



# 2024 Agenda for the Reference Committee on Organization and Finance

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National Conference of Constituency Leaders

**Item No.**

**Resolution Title**

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|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Resolution No. 4001 | American Academy of Family Physicians Divests                                                                                                            |
| 2. Resolution No. 4002 | Establishment Education Campaign on the Distinctions Between Family Physicians and Nurse Practitioners and Physician Assistants                          |
| 3. Resolution No. 4003 | AAFP to Advocate Against Anti-DEI Legislation, Acknowledging the Negative Impact these Bills Have on the Health of Historically Marginalized Populations |
| 4. Resolution No. 4004 | Protect Physicians Promoting an Inclusive Space and Access to Care                                                                                       |
| 5. Resolution No. 4005 | Full Inclusion of Physicians with Disabilities Within the AAFP                                                                                           |
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| 9. Resolution No. 4009 | Improving Accessibility for Online and Live AAFP Content                                                                                                 |

## **RESOLUTION NO. 4001**

### **American Academy of Family Physicians Divests**

Introduced by: Prachi Priyam, MD, MPH, LGBTQ+  
Jamie Conniff, MD, MPH, LGBTQ+

WHEREAS, Since October 7, 2023, the escalating crisis in the Gaza Strip, previously home to over 2.3 million civilians with half being children, has led to the loss of civilian life surpassing that of any conflict in the past 24 years, and

WHEREAS, attacks have resulted in the deaths of over 30,000 civilians of which over 60% are women and children, and

WHEREAS, over 1.7 million civilians have been displaced in Gaza, leading to severe overcrowding in refugee camps, which, coupled with loss of access to clean water and adequate medical care, has led to a sharp increase in the prevalence of preventable and epidemic diarrheal, respiratory, and dermatologic diseases, and

WHEREAS, the United Nations (UN) officials proclaim there is “no safe place in Gaza”, as shelters, refugee camps, hospitals, ambulances, homes, bakeries, mosques, churches, toy stores, and UN funded schools, clinics and shelters have faced airstrikes, shootings, and have been flooded with poisonous white phosphorous gases, and

WHEREAS, unprecedented attacks on healthcare facilities have resulted in the deaths of over 300 healthcare personnel, and

WHEREAS, physicians and other medical personnel are forced to perform surgeries in corridors and waiting rooms, conserve supplies due to a lack of basic medical supplies, anesthetics or pain killers, and use vinegar instead of antibiotics on open wounds, and

WHEREAS, the destruction of homes and vital infrastructure, targeting of hospitals and refugee camps, and depletion of medical resources in the setting of a near complete blockade have led to a critical humanitarian crisis and near complete collapse of the Gazan healthcare system, and

WHEREAS, a multitude of other international healthcare and humanitarian organizations – including the UN, the World Health Organization (WHO), and Doctors Without Borders – recognize the dire situation in Gaza and the importance of protecting Gaza’s civilian population and civilian infrastructure, and

WHEREAS, the International Court of Justice has ruled that Israel and its military must cease the killing and other bodily or mental harm of Palestinians in Gaza, and must “enable the provision of urgently needed basic services and humanitarian assistance to address the adverse conditions of life faced by Palestinians in the Gaza Strip”, and

WHEREAS, the American Academy of Family Physicians (AAFP) Congress of Delegates (COD) condemns violence and other illegal acts against all health care professionals (October 2023 COD), and

WHEREAS, the American Academy of Family Physicians policy affirms that healthcare is a right, including access to reproductive and maternity health services (September 2022 COD,

January 2022 COD), and

WHEREAS, all provision of medical care and efforts toward equity and justice are inherently political in nature, as we see in the attempt to secure gender-affirming care and reproductive rights across the country and protect patient privacy in the United States (U.S.), and

WHEREAS, boycott, divestment, and sanctions were a critical aspect of ending apartheid in South Africa, and

WHEREAS, the UN has identified 112 business or corporations that are involved in or are benefitting from Israeli settlements on Palestinian lands, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) investigate and create a report on how much funding the Academy receives from the state of Israel as well as the United Nations-identified corporations that are actively supporting or benefitting from settlements on historically Palestinian land, as well as how much of the Academy's investments support the government of Israel or these corporations (directly or indirectly), and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) reject future funding tied to the government of Israel and withhold future investments that support the Israeli government, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) reject funding from and withhold future investment in the United Nations (UN) identified corporations that are actively supporting Israeli settlement on historically Palestinian lands.

## **RESOLUTION NO. 4002**

### **Establishment Education Campaign on the Distinctions Between Family Physicians and Nurse Practitioners and Physician Assistants**

Introduced by:           Raghuveer Vedala, MD, New Physician  
                              Aviva Friedman, MD, New Physician  
                              Stephen Foster, MD, New Physician

WHEREAS, The American Academy of Family Physicians is dedicated to enhancing the health of patients, families, and communities through the advancement and support of the family medicine profession, and

WHEREAS, both family physicians and nurse practitioners / physician assistants (NP/PA) are crucial to the delivery of health care, and

WHEREAS, family physicians undergo extensive training, including four years of medical school followed by three to four years of residency in family medicine, focusing on comprehensive health care for people of all ages, the diagnosis and treatment of a wide range of conditions and preventative care, and

WHEREAS, NPs and PAs play a vital role in the health care system, with education that includes a graduate level degree who are trained to provide a wide range of family-focused health care services with approximately 500 patient-facing hours prior to graduation for NPs and 2,000 patient facing hours for PAs, and

WHEREAS, family physician education includes a doctoral degree followed by a residency training program, and are trained to provide wide scope of practice and offer family-focused health care services with at a minimum 12,000 patient facing hours prior to graduation, and

WHEREAS, there exists significant differences in their training, including patient-facing hours, and the scope of practice, and

WHEREAS, there is a growing trend of NPs/PAs identifying as family medicine providers, which may lead to public confusion regarding the specific roles, capabilities, and training of health care providers within the family medicine discipline, and

WHEREAS, it is imperative for patients to make informed decisions regarding their health care based on clear, accurate, and accessible information about the qualifications and expertise of their chosen health care providers, and

WHEREAS, while there is already an educational page that describes the scope and education of NP/PAs, it does not offer patient education, nor is it designed to assist patients in selecting a primary care provider, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop and implement a patient education campaign that clearly outlines the key differences between family physicians and nurse practitioners / physician assistants (NP/PA), including but not limited to training requirements, scope of practice, patient-facing hours, and board certification with the aim to educate the public on the unique and complementary roles of family physicians and NP/PAs.

## **RESOLUTION NO. 4003**

### **AAFP to Advocate Against Anti-DEI Legislation, Acknowledging the Negative Impact these Bills Have on the Health of Historically Marginalized Populations**

Introduced by: Sarah Gerrish, MD, Women  
Tamieka Howell, MD, Minority  
Kethelyne Beauvais, MD, Minority  
Marcia Parris, MD, Minority

WHEREAS, In January, 2022, the American Academy of Family Physicians (AAFP) Board of Directors (BOD) approved the formation of the Commission on Diversity, Equity and Inclusiveness in Family Medicine (CDEI-FM) to inform future Diversity, Equity, Inclusion (DEI) work and expand leadership opportunities for family physicians, and

WHEREAS, ample studies have shown DEI initiatives improve health outcomes and decrease health disparities related to intergenerational trauma of marginalized populations, and

WHEREAS, anti-DEI laws specifically take aim at marginalized populations with intergenerational health disparities including, but not limited to, groups that identify as BIPOC, LGBTQ+, women, neuro diverse, military personnel, and people with disabilities, and

WHEREAS, twenty-six states are considering to or have passed anti-DEI bills in 2024 (Oregon, Idaho, Utah, Montana, Wyoming, North and South Dakota, Nebraska, Kansas, Arizona, Texas, Oklahoma, Iowa, Missouri, Arkansas, Louisiana, Mississippi, Alabama, Tennessee, Kentucky, Ohio, West Virginia, North and South Carolina, Georgia, Florida), now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) direct grants for chapters doing Diversity, Equity, Inclusion (DEI) work and advocacy and prioritize states where anti-DEI legislation has been proposed or passed, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) add resources, data and talking points to the current Diversity, Equity, Inclusion (DEI) toolkit for state chapters and members to advocate in support of DEI initiatives and in opposition to anti-DEI legislation, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) include a statement against anti-Diversity, Equity, Inclusion (DEI) legislation on the "Speak Out to Fight for Family Medicine" website.

## **RESOLUTION NO. 4004**

### **Protect Physicians Promoting an Inclusive Space and Access to Care**

Introduced by: Reyna Niner, MD, New Physician  
Megan Early, DO, MPH, Women

WHEREAS, Many patients of particular demographics avoid or delay seeking care due to concerns of discrimination or poor treatment, and

WHEREAS, current recommendations on how to demonstrate that a practice is a safe space include using visual cues, such as flags, organization posters, educational materials, and brochures with images which represent demographics with specific healthcare needs, and

WHEREAS, these visual cues promote frank conversations on relevant health topics, and

WHEREAS, current state and city governments are passing bills prohibiting the display of such visual cues, for example, in Tennessee, a bill was recently passed banning the display of flags representing LGBTQIA and other minority groups in school, such that a counselor, nurse, or teacher is prohibited from wearing or displaying a rainbow to show that they are a safe person in whom a student may confide, and

WHEREAS, the fear of backlash from healthcare leadership prevents some physicians from displaying such visual cues, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians write a new policy statement in support of protecting the rights of physicians to display symbols or imagery indicating that they are an inclusive and safe space to address their patients' specific health needs.

## **RESOLUTION NO. 4005**

### **Full Inclusion of Physicians with Disabilities Within the AAFP**

Introduced by:           Joanna Bisgrove, MD, LGBTQ+  
                                  Chelsea Unruh, MD, LGBTQ+  
                                  Rachel Franklin, MD, Women  
                                  Bernard Richard, MD, Minority  
                                  Emma York, DO, General Registrant  
                                  Tahera Azharuddin, MD, FAAFP, IMG  
                                  Joey Florence, MD, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) has specific policy stating “The AAFP will position itself in a leadership role in creating a medical workforce reflective of the patient populations family physicians serve.”, and

WHEREAS, the Centers for Disease Control and Prevention (CDC) estimates that 1 in 4 adults have a disability and up to 8.5% of children have a developmental disability, while at least 3.1% of the US physician workforce self-identifies as a physician with a disability, and

WHEREAS, stigma and ableism (defined by the Merriam-Webster dictionary as ‘discrimination or prejudice against individuals with disabilities’) is rampant throughout medicine, from a large section of medical schools not being compliant with the Americans with Disabilities Act up to physicians refusing to accept patients with disabilities into their practices, and

WHEREAS, a lack of exposure to colleagues with disabilities is highly likely to contribute to physician bias against patients with disabilities, and

WHEREAS, the Resolution “End Ableism in Family Medicine,” passed by the National Conference of Constituency Leaders (NCCL) in 2021, asked the AAFP to gather data about the prevalence of physicians with disabilities, but the ask could not be completed because the AAFP has never gathered such data and did not know what questions to ask, and

WHEREAS, the inclusion of physicians with disabilities in policy making, decisions about equity and inclusion is paramount and cannot be fully realized without having physicians with disabilities at the table, and

WHEREAS, the NCCL is the preeminent conference for current and future physician leaders who represent marginalized groups and seek to improve representation for their colleagues and care for their patients from the same constituency, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians establish a constituency of Physicians with Disabilities and their allies.

## **RESOLUTION NO. 4006**

### **Continuing Medical Education Credit for Participation in AAFP Meetings**

Introduced by: Emmeline Ha, MD, New Physician  
Tabatha Davis, MD, New Physician  
Alyson Sanchious, MD, New Physician  
Robert Assibey, MD, New Physician  
Faihza Hill, MD, New Physician  
David Tran, MD, New Physician  
Grant Studebaker, MD, IMG

WHEREAS, Advocacy and leadership meetings sponsored by the American Academy of Family Physicians (AAFP), including the Annual Chapter Leader Forum (ACLF), the National Conference of Constituency Leaders (NCCL), the Family Medicine Advocacy Summit (FMAS), and the Congress of Delegates (COD), are valuable opportunities for family physician engagement and professional development, and

WHEREAS, family physicians have competing priorities including Continuing Medical Education (CME) requirements, active clinical duties, and loan repayment obligations that may limit their participation in leadership development, and

WHEREAS, these meetings include speakers who are in compliance with the American Academy of Family Physicians (AAFP) Credit Eligibility Requirements as Prescribed Credits through covering topics that; 1) assist physicians in carrying out their professional responsibilities more effectively and efficiently; and, 2) directly support the profession of family medicine and are specifically designed for physicians with AAFP membership, and

WHEREAS, these meetings have existing content that adhere to the Accreditation Council for Graduate Medical Education (ACGME) Standards for Integrity and Independence in Accredited Continuing Education, regarding the core competencies of Systems Based Practice (SBP) and Interpersonal and Communication Skills (ICS), and

WHEREAS, the FMAS serves as an example of including CME credit in an AAFP leadership meeting through designated lectures and workshops, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) incorporates Continuing Medical Education credit approved presentations by the Commission on Continuing Professional Development for member participants at all AAFP meetings, including but not limited to the Annual Chapter Leader Forum, National Conference of Constituency Leaders, and Congress of Delegates.



## **RESOLUTION NO. 4007**

### **Expansion of AAFP Funding for Constituency Representation at NCCL**

Introduced by:           Alicia Gonzales, MD, New Physician  
                          Rebekah McCann, MD, Women  
                          Marjan Jahani Kondori, MD, IMG  
                          Oanh Truong, MD, LGBTQ+  
                          Kethelyne Beauvai, MD, Minority

WHEREAS, The American Academy of Family Physicians (AAFP) seeks to include equal representation among chapters to create a dynamic representation for the board-approved member constituencies, and

WHEREAS, minority groups are historically under-represented and to increase representation across these minority groups, funding should be equitable across constituency groups, and

WHEREAS, chapters from states that are less financially robust have less funding to provide sponsorships for National Conference of Constituency Leaders (NCCL) delegate representation, and

WHEREAS, the financial support for each chapter delegate who attends the NCCL is currently limited to reimbursement of actual expenses for airfare, or for mileage at the current Internal Revenue Service rate and parking expenses, up to the cost of an advance-purchase, economy-class, round-trip airline ticket with restrictions (non-transferable, non-refundable), and

WHEREAS, the AAFP currently financially supports chapters to send three representatives to attend NCCL or the Annual Chapter Leader Forum (ACLF) in the form of airfare reimbursement and these reimbursements are distributed to a chapter delegate to one of the five board-approved constituencies or ACLF, and

WHEREAS, it is at the discretion of each chapter as to how the funding is disbursed between the three representatives and the two meetings, and

WHEREAS, in addition, one chapter delegate to the New Physicians Constituency from each chapter is eligible for travel reimbursement, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) chapters may receive financial support for a total of five representatives to attend National Conference of Constituency Leaders as chapter delegates to one of the five board-approved constituencies on top of the financial support that is already provided to send two representatives to the Annual Chapter Leader Forum.

## **RESOLUTION NO. 4008**

### **We All Rise When We Stand Behind Each Other: In Support of LGBTQ+ Physicians**

Introduced by:           Amy Zack, MD, LGBTQ+  
                                  Brian Carolan, DO, LGBTQ+  
                                  Joseph Laterza, MD, LGBTQ+

WHEREAS, The available data indicates that only 3.2% of American Academy of Family Physicians (AAFP) members identify as gay, bisexual or uncertain. This is well below the 4.5% LGBTQ figure reported in the Gallup poll and could indicate underrepresentation in AAFP membership and/or a reluctance to self-identify, and

WHEREAS, state chapters may face state pressure to avoid direct support of LGBTQ+ physicians and families, and

WHEREAS, without direct advocacy, LGBTQ+ physicians and trainees may be reluctant to self-identify, thereby discouraging the diverse family physician workforce for which AAFP has been in support, and

WHEREAS, the development of a formal LGBTQ+ physician support statement would encourage graduates of residencies and medical schools to join AAFP, and

WHEREAS, the AAFP has committed to supporting LGBTQ+ physicians at the Family Medicine Experience and through the development of the LGBTQ+ National Conference of Constituency Leadership delegation, and

WHEREAS, there is no formal AAFP LGBTQ+ physician support statement or resources to encourage membership, belonging, openness of Family Physicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support LGBTQ+ identifying physicians in practicing family medicine openly with the freedom to self-identify, and be it further

RESOLVED, That the American Academy of Family Physicians provide resources for LGBTQ+ identifying physicians in navigating the workforce, state legislature and other professional challenges, and be it further

RESOLVED, That the American Academy of Family Physicians engage with schools, residency programs and new graduates identifying as LGBTQ+ or allies to endorse diverse physician pipeline reflecting the communities served by family medicine.

## **RESOLUTION NO. 4009**

### **Improving Accessibility for Online and Live AAFP Content**

Introduced by:           Joey Florence, MD, LGBTQ+  
                                  Karishma Dara, MD, New Physician  
                                  Diana Huang, MD, MA, General Registrant  
                                  Quinn Jackson, MD, MPH, LGBTQ+  
                                  Toussaint Mears-Clarke, MD, MBA, FAAFP, General Registrant  
                                  Joanna Turner Bisgrove, MD, FAAFP, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) has specific policy stating, “The AAFP will position itself in a leadership role in creating a medical workforce reflective of the patient populations family physicians serve”, and

WHEREAS, the Centers for Disease Control estimates that one in four adults has a disability and up to 8.5% of children have a developmental disability, while at least 3.1% of the U.S. physician workforce self-identifies as a physician with a disability, and

WHEREAS, according to the American Speech-Language-Hearing Association, there is a wide variety of types of disabilities, including “physical, sensory, psychiatric, intellectual, or other mental disabilities”, and

WHEREAS, the Americans with Disabilities Act (ADA) states that, “inaccessible web content means that people with disabilities are denied equal access to information,” and given that the AAFP website does not currently meet ADA standards including a lack of closed captioning availability for all videos, and

WHEREAS, the Web Content Accessibility Guidelines, as published by the World Wide Web Consortium, states that web content must be perceivable, operable, understandable, and robust, and

WHEREAS, the AAFP currently provides ADA accommodations at live meetings when participants with special needs identify themselves in the registration process but the general membership may not be aware of this which may lead individuals with disabilities to exclude themselves from live events, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) update and maintain the AAFP website, and enduring continuing medical education materials, to remain compliant with Americans with Disabilities Act Standards for accessibility, including but not limited to, appropriate website color contrast, font style, text resolution, text alternatives for images, captions on videos, scripts for videos, compatibility with screen readers, and keyboard website navigation, and be it further

RESOLVED, That the American Academy of Family Physicians publicize that all in-person events provide full accommodations for attendees who self-identify as having one or more disabilities and need accommodations.