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and is not supported by evidence-based medicine.</i></p>	Substitute Adopted	Commission on Health of the Public and Science	<p>Accept for information.</p> <p>'Parental alienation' is a theoretical process in which children become estranged or alienated from a parent due to psychological manipulation by another parent. 'Parental alienation syndrome' is a term used to describe behavior in children thought to be caused by parental alienation. Despite not being officially recognized by either the medical or legal communities, use of 'parental alienation syndrome' as a pseudo-diagnosis for children involved in contentious custody cases has increased significantly in recent years.</p>
3005	<p>Expanding Obesity Medicine Education</p> <p><i>RESOLVED, that the American Academy of Family Physicians advocate for inclusion and awareness of obesity as a chronic condition in medical education as well</i></p>	<p>Divide the Question:</p> <p>1st Resolved Clause – Adopted</p>	<p>1st Resolved Clause - Commission on Education</p> <p>2nd Resolved Clause – N/A</p>	<p>1st Resolved Clause – Accept for information.</p> <p>Residency and medical school accreditation guidelines do not include a level of detail for which obesity would fit, but rather address chronic conditions at a higher level. AAFP educational resources already include obesity as a chronic condition and address weight bias. The AAFP is not currently specifically advocating for inclusion of this topic in medical education, but rather is educating members,</p>

	<p><i>as addressing weight bias and stigma impacting health, and be it further</i></p> <p>Substitute: <i>RESOLVED, That the American Academy of Family Physicians support establishing partnerships with interested entities to create preventive pantries to meet the food insecurity needs faced by patients dealing with chronic conditions stemming from obesity, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create programs that promote cultural sensitivity in treating patients with obesity facing racial and ethnic disparities.</i></p>	<p>2nd Resolved Clause – Substitute Not Adopted</p> <p>3rd Resolved Clause - Adopted</p>	<p>3rd Resolved Clause – Commission on Health of the Public and Science</p>	<p>including residents and students, through established educational and policy channels. The resolution does not provide the AAFP with a specific ask or highlight any gaps where the AAFP could be influential.)</p> <p>2nd Resolved Clause – N/A</p> <p>3rd Resolved Clause – Accept as current policy.</p> <p>The AAFP's comprehensive clinical guidance page on Obesity and Healthy Lifestyle lists several clinical guidance and practice resources. A practice manual is being developed for family physicians on best practices for managing patients with overweight and obesity while promoting health equity and reducing stigma and bias among all members of the clinical care team.</p>
3006	<p>Expanding Medicaid Coverage to Include Diapers <i>RESOLVED, That the American Academy of Family Physicians recognize diapers as a basic childcare need, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians actively advocate and lobby for Medicaid coverage to cover the cost of diapers, and be it further</i></p> <p><i>RESOLVED, that the American Academy of Family Physicians collaborate and support community-based organizations and diaper assistance programs to close the diaper need gap.</i></p>	Adopted	<p>1st and 3rd Resolved Clauses – Commission on Health of the Public and Science</p> <p>2nd Resolved Clause – Commission on Federal and State Policy</p>	<p>1st and 3rd Resolved Clauses – Accepted for implementation.</p> <p>The Commission on Health of the Public and Science will develop a policy statement on this issue in FY 24-25.</p> <p>2nd Resolved Clause – Accept for information.</p> <p>The AAFP does not have any existing policy that explicitly addresses health care coverage of diapers to inform our advocacy on this topic. Additionally, there is limited internal expertise on this topic and we have not identified any other organizations with appropriate expertise that are leading the charge to advocate for Medicaid coverage of diapers as a medical expense.</p> <p>Given the existence of federal safety net programs that may be better suited to cover diapers and other related childcare expenses, advocating for Medicaid coverage may not be the best pathway. It may be more appropriate for the Academy to advocate for expansion of the TANF Program, including ensuring that more families in poverty are actually eligible for able to be enrolled in the program and raising the amount of federal cash assistance to ensure families are better able to meet their needs. Some states have created diaper vouchers for TANF recipients, which provides additional funds to specifically buy diapers. The Academy could advocate for federal legislation that would enact such a diaper voucher at a national level.</p> <p>While diapers are not an approved purchase with SNAP or WIC benefits, the Academy could also support efforts to increase funding and flexibility in these safety net programs that would allow parents to access diapers in the same way that they provide other essentials for their children</p>
3007	<p>Promoting Awareness and Training on Disabilities in Family Medicine Substitute:</p>	Substitute Adopted	Commission on Health of the Public and Science	<p>Accept for information.</p> <p>The Commission on Health of the Public and Science recognized the importance of this topic, however, it would be difficult to mandate collaboration between chapters and</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians encourage and assist chapters to explore partnerships with Statewide Independent Living Councils, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians co-create a toolkit of best practices for care with members of the disability community.</i></p>			Statewide Independent Living Councils. The commission felt it would be unable to properly address all disabilities or to choose which disabilities to address.
3008	<p>Family Planning in the Neighborhood Navigator – Navigating Against Disinformation</p> <p><i>RESOLVED, That the American Academy of Family Physicians collaborate with members who provide evidence-based full spectrum reproductive health care to develop criteria for removal of crisis pregnancy centers and vetting for any current or future comprehensive reproductive health resources on the Neighborhood Navigator search tool.</i></p>	Substitute Adopted as Amended on the Floor	EVP	<p>Accept for information.</p> <p>The AAFP's subscription agreement with Aunt Bertha, Inc., for the Neighborhood Navigator service does not include the ability for the AAFP to remove information from that platform. However, any user may add reproductive health resources (and other resources). From the home page (navigator.aafp.org), users may click on the link "Suggest Program" at the bottom right of the page next to "Site Map" and then may enter data about the program they wish to add. The platform has a verification process to make sure the information submitted isn't redundant and otherwise accepts it for inclusion on the service.</p>
4001	<p>Spotlighting the Scope of Practice of Family Medicine on the American Academy of Family Physicians Website to Increase Medical Student Interest</p> <p><u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians improve their website to spotlight, provide biographies and interview family medicine physicians and their wide scope of practice to provide greater opportunity and interest in family medicine for medical students.</i></p>	Substitute Adopted	EVP	<p>Accept for implementation.</p> <p>The AAFP is actively engaged in a public-facing campaign to increase knowledge of the critical role of family physicians in communities across the country. Through this PR campaign, we garnered more than 3.1 billion impressions during 2023. Additionally, the AAFP has a long-standing feature on its website and on social media, Family Doc Focus, which highlights family physicians working in different practice settings and different specialty areas of family medicine. As we look ahead, the AAFP's new podcast, Inside Family Medicine, its blogs, and testimonials used on social media and at National Conferences will continue to expose students to the stories and experiences of family physicians.</p>
4002	<p>Leadership Toolkit</p> <p><u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians expand their centralized list of resources for leadership development to include other resources such as</i></p>	Substitute Adopted	<p>1st Resolved Clause - EVP</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p>	<p>1st Resolved Clause – Accept for information.</p> <p>The AAFP agrees that equitable access to leadership development is key in the career of family physicians which is why the AAFP Board of Directors FY22-25 Strategic Plan Objective 4 directs us to develop and diversify Family Physician leadership. The AAFP has been actively working on three strategies since 2022 to meet that charge:</p>

	<p>articles, books, and podcasts, and be it further</p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a continuously accessible leadership-focused performance improvement project that would be recognized by the American Board of Family Medicine to meet the requirements for the Performance Improvement portion of Maintenance of Certification.</i></p>			<ol style="list-style-type: none"> 1. Create new and equal opportunities for family physicians to lead 2. Educate members about accessing leadership opportunities and serving 3. Identify and provide leadership education resources <p>As the AAFP has designed leadership education resources, best practices for sustainably supporting leadership growth and development have been explored. Static lists of articles, books and podcasts are not an effective mechanism for leadership development. There are a wide range of existing organizations and websites who provide these services as a core function. Where AAFP can best support members is in creating opportunities to learn and apply leadership skills. The organization is doing that via a variety of ways including virtual and in person education courses, certificate, and fellowship programming. Some additional information about AAFP leadership resources and opportunities are listed below:</p> <ol style="list-style-type: none"> 1. Opportunities for Physician Leadership Development https://www.aafp.org/family-physician/practice-and-career/managing-your-career/physician-well-being/creating-a-culture-of-well-being/leadership-development-opportunities.html 2. Leadership Development for Family Physicians: https://www.aafp.org/cme/all/practice-management/leadership.html 3. Your Leadership Matters (Leadership Opportunities) https://www.aafp.org/membership/welcome-center/involve/lead.html 4. Student and Resident Leadership Opportunities: https://www.aafp.org/membership/welcome-center/involve/lead/students-residents.html <p>Our Family Medicine Experience (FMX), Physician Health & Well-being Conference, Residency Leadership Summit, Chief Resident Leadership Summit, and National Conference all include leadership development experiences or tracks.</p> <p>2nd Resolved Clause – Accept as current policy.</p> <p>The AAFP has a certificate program, now in its third year, called “Leading Physician Well-being,” that focuses on the nexus of leadership, well-being, and performance improvement. The completion of the certificate activities meets ABFM requirements for performance in practice (Part IV).</p> <p>https://www.aafp.org/pubs/fpm/issues/2022/0900/leadership-wellbeing.html</p>
4003	<p>Working Group on Determining Medical Stakeholders’ Perceptions on the Future Value of Family Physicians</p> <p>Substitute: <i>RESOLVED, That the American Academy of Family Physicians conduct longitudinal assessments of public and private stakeholder</i></p>	Substitute Adopted	EVP	<p>Accept for information.</p> <p>The AAFP is actively engaged in a public-facing campaign to increase knowledge of the critical role of family physicians in communities across the country. Through this PR campaign, the AAFP garnered more than 3.1 billion impressions during 2023. This campaign places in the media family physicians and positions them as trusted experts for medical information, cementing their place as valuable members of the health care ecosystem. Additionally, in 2023, the AAFP developed a negotiation toolkit, a career benchmark dashboard, and a number of additional career resources designed to help family physicians advocate for themselves</p>

	<i>perceptions on the current and future role of family physicians and use this information to develop a negotiation toolkit for family physicians to address misconceptions on the value of family physicians.</i>			and demonstrate to employers the value of family medicine to health care systems and to community health at large.
4004	Elected Representative from National Conference of Constituency Leaders to the American Academy of Family Physicians Board of Directors Substitute: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) amend the bylaws to add a National Conference of Constituency Leaders (NCCL) member to the AAFP Board of Directors with a one-year term, who is elected by all constituencies of the NCCL.</i>	Substitute Adopted	EVP	Accept for information. The composition of the Board of Directors is set forth in Article IX of the Bylaws. Per Section XIX of the Bylaws, amendments may be proposed by any five (5) or more members and must be submitted to the EVP/CEO at least one hundred (100) days prior to the meeting of the Congress of Delegates. Proposed amendments may be adopted by a two-thirds vote of the delegates present and voting.
4005	Transparency for Visa Support in Family Physician Job Postings Substitute: <i>RESOLVED, That the American Academy of Family Physicians request CareerLink to provide a filter for job postings that indicates if the employer provides visa sponsorship for the posted position.</i>	Substitute Adopted	Commission on Quality and Practice	Accept as current policy. In speaking with the team at CareerLink in August 2023, AAFP staff learned that CareerLink received this request directly from members who visited their booth at National Conference. The CareerLink team shared that they had been gathering visa sponsorship information from employers when listing job openings and were able to turn on this requested functionality in CareerLink in September 2023.
4006	Words Matter: Changing Minority Caucus to BIPOC Caucus Substitute: <i>RESOLVED, That the American Academy of Family Physicians change the Minority Constituency to be called the Black, Indigenous, and People of Color (BIPOC) Constituency.</i>	Substitute Adopted	Commission on Membership and Member Services	Accept for implementation. The Commission on Membership and Member Services recommended to the Board of Directors that the Minority constituency be renamed to the BIPOC constituency. The recommendation is pending approval of the Board at their April 2024 meeting.
4007	Promoting and Increasing Native American Representation in Family Medicine at all Levels <i>RESOLVED, That the American Academy of Family Physicians identify and explore partnerships with Tribal Nations and</i>	Adopted	1 st and 2 nd Resolved Clauses – Commission on Diversity, Equity, and Inclusiveness in Family Medicine	1 st and 2 nd Resolved Clauses – Accept as current policy. The Commission on Diversity, Equity, and Inclusiveness in Family Medicine appreciates the intent of the resolution and heard from staff present that the Center for Diversity and Health Equity has formal agreements with minority medical organizations such as the National Hispanic Medical Association and National Medical Association to support family physicians underrepresented in medicine and has previously attempted partnerships with other organizations without success. A tactic addressing reaching out to a wider

	<p><i>organizations such as, the Indian Health Services, the Association of American Indian Physicians, and Tribal Epidemiology Centers, who have networks and historical relationships with Native American Communities, to be better informed on health disparities impacting Native Americans, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians maintain and expand upon Culturally, Linguistic, Appropriate Services toolkits, that includes supporting the creation of a Native American Healthcare Member Interest Group, and other resources to highlight Native American health, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians' Annual Chapter Leader Forum and National Conference of Constituency Leaders do land acknowledgements at the start of their conferences.</i></p>		<p>3rd Resolved Clause – Commission on Membership and Member Services</p>	<p>group of representative organizations, including the Association of American Indian Physicians, in a more meaningful way is already captured in the upcoming year's operations plan. Furthermore, since the AAFP has an existing policy about team-based care and community health workers fall within the team-based care model, should legislation arise where it would be appropriate to voice support for leveraging all team members, community health workers could be included in that discussion.</p> <p>3rd Resolved Clause – Accept for information.</p> <p>Staff from the AAFP's Center for Diversity and Health Equity shared with the Commission on Membership and Member Services that land acknowledgments became popular in the past decade, especially in academic institutions. However, there is some controversy around them. Some Native American organizations and individuals view land acknowledgments as traumatizing, performative, and don't address the systemic marginalization that Native people have experienced in the past and present. Because the AAFP's Annual Leadership Conference is held in the same city/state every year, the resolution was accepted for information since the land acknowledgement, if offered, would be the same every year.</p>
4008	<p>Serving all Members Better by Understanding Intersectional Identities of Attendees of NCCL and AAFP Members</p> <p><i>RESOLVED, That the American Academy of Family Physicians evaluate existing demographic data of its National Conference of Constituency Leaders (NCCL) attendees to assess the intersectionality of its constituencies and report the data back to NCCL members once the data has been analyzed, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians investigate available demographic data for other relevant identities,</i></p>	Adopted	EVP	<p>Accept for implementation.</p> <p>The AAFP recognizes that providing an exceptional membership experience demands knowing who our members are and personalizing, when possible, opportunities that allow them to bring their full selves to their life as a family physician. Over the past few years internal teams have been collaborating to identify ways to capture, track and share data about the diversity of our membership including expanded dimensions such as rurality or ability. We do not currently require this type of data disclosure for membership nor on conference/meeting attendees at registration. In researching the best practices, working with member input and coordinating with consultants who are helping us to reimagine the member experience, we have identified that data privacy, access and potential harms can complicate this sensitive matter. We continue to work closely with our internal teams to identify the best approach to balance the need for accountability as well as protecting our members' right to privacy. The AAFP is currently in the process of determining which DEI data fields should be updated/included in the member profile on the My Account page of aafp.org.</p>

	<p><i>which may include ability status, socioeconomic background (i.e. class), geographic practice, and intersectionality within medicine and report the data back to National Conference of Constituency Leaders (NCCL) members once the data has been analyzed.</i></p>			
4009	<p>AAFP to Provide Advocacy Recommendations and Resources to all Members</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors examine the relationship between the national academy and individual chapters to ensure that the needs of members are met equally in regards to educational and advocacy resources, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) explore ways to safely expand access to advocacy resources such as legislative toolkits for all members.</i></p>	<p>1st Resolved Clause – Reaffirmed</p> <p>2nd Resolved Clause – Adopted</p>	<p>1st Resolved Clause – N/A</p> <p>2nd. Resolved Clause - EVP</p>	<p>1st Resolved Clause – N/A</p> <p>2nd Resolved Clause – Accept as current policy.</p> <p>Advocacy materials are currently available on our website and to our chapters. These include letters, backgrounders, and other helpful resources. Members have the opportunity to engage in advocacy through Speakouts, Key Contacts Program, and FamMedPAC support.</p>
5001	<p>Utilizing Community Health Workers in Preventative Care and Chronic Disease Management</p> <p><i>RESOLVED, That the American Academy of Family Physicians recognize and support the integration of Community Health Workers into physician-led interprofessional care teams, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for appropriate funding for Community Health Workers and associated services as part of a physician-led care team, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide</i></p>	Adopted	Commission on Quality and Practice	<p>Accept as current policy.</p> <p>While there is no current policy explicitly on CHWs, the “Team-Based Care” policy includes that “success of team-based care requires an integrated practice arrangement in which a practicing, licensed physician works with other health care personnel to manage the care of an of an individual patient and a population of patients using a multidisciplinary, collaborative approach to health care. The care team should address holistic patient needs for high-value, accessible health care and be supported by enhanced communication and processes that empower care team members to effectively utilize their skills, training, and abilities to the full extent of their professional capacity.” In addition, the AAFP position paper, “Integration of Primary Care and Public Health” encourages family physicians to become informed about the importance, value, and movement toward integrating primary care with public health. The collaboration of primary care with public health educators, CHWs, and other outreach services, can improve patient-centered care.</p> <p>While the AAFP Guiding Principles for Value Based Payment does not explicitly include payment to support CHWs it does call for comprehensive payment which could be inclusive of CHW contributions. In addition, there is a new proposed code in the Medicare Physician Fee Schedule (Community Health Integration Services) that would provide</p>

	education and resources on utilization and integration of Community Health Workers into patient care.			<p>payment for CHW services that address social determinants of health. The AAFP is supportive of that code.</p> <p>While the AAFP does not offer a course specifically on this topic, available resources and education which address CHWs include:</p> <ul style="list-style-type: none"> • Acting on Social Determinants of Health: A Primer for Family Physicians • Health Coaching for Patients With Chronic Illness • Screening for Social Determinants of Health in Daily Practice • More information on reporting codes for social determinants of health • Integrating Primary Care, Public Health for Health Equity
5002	<p>Family Medicine Maternity Care Privileging and Scope of Practice</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians create and maintain a repository of resources for family physicians navigating challenges with privileging within their scope of practice.</p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for implementation.</p> <p>The AAFP website currently has a Scope of Practice page under the “Practice and Career” section but it lacks the depth of content members are often seeking when faced with privileging challenges. AAFP can further expand the resources available on this page and improve the user experience so that physicians can more easily locate the applicable resources available to address privileging issues in maternity care.</p>
5003	<p>Support for Assisted Reproductive Services</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) explore options to provide financial assistance for financing options to members who are seeking assisted reproductive services including, but not limited to: oocyte preservation, sperm banking, ovulation induction, intrauterine insemination (IUI), in-vitro fertilization (IVF), and all associated diagnostics, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) establish a policy to promote a culture of support for family physicians undergoing assisted reproductive care, including but not limited to: the need to attend medical visits and administer medications in a time-sensitive fashion.</p>	Substitute Adopted as Amended on the Floor	<p>1st Resolved Clause – Commission on Membership and Member Services</p> <p>2nd Resolved Clause - Commission on Quality and Practice</p>	<p>1st Resolved Clause – Accept for information.</p> <p>Many employer-sponsored health insurance plans cover some kind of infertility treatment. Employees can also use their FSA or HSA dollars to pay for these services. Currently, 20 states offer some type of mandated fertility coverage. States have passed laws that hold private insurance responsible for either covering or offering some variation of fertility testing, diagnosis, or treatment. Beyond medical societies, there are health insurance plans that can be offered through associations, known as Association Health Plans, which could be inclusive of reproductive health as part of a broader scope of coverage. However, that type of arrangement would have broad fiscal and business model implications for the AAFP.</p> <p>2nd Resolved Clause - Accept for information.</p> <p>In July 2023, the AAFP Board of Directors approved “Principles to Optimize Family Physician Employment.” While it does not directly address the issues addressed in 2023 NCCL Resolution No. 5003, it does address transparency and equity in compensation, of which PTO and scheduling are included. A member resource is forthcoming to assist members in advocating for improvements in the terms and conditions of family physician employment. The AAFP recognizes that there is significant expense associated with assisted reproductive services and will continue to consider how to best support members who will be utilizing them.</p>
5004	Protecting Family Physicians from Abuse and Harassment	Adopted	1st, 2nd, and 4th Resolved Clauses –	1st, 2nd, and 4th Resolved Clauses – Accept for information.

	<p><i>RESOLVED, That the American Academy of Family Physicians adopt a consistent statement that it fully supports family physicians practicing the full scope of medicine free of violence, harassment, criminalization, defamation, and bullying, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians research violence, harassment, criminalization, defamation, and bullying toward family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians publish resources on the physician wellbeing website and integrate it into the physician health and wellbeing curriculum supporting physicians anticipating experiencing, experiencing, or having had experienced violence, harassment, criminalization, defamation, and bullying, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a process by which members can obtain support when experiencing violence, harassment, criminalization, defamation, or bullying, including but not limited to writing a letter of support, publishing a statement on members' behalf, or providing other resources.</i></p>		<p>EVP</p> <p>3rd Resolved Clause – Commission on Continuing Professional Development</p>	<p>The AAFP Congress of Delegates has adopted three policies in support of the issues referenced in the resolution:</p> <ul style="list-style-type: none"> • Criminalization of the Medical Practice • Infringement on Patient Physician Relationships • Violence, Illegal Acts Against Health Care Professionals <p>Due to the AAFP's limited resources, tax-exempt status, and organizing documents, it acts on behalf of the profession as a whole and is not able to intervene in situations involving individual members.</p> <p>3rd Resolved Clause – Accept for implementation.</p> <p>The AAFP has a Preventing Violence in Health Care Toolkit.</p> <p>The AAFP does not have materials specific to the resolved clause in the Physician Health First resources or education.</p>
5005	<p>Prescriber Access to Current Formularies Substitute: <i>RESOLVED, That the American Academy of Family Physicians advocate for prescriber access to searchable and updated public and private payer formularies.</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept as current policy.</p> <p>The AAFP's policy statement on "Patient-Centered Formularies" supports prescribers' access to transparent formularies. Principle 10 in the policy states:</p> <p><i>Sufficient information concerning PBM design should be provided by health plans to physicians and patients in a clear and useful format. (Note: this includes information concerning generic drug and therapeutic substitution policies, deductibles and co-pays, appeal process for adverse decisions, formulary choices,</i></p>

				<p>product information, contractual arrangements with a PBM, etc.).</p> <p>In most cases, Medicare beneficiaries receive prescription drug coverage through a Medicare Advantage (MA) plan or Medicare Part D plan that is offered and managed by private payers. Many of these health plans have mechanisms that allow physicians to search the plans' formularies. Because AAFP policy and current payer activity already address what is requested, the resolution was accepted as current policy.</p>
5006	<p>Increase Transparency of Pay Parity for Women Family Physicians</p> <p><u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians develop and maintain a resource for family physicians to compare pay scale anonymously, with the ability to filter by gender, demographic data, region, full-time equivalent status, and clinical role.</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept as current policy.</p> <p>In December 2023, The AAFP launched a new career benchmark dashboard. The dashboard was built with anonymously reported member data, gathered from a survey which between August 2023 and November 2023. The dashboard provides an interactive, filterable web-based resource available to all members, allowing them to filter by a number of factors, including gender, demographic data, state, full-time equivalent status, and clinical role.</p>
5007	<p>Improving Access and Reaffirming Universal Coverage for Pre-Exposure Prophylaxis (PrEP) for HIV</p> <p><u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians advocate for coverage of the full costs of HIV prevention medications and related services, including screenings, diagnostic procedures, administrative fees, and clinical follow-ups in-person or via telemedicine, without any cost-sharing obligation for the plan holder, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for transparency regarding specialty pharmacy use requirements to ease administrative burden as well as streamline patient access to Pre-exposure prophylaxis (PrEP).</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept as current policy.</p> <p>The AAFP has long supported the Affordable Care Act (ACA), which mandated coverage, without cost-sharing, for preventive services with a U.S. Preventive Services Task Force (USPSTF) grade A or B recommendation. PrEP, for persons who are at high risk of HIV acquisition has a grade A recommendation. Most insurance plans and state Medicaid programs must cover PrEP at 100 percent. In addition, according to the CDC, patients can't be charged for clinic visits or lab tests to maintain PrEP prescriptions. Grandfathered plans are not required to cover preventive care without cost-sharing.</p> <p>The AAFP advocates for drug prescribing transparency for all medications and formularies, not specific drugs. The AAFP's Patient-Centered Formularies policy calls for multiple levels of drug choice (from more to less restrictive) and attributable patient cost sharing. Principle 10 also states, "Sufficient information concerning PBM design should be provided by health plans to physicians and patients in a clear and useful format. (Note: this includes information concerning generic drug and therapeutic substitution policies, deductibles and co-pays, appeal process for adverse decisions, formulary choices, product information, contractual arrangements with a PBM, etc.)." These and other policies are used when advocating to reduce administrative burden.</p>
5008	<p>Reducing Bias in Value-Based Payment Model</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate how the value-based payment model can affect access to care</i></p>	Reaffirmed	N/A	N/A

	<p>for populations served by AAFP, and be it further</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of social determinants of health (e.g. area of depravity index, social determinants of health index) and adjustment of quality based bonuses, quality based scoring, and star quality ratings for clinics, hospitals, and payors.</i></p>			
5009	<p>Improving and Prioritizing Educational Content on Gender-Affirming Care</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) create a stand-alone patient care toolkit on gender-affirming care which must be updated annually, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop a step-by-step practice implementation guide for gender-affirming care that is relevant and useful to diverse family physicians across the country regardless of prior experience, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) Continuing Medical Education website feature, and create if needed, on-demand continuing medical education materials covering comprehensive gender-affirming care at low or no cost to members and the current LGBTQ+ Care Toolkit be reviewed and updated annually for clinical evidence-based accuracy including language and clinical care.</i></p>	Adopted	<p>1st and 2nd Resolved Clauses – Commission on Health of the Public and Science</p> <p>3rd Resolved Clause – Commission on Continuing Professional Development</p>	<p>1st and 2nd Resolved Clauses – TBD.</p> <p>The Commission on Health of the Public and Science has begun discussion on this resolution but has not yet reached a decision.</p> <p>3rd Resolved Clause – Accept for implementation.</p> <p>The AAFP produces education on gender-affirming care. While the LGBTQ+ Toolkit was recently updated, it is not currently updated annually, which can be implemented. Additionally, it is unclear what the authors of the resolution meant by “feature,” as all activities appear on the AAFP website, though staff can investigate ways to make the content more visible.</p>
6001	<p>Fund AAFP to Hire More Family Docs</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) will use its relationship</i></p>	<p>Divide the question.</p> <p>Not Adopted</p>	N/A	N/A

<p><i>with WONCA to promote Family Medicine as a specialty in other countries to encourage IMGs to apply for Family Medicine rotations in their home country, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate opportunities to support Family Medicine virtual clinical observerships, and be it further</i></p> <p><u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create mentorship opportunities to for Family Medicine physicians in other countries to promote education, experience, for International Medical Students and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate creating a simplified version of the AAFP app suitable for International Medical Students and Graduates in order to promote Family Medicine as a specialty.</i></p>			
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