

# RESOLUTIONS FROM THE 2002 CONGRESS OF DELEGATES – San Diego, California

*The resolutions from the 2002 Congress of Delegates are listed below with a notation of the Academy entity that is now following up on the resolution. Also listed is the e-mail address of the Academy staff who can provide further information on the resolution.*

RESOLUTIONS					
No.	Subject	Ref. Comm.	Page in Report of Ref. Comm.	Action of Congress	AAFP entity that is following up on the resolution and e-mail address of staff who can provide more information
101	<p><b>Loss of Family Practice Obstetrical Care</b></p> <p><u><b>Substitute Resolution No. 101</b></u>  <i>RESOLVED, That the AAFP work to educate physicians, legislators, patients and the public about the critical effects of liability insurance premium increases on access to and the cost of medical care, and be it further</i></p> <p><i>RESOLVED, That the AAFP, as a matter of high priority and in conjunction with the American Medical Association, continue to lobby both state and national leaders to pass meaningful professional liability insurance tort reform.</i></p>	Special Issues	4-6	Substitute Adopted	shildebrandt@aafp.org  Legislation & Governmental Affairs
102	<b>Professional Liability Insurance Program Feasibility Study</b>	Special Issues	6-7	Not Adopted	
103	<b>Family Physicians for Tort Reform</b>	Special Issues	4-6	Substitute Resolution No. 101 adopted in lieu of Resolution No. 101, 103, 109 and 111	
104	<b>Pharmaceutical Patient Assistance Programs and Discount Cards</b>	Special Issues	3-4	Not Adopted	
105	<b>Indigent Patient Programs</b>	Special Issues	3-4	Not Adopted	
106	<p><b>Prescribing Privileges for Psychologists</b></p> <p><u><b>As Amended From the Floor:</b></u>                      (1) <i>RESOLVED, That the AAFP assist in seeking research study of the impact and safety of non-physician behavioral health specialists prescribing psychotropic medications to patients, and be it further</i></p> <p>(2) <i>RESOLVED, that the AAFP increase its efforts to identify states considering legislation to permit non-physician behavioral health specialists to prescribe psychotropic medications, notify the chapter of that state early, and assist them to respond effectively to these challenges.</i></p>	Special Issues	3	Adopted as Amended from the Floor with amendment noted in <b>bold</b>	dreynolds@aafp.org  1 <sup>st</sup> Resolved to EVP for referral to staff  shildebrandt@aafp.org  2 <sup>nd</sup> Resolved to Legislation & Governmental Affairs
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			<i>Comm.</i>		<i>resolution and e-mail address of staff who can provide more information</i>
107	<p><b>Improving Access to the Limited English Proficient (LEP) Patient</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians believes that, when required for quality health care, patients ideally should have access to translators' services, and be it further</i></p> <p><i>RESOLVED, That the AAFP oppose any unfunded mandates of translator services, and be it</i></p> <p><i>RESOLVED, That AAFP investigate possible sources of funding for translator services, and be it further</i></p> <p><i>RESOLVED, That the AAFP use their resources to investigate public and private sources of funding for translator services, and be it further</i></p> <p><i>RESOLVED, That if medical translation services are required, the AAFP encourages legislative action to require public and private payers of health care services to reimburse.</i></p>	Special Issues	7-8	Approved on Reaffirmation Calendar	No referral necessary as this is current policy
108	<p><b>Reimbursement to Family Physicians for Mental Illness Counseling</b></p> <p><u><b>Substitute Resolution No. 108</b></u></p> <p>(1) <i>RESOLVED, That the American Academy of Family Physicians support reimbursement of family physicians for counseling and treatment of patients with mental illness, and be it further</i></p> <p>(2) <i>RESOLVED, That the AAFP contact the American Association of Health Plans to inform them of the critical role played by the family physician in identifying and treating mental illness, and be it further</i></p> <p>(3) <i>RESOLVED, That the AAFP support legislative changes that would require public and private payers to cover mental health diagnoses and care under the same terms and conditions as that provided for other medical diagnoses and care, and be it further</i></p> <p>(4) <i>RESOLVED, That representatives of the AAFP meet with representatives of public and private payers to advocate for appropriate family physician reimbursement for mental health diagnoses and treatment.</i></p>	Special Issues	1-2		<p>cporras@aafp.org</p> <p>1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> Resolved to Health Care Services</p> <p>shildebrandt@aafp.org</p> <p>3<sup>rd</sup> Resolved to Legislation &amp; Governmental Affairs</p>
109	<b>Obstetrical Malpractice Premium Relief</b>	Special Issues	4-6	Substitute Resolution No. 101 adopted in lieu of Resolution No. 101, 103, 109 and 111	
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					<i>provide more information</i>
110	<b>National Insurance Program to Provide Malpractice Coverage</b>	Special Issues	6-7	Not Adopted	
111	<b>Losing Obstetrics</b>	Special Issues	5-6	Substitute Resolution No. 101 adopted in lieu of Resolution No. 101, 103, 109 and 111	
112	<b>Need for Information on the Impact to Infant Mortality and Morbidity Rates and Other Public Health Indicators</b>  <u><i>Substitute Resolution No. 112</i></u> <i>RESOLVED, that the AAFP collect information that will reflect the impact of the current reimbursement and liability climate on infant morbidity and mortality rates.</i>	Special Issues	1		mjohnson@aafp.org
201	<b>Conversion of AMA to an Organization of Organizations</b>  <i>RESOLVED, That the AAFP take an active role in the conversion of the AMA to an Organization of Organizations</i>	Organization & Finance	11		EVP for referral to staff
202	<b>Programs for Retired &amp; Semi-Retired Members</b>  <u><i>Substitute Resolution No. 202</i></u> <i>RESOLVED, That the American Academy of Family Physicians study the issues of retired and partially retired members and develop a plan to address their needs.</i>	Organization & Finance	7		1 <sup>st</sup> Resolved, Adopted; 2 <sup>nd</sup> Resolved, <b>Not</b> Adopted
203	<b>Delegate Status for the Gay, Lesbian, Bisexual, Transgender Special Constituency</b>  <i>RESOLVED, That the AAFP implement two delegate and two alternate delegate seats for the gay, lesbian, bisexual, transgender constituency to the Congress of Delegates.</i>	Organization & Finance	6		1 <sup>st</sup> resolved clause to Board and AMA delegation
204	<b>Family Health Month</b>	Organization & Finance	7	Substitute Adopted as Amended from the floor by deleting the word “consider” and substituting “develop” for the word “developing”	jjpyszczzy@aafp.org
205	<b>Creation of a Gay, Lesbian, Bisexual and Transgender Representative Seat in the Congress of Delegates</b>	Organization & Finance	6	Referred for a report back to the CoD in 2003	1 <sup>st</sup> resolved clause to Board and AMA delegation
206	<b>The Continuation of the American Academy of Family Physicians’ Support and Responsibility for the National Tar Wars Program</b>	Organization & Finance	3-4		zrodrigu@aafp.org
207	<b>Tar Wars National Poster Contest Funding</b>	Organization & Finance	3-4		Board of Directors
208	<b>Tar Wars Funding</b>	Organization & Finance	4-5		
209	<b>Need for Study of the Impact of Direct-to Consumer Advertising</b>	Organization & Finance	7-8		
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210	<p><b>The Continuation of the American Academy of Family Physician's Support and Responsibility for the Tar Wars Program (II)</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians Board commit to seeking funding partners to continue the growth of the Tar Wars program on a national level, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians continue to fully support the Tar Wars program until such sponsorship is found, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians retain overall ownership of Tar Wars with or without such sponsorship now and in the future.</i></p>	Organization & Finance	4-5	Adopted	<p>bschoof@aafp.org</p> <p>Board</p>
301	<p><b>Pain Standards</b></p> <p><b><u>Substitute Resolution No. 301:</u></b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support efforts to ensure that the Joint Commission on Accreditation of Healthcare Organizations' pain management accreditation standards are being implemented appropriately.</i></p>	Health Care Services	1	Substitute Adopted	<p>dgrow@aafp.org</p> <p>Quality &amp; Scope of Practice</p>
302	<p><b>Require Payers to Provide Clinical Protocols</b></p> <p><b><u>Substitute Resolution No. 302:</u></b></p> <p><i>RESOLVED, That the American Academy of Family Physicians meet with senior officials at the American Association of Health Plans and request that clinical protocols and guidelines be made readily available by all of their health plan members to both physicians and patients via websites and/or written materials, and be it further</i></p> <p><i>RESOLVED, That the Academy also request that protocols and guidelines be uniform across plans and evidence-based.</i></p>	Health Care Services	1-2		
			2	Substitute Adopted	<p>cporras@aafp.org</p> <p>Health Care Services</p>
303	<p><b>Assignment of Anniversary Month for Preventive Health Studies</b></p> <p><b><u>Substitute Resolution No. 303:</u></b></p> <p><i>RESOLVED, That the American Academy of Family Physicians supports that periodic preventive services be reimbursed by all public and private insurers when performed in the same anniversary month as they were last performed.</i></p>	Health Care Services	2-3		
			3	Substitute Adopted	<p>cporras@aafp.org</p> <p>Health Care Services</p>
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304	<p><b>Inclusion of Family Physicians in Patient Manuals as Women's and Children's Health Providers</b></p> <p><i>RESOLVED, That AAFP develop model text for health plans to use in patient manuals explaining a family physician's scope of practice which includes women's health care, maternity care and the care of children, and be it further</i></p> <p><i>RESOLVED, That AAFP initiate efforts with appropriate state and federal agencies to require health plans to include family physicians in their patient education materials consistent with their training and scope of practice.</i></p>	Health Care Services	8	Adopted	<p>cporras@aafp.org</p> <p>Health Care Services</p>
305	<p><b>Improving Communication Between Family Physicians and Physicians Within the VA System</b></p> <p><i>RESOLVED, That the AAFP explore and develop mechanisms to ensure continuous, comprehensive, quality care for those patients cared for concurrently by physicians in both private and VA practices.</i></p>	Health Care Services	5	Referred	<p>cporras@aafp.org</p> <p>Health Care Services</p>
306	<p><b>Reimbursement for Primary Care Physicians</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the ramifications (positive and negative) of alternative types of practice and payment arrangements, including, but not limited to cash-based practices, (i.e., not accepting any insurance), and be it further</i></p> <p><i>RESOLVED, That the AAFP encourage a dialogue among its members regarding the state of reimbursement for family physicians and the appropriate remedies for improvement.</i></p>	Health Care Services	3	Referred	<p>cporras@aafp.org</p> <p>Health Care Services</p>
307	<p><b>Instruction of Patients by Pharmacists Mandating Reporting to the Physician All Problems Relating To Medications Prescribed</b></p>	Health Care Services	4	Not Adopted	
308	<p><b>Inconsistent and Inappropriate Bundling of CPT Codes for Physician Services</b></p>	Health Care Services	8-9	Reaffirmed	No Referral Necessary
309	<p><b>Inappropriate Use of Drug Enforcement Agency Numbers</b></p>	Health Care Services	8-9	Reaffirmed	No Referral Necessary
310	<p><b>Reimbursement for Obesity Management</b></p>	Health Care Services	8-9	Reaffirmed	No Referral Necessary

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311	<p><b>Polypharmacy Intervention Program “MedChek Brown Bag”</b></p> <p><i>RESOLVED, That the AAFP endorse simple programs, such as the “brown bag” polypharmacy management program (MedChek), that encourages patients taking multiple medications to bring them to their doctor’s appointments for review, and be it further</i></p> <p><i>RESOLVED, That the AAFP develop an “AAFP branded” version of a MedChek polypharmacy program for use by members.</i></p>	Health Care Services	4	Referred	<p>cporras@aafp.org</p> <p>Health Care Services</p>
401	<p><b>Elimination of 500 mg. Dose of Acetaminophen</b></p> <p><b><u>Substitute Resolution No. 401 as Presented from the Floor:</u></b></p> <p><i>RESOLVED, That the AAFP support the exploration of means to reduce overdosage of acetaminophen in both non-prescription and prescription medicine and support awareness of physicians and the public in the safe use of this valuable medication.</i></p>	Public Health & Science	6	Substitute Adopted From the Floor	<p>bschoof@aafp.org</p> <p>Clinical Policies &amp; Research</p>
402	<p><b>Binge Drinking</b></p> <p><b><u>Substitute Resolution No. 402:</u></b></p> <p><i>RESOLVED, That the AAFP seek government and non-government agencies and other like-minded partners to study the causes of and support a campaign aimed at preventing the practice of adolescent and young adult binge drinking.</i></p>	Public Health & Science	3	Substitute Adopted	<p>jadmire@aafp.org</p> <p>Public Health</p>
403	<b>Immunization Registries</b>	Public Health & Science	9	Reaffirmed	No Referral Necessary
404	<p><b>Helmets for Pole Vaulters</b></p> <p><i>RESOLVED, That AAFP work with organizations associated with pole vaulting at the high school and college levels to encourage the use of helmets by athletes who pole vault, and be it further</i></p> <p><i>RESOLVED, That AAFP work with state chapters on model legislation to mandate helmet wearing by high school and college athletes who pole vault, if the attempts to get voluntary helmet use are not successful.</i></p>	Public Health & Science	4	Referred	<p>jadmire@aafp.org</p> <p>Public Health</p>
405	<p><b>National Immunization Registry</b></p> <p><i>RESOLVED, That the AAFP draft legislation that creates a national immunization registry.</i></p>	Public Health & Science	2	Referred	<p>shildebrandt@aafp.org</p> <p>Legislation &amp; Governmental Affairs</p>
406	<b>Treatment of Chronic Nonmalignant Pain</b>	Public Health			

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	<b>with Narcotics</b> <i>RESOLVED, That the AAFP urge the National Institutes of Health and other funding agencies to provide funding for the study of narcotic treatment in nonmalignant chronic pain, especially chronic back pain, fibromyalgia and chronic pain without any known etiology.</i>	& Science	6	Adopted	bschoof@aafp.org Clinical Policies & Research
407	<b>National Standards for Newborn Screening</b> <u>Substitute Amendment No. 407:</u> <i>RESOLVED, That the AAFP, in collaboration with interested organizations, support the development of a nationally standardized newborn screening panel that is evidence based.</i>	Public Health & Science	5-6 6	Substitute Adopted	bschoof@aafp.org Clinical Policies & Research
408	<b>Obesity</b> <i>RESOLVED, That the AAFP work with other interested organizations to promote appropriate nutrition and exercise to combat the obesity epidemic.</i>	Public Health & Science	1	Adopted	jadmire@aafp.org Public Health
409	<b>Unordered Unsupported Screening and Diagnostic Testing</b> <i>RESOLVED, That the American Academy of Family Physicians support evidenced-based, age and health risk appropriate screening; and be it further RESOLVED, That the AAFP oppose inappropriate mass screening and testing of the general population.</i>	Public Health & Science	8	Adopted	bschoof@aafp.org Clinical Policies & Research
410	<b>School Schedules</b> <i>RESOLVED, That the AAFP urge further study on learning patterns and sleep cycles in all age groups to determine the best daily starting times and yearly school calendars to maximize learning.</i>	Public Health & Science	2-3	Adopted	jadmire@aafp.org Public Health
411	<b>Obesity Practice Guidelines</b> <i>RESOLVED, That the AAFP develop or adopt and promulgate evidence-based guidelines for the risk assessment, effective prevention, and treatment of obesity in persons of all ages.</i>	Public Health & Science	1-2	Referred	bschoof@aafp.org Clinical Policies & Research
412	<b>Oral Health</b> <u>Substitute Resolution No. 412:</u> <i>RESOLVED, That the AAFP encourage family</i>	Public Health & Science	3-4		

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	<p>physicians and other primary care physicians to prevent, identify, and promote treatment of oral health problems, and be it further</p> <p><b>RESOLVED, That the AAFP work with other primary care specialties, public health entities, dentists, local service groups and health care professionals to train physicians to prevent, identify, and appropriately refer oral health problems, and be it further</b></p> <p><b>RESOLVED, That the AAFP support the prevention, identification and treatment of oral health problems by primary care physicians within the limits of their knowledge and skills by supporting education and advocacy efforts aimed at reducing the burden of disease in low-income and high-risk families.</b></p>		4	Substitute Adopted	<p>jadmire@aafp.org</p> <p>Public Health</p>
413	<p><b>Organ Donation</b></p> <p><b>RESOLVED, That the AAFP partner with the Department of Health and Human Services and the Health Resources and Services Administration to actively promote and educate citizens about the importance and need of organ donation, and be it be further</b></p> <p><b>RESOLVED, That the AAFP educate their members about the issues around and involved in organ donation.</b></p>	Public Health & Science	7	Adopted	<p>shildebrandt@aafp.org</p> <p>1<sup>st</sup> Resolved to Legislation &amp; Governmental Affairs</p> <p>sthomas@aafp.org</p> <p>2<sup>nd</sup> Resolved to Communications Division staff</p>
501	<p><b>Critical Access Hospital</b></p> <p><b><u>Substitute Resolution No. 501:</u></b></p> <p><b>RESOLVED, That the AAFP investigate and pursue legislative and regulatory changes to current law, allowing a clinic to be able to build as or upgrade to a Critical Access Hospital without first becoming a full service hospital.</b></p>	Public Policy	1		<p>shildebrandt@aafp.org</p> <p>Legislation &amp; Governmental Affairs</p>
502	<p><b>Requirement of Scientific Proof Before Restriction of Prescription Drug Privileges</b></p> <p><b><u>Substitute Amendment No. 502:</u></b></p> <p><b>RESOLVED, That the American Academy of Family Physicians (AAFP) contact the CMS and the Department of Defense requesting that injunctions and prohibitions against the prescribing of certain drugs by certain groups of physicians be backed up with scientific evidence of patient safety in support of such prohibition, and be it further</b></p> <p><b>RESOLVED, That the AAFP request that prohibitions against the prescribing of certain drugs by certain groups of physicians be eliminated and prohibited in instances where there is no scientific evidence of patient safety issues in support of such prohibition.</b></p>	Public Policy	1-2		<p>shildebrandt@aafp.org</p> <p>Legislation &amp; Governmental Affairs</p>
503	<p><b>Tax Credits for Investment in Computers for Physicians' Offices</b></p> <p><b>RESOLVED, That the AAFP investigate the</b></p>	Public Policy			



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	<i>feasibility of supporting legislation to establish tax investment credits for family physicians investing in computer systems for their office practices.</i>				shildebrandt@aafp.org Legislation & Governmental Affairs
504	<b>Equal Rights for Lesbian and Gay Men Pertaining to Parenting and Adoption</b>	Public Policy	4-5	Adopted Substitute Resolution No. 505 Adopted in Lieu of No. 504	
505	<b>Support of Policy on Co-Parent or Second Parent Adoption By Same-Sex Parents</b>  <b><u>Substitute Resolution No. 505:</u></b> <i>RESOLVED, That the AAFP establish policy and be supportive of legislation which promotes a safe and nurturing environment, including psychological and legal security, for all children, including those of adoptive parents, regardless of the parents' sexual orientation.</i>	Public Policy	4-5  5	Substitute Adopted	Policy listed with nonclinical policies on Web
506	<b>Support of Domestic Partnership Benefits</b>  <b><u>Substitute Resolution No. 506:</u></b> <i>RESOLVED, That the AAFP support domestic partner benefits for same gender couples.</i>	Public Policy	3  3	Substitute Adopted	zrodrigu@aafp.org Special Constituencies
507	<b>Co-Parent/Second-Parent Adoption Regardless of Sexual Orientation</b>	Public Policy	4-5	Substitute Resolution No. 505 Adopted in Lieu of No. 507	
508	<b>Household Member Benefits</b>  <b><u>Substitute Resolution No. 508:</u></b> <i>RESOLVED, That the AAFP supports the availability of employee medical benefits to those within the employee's family for whom he or she has assumed responsibility, and incorporation of this provision into the initiative to ensure universal health coverage.</i>	Public Policy	3-4  4	Substitute Adopted	shildebrandt@aafp.org Board of Directors
509	<b>Adoption by Same-Sex Parents</b>	Public Policy	5-6	Not Adopted	
510	<b>Tobacco Settlement Monies and State Legislative Accountability</b>  <b><u>Substitute Resolution No. 510:</u></b> <i>RESOLVED, That the American Academy of Family Physicians compile a "national scorecard" illustrating how states have allocated funds from the tobacco settlement, and be it further RESOLVED, That the American Academy of Family Physicians act as an information resource to those states that still have an opportunity to use the tobacco settlement monies for tobacco prevention and cessation efforts.</i>	Public Policy	6-7  6-7	Substitute Adopted	shildebrandt@aafp.org Legislation & Governmental Affairs
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511	<b>Class Action AAFP</b>	Public Policy	7	Not Adopted	
512	<b>Nursing Home Waiting Period</b>  <b><u>Substitute Resolution No. 512:</u></b>	Public Policy	7-8		

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	<i>RESOLVED, That the AAFP inform the Centers for Medicare and Medicaid Services that the regulation concerning mandatory hospitalization prior to Medicare qualified skilled nursing placement for Medicare beneficiaries is obsolete, wasteful of valuable resources and should be abolished.</i>		8	Substitute Adopted	shildebrandt@aafp.org Legislation & Governmental Affairs
601	<b>Copyright for Residency Education</b> <i>RESOLVED, That the AAFP investigate and implement a process whereby residency programs could automatically be able to copy CME handouts or booklets for educational purposes only.</i>	Education	3	Adopted	jbelshe@aafp.org Continuing Medical Education
602	<b>Reduction of Medical Errors</b> <i>RESOLVED, That the American Academy of Family Physicians support inclusion of an error reduction component consisting of systems standardization and process improvement modules in the curriculum of family practice residencies accredited by the Accreditation Council for Graduate Medical Education.</i>	Education	2	Adopted	ccaton@aafp.org Education
603	<b>Augmentation of Practice Management Training for Family Practice Residents</b>	Education	2	Not Adopted	
604	<b>Colonoscopy and EGD</b> <i>RESOLVED, That the AAFP strengthen its position on colonoscopy and EGD by challenging the restrictive ASGE criteria with a specific AAFP didactic core requirement that can be the standard for family physicians seeking endoscopy privileging, and be it further RESOLVED, That the AAFP develop a procedure for certifying didactic courses on colonoscopy with polypectomy and EGD, including specific minimum number of proctored procedures for family physicians.</i>	Education	2-3	Referred	ccaton@aafp.org jbelshe@aafp.org dgrow@aafp.org Commission on Education, CoCME and Quality & Scope of Practice
605	<b>Decline in Family Practice Applicants</b> <u><b>Substitute Resolution No. 605:</b></u> <i>RESOLVED, That the AAFP evaluate the long-term consequences of a declining family practice quantity base on the national health care workforce and publicize this.</i>	Education	3-4 4	Substitute Adopted	ccaton@aafp.org Commission on Education
606	<b>Graduate Medical Education Funding</b> <i>RESOLVED, That the American Academy of Family Physicians advocate for increased outpatient graduate medical education funding and urge the American Medical Association to</i>	Education			

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	<p><i>do the same, and be it further RESOLVED, That the American Academy of Family Physicians support the Council on Graduate Medical Education recommendations to:</i></p> <ul style="list-style-type: none"> <li>• <i>Establish an “all-payer” system to spread the costs of graduate medical education (GME) across all sectors of society;</i></li> <li>• <i>Establish a national fund that combines federal GME payments with a surcharge on private insurance premiums;</i></li> <li>• <i>Remove any incentive for hospitals to train more residents than needed by instituting GME payments at a level no higher than justified by thorough cost-analysis;</i></li> <li>• <i>Vary direct GME payments only for cost of living differences among different geographical areas and fund total direct GME based on the net cost of educating an appropriately sized workforce;</i></li> <li>• <i>Establish a fixed payment to teaching institutions as an incentive to meet specific primary care workforce and educational objectives; and</i></li> <li>• <i>Establish more formal written agreements between sponsoring and affiliated institutions and require separate reporting of resident time to distinguish training in hospital outpatient wards from community-based ambulatory settings;</i></li> </ul> <p><i>and encourage the American Medical Association to do the same.</i></p>		6	Referred	<p>ccaton@aafp.org</p> <p>Commission on Education</p>
607	<p><b>Continuation of Education and Communication Needs Related to Homeland Defense</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians continue meeting educational and communication needs regarding terrorist acts and other community</i></p>	Education			

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	<i>disasters, encourage the involvement of members and constituent chapters in the development and implementation of state and territory planning for response to terrorist acts, serve as a coordinator and disseminator of information between members working at national, state, regional, and community levels in such planning, and advocate for the appropriate use of family physicians in homeland defense.</i>		5	Referred	jadmire@aafp.org EVP for referral to staff
608	<b>Palliative Care</b> <i>RESOLVED, That AAFP leaders work with leaders in palliative medicine to develop ways family physicians can be recognized for their expertise in palliative care.</i>	Education	5-6	Adopted	ccaton@aafp.org Education
609	<b>Federal Perkins Loan Forgiveness Policy</b> <u><b>Substitute Resolution No. 609:</b></u> <i>RESOLVED, That the AAFP investigate the inclusion of family physicians practicing in underserved areas within the Federal Perkins Loan forgiveness program.</i>	Education	4 4	Substitute Adopted	ccaton@aafp.org Education
610	<b>Title VII</b> <u><b>Substitute Resolution No. 610:</b></u> <i>RESOLVED, That the AAFP strongly advocate for the passage of legislation that will appropriate sufficient funds to support Title VII, Section 747 of the Public Health Service Act, for the fiscal year 2003 and beyond.</i>	Education	6-7 7	Substitute Adopted	shildebrandt@aafp.org Legislation & Governmental Affairs
611	<b>American Board of Family Practice</b> <i>RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Practice to provide viable alternate recertification options to these uniformed family physicians (and recalled members of the Guard and Reserves) to include the authorization to sit of the newly established ABFP November recertification examination and/or the option of granting an extended certificate in those instances that are warranted.</i>	Education	7	Adopted	jpyszczzy@aafp.org EVP to communicate to ABFP
<b>No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Page in Report of Ref. Comm.</b>	<b>Action of Congress</b>	<b>AAFP entity that is following up on the resolution and e-mail address of staff who can provide more information</b>
612	<b>Endorsement of J-1 Visa Waiver Program by the AAFP</b> <i>RESOLVED, That the AAFP reconsider and affirm the federal government position on the J-1 Visa Waiver Program.</i>	Education	1	Referred	ccaton@aafp.org Education and Committee on Special Constituencies
613	<b>The Support of the National Residency Matching Program in Lawsuit Filed Against</b>	Education	4-5		

RESOLUTIONS				
	<p><b>It</b></p> <p><b><u>Substitute Resolution No. 613:</u></b>  <i>RESOLVED, That the AAFP Board of Directors direct its staff to monitor the status of the lawsuit and support the NRMP in order to protect the current system of matching prospective residents with residencies.</i></p>		5	<p>Substitute Adopted</p> <p>ppugno@aafp.org  EVP for referral to staff</p>