

# SUMMARY OF THE 2003 CONGRESS OF DELEGATES – New Orleans, Louisiana

*THIS SUMMARY OF ACTIONS DOES NOT INCLUDE ITEMS WHICH WERE ACCEPTED FOR INFORMATION OR FILED FOR REFERENCE.  
IT IS A SUMMARY ONLY OF ITEMS WHICH WERE ADOPTED, REFERRED OR REJECTED.*

<b>RESOLUTIONS</b>					
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>Limited English Proficiency (LEP)/Language Access</b>  <i>RESOLVED, That the American Academy of Family Physicians undertake to inform its membership via its publications and programs of the many resources currently available to assist physicians and their office staffs in addressing the cultural and linguistic needs of their patients, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians work with other stakeholders in identifying policy options that will lead to federal funding, independent of the provider community, of interpreter services for limited English proficient patients.</i></p>	Special Issues	1	Adopted	Special Constituencies  zrodrigu@aafp.org
102	<p><b>PLI-RVU Component of RBRVS Medicare Fee Schedule</b>  <i>RESOLVED, That the AAFP seek action from the Centers for Medicare and Medicaid Services to update the Professional Liability Insurance (PLI)-Relative Value Units component of the RBRVS to correctly account for the current relative cost of PLI.</i></p>	Special Issues	2	Adopted	Health Care Services  cporras@aafp.org
103	<p><b>Opposition to Direct-to-Consumer Advertising</b>  <i>RESOLVED, That the American Academy of Family Physicians go on the record as opposing direct to consumer advertising by pharmaceutical companies, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians urge the FDA to ban direct to consumer advertising by pharmaceutical companies, and be it further</i>  <i>RESOLVED, That the AAFP give extra effort to ban direct to consumer advertising from television.</i></p>	Special Issues	2-3	Referred	Board of Directors  stthomas@aafp.org
104	<p><b>Prenatal Care</b>  <u><i>Substitute Resolution No. 104</i></u>  <i>RESOLVED, That the AAFP support the creation of less expensive liability insurance options for family physicians who want to provide prenatal care without providing labor care.</i></p>	Special Issues	3	Substitute Adopted	Legislation & Governmental Affairs  shildebrandt@aafp.org
105	<p><b>Office Inspections</b>  <i>RESOLVED, That the AAFP produce reasonable outpatient, evidence-based guidelines for “necessary” office inspections, and be it further</i>  <i>RESOLVED, That the AAFP request that its office inspection guidelines be the sole guidelines by which family physician offices are inspected and that one inspection within a reasonable period of time would serve as “proof” of inspection for all other agencies and that all other inspections within the designated</i></p>	Special Issues	6	Referred to Board of Directors	Health Care Services  cporras@aafp.org  <i>(Continued on Next Page)</i>

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	<i>time frame be eliminated, and be it further RESOLVED, That the AAFP stipulate that family physicians be appropriately reimbursed for office inspections and chart audits for managed care companies, done for the purpose of managed care company certification.</i>				
<b>106</b>	<p><b>Nurse Practitioners</b>  <i>RESOLVED, That the AAFP be urged to rigorously resist the movements of nurse practitioners toward independent practice, and be it further</i>  <i>RESOLVED, That the AAFP be charged to actively assist constituent chapters that wish to oppose independent practice for nurse practitioners.</i></p>	Special Issues	6-7	Adopted as current policy	No referral necessary
<b>107</b>	<p><b>“SWAT” Team Needed for Family Physicians in Privileging Battles</b>  <u><i>Resolution No. 107 as Amended from the Floor:</i></u>  <i>RESOLVED, That the AAFP will develop a list of members who are willing to be a part of a “strategic strike force” team and develop a strategy for assistance and potential intervention at all stages of the privileging process. This team would, when needed, travel and testify on behalf of family physicians battling for their privileges.</i></p>	Special Issues	7-8	Adopted as amended from the floor	Quality & Scope of Practice  dgrow@aafp.org
<b>108</b>	<p><b>Medical Expert Testimony Peer Review Process</b>  <i>RESOLVED, That the Board of Directors of the American Academy of Family Physicians shall present a Bylaws amendment to the 2004 Congress of Delegates which will establish a peer review process for medical expert testimony given by members of the AAFP that may only be activated by another member’s request, and be it further</i>  <i>RESOLVED, That any medical expert peer review process established by the American Academy of Family Physicians shall include sanctions for providing false or misleading expert testimony and that such sanctions shall include, but not be limited to, a written reprimand, membership suspension and membership revocation.</i></p>	Special Issues	3-4	Not Adopted	
<b>109</b>	<p><b>Tort Reform</b>  <i>RESOLVED, That the AAFP support the use of the Federal Tort Claims Act as a model for national tort reform, and be it further</i>  <i>RESOLVED, That the AAFP advocate for private physicians caring for these populations to have the option for coverage under the Federal Tort Claims Act.</i></p>	Special Issues	4	Referred to the Board of Directors	Legislation & Governmental Affairs  kburke@aafp.org
<b>110</b>	<p><b>VA and Dual Providers</b>  <i>RESOLVED, That the AAFP encourage the VA system to allow prescriptions written by non-VA providers to be filled in VA pharmacies, and be it further</i>  <i>RESOLVED, That the AAFP support and encourage the VA to accept the “one provider” concept and remove policies which interfere with and complicate the provider-patient relationship.</i></p>	Special Issues	8	Adopted	Health Care Services  cporras@aafp.org

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111	<p><b>Accurate Portrayal of Statistical Facts Regarding Professional Liability Crisis</b>  <i>RESOLVED, That the AAFP pursue development of a uniform relational and searchable database regarding each state's actual and verifiable professional liability insurance and claims status for the last 10 years, which will include at a minimum:</i></p> <p>(A) <i>Range and median PLI insurance costs for 1M/3M and 250/750 coverage for family medicine (with and without OB or major surgery), according to risk areas within the state, if applicable (e.g., Florida has 3 different rated regions)</i></p> <p>(B) <i>Number of lawsuits for each of these years which were filed, settled, and won and lost at trial. Actual counted data is most important; estimates must reference what methodology was used to derive the estimate</i></p> <p>(C) <i>Description of monetary awards (to the best available research, and labeled wherever data cannot be determined) for settled and tried suits, including identification of award portions for medical costs, economic damages, non-economic damages, and punitive damages</i></p> <p>(D) <i>Enumeration of the number of physicians involved, and how many were "repeat" defendants for the 10 years</i></p> <p>(E) <i>Analysis of the specialties represented by the above physicians, and calculation of specialty-specific rates</i></p> <p>(F) <i>Evaluation of whether "losing" defendant physicians had discipline by the state Board of Medicine related to the case in question; and be it further</i></p> <p><i>RESOLVED, That the constituent chapters of the AAFP be requested to aid, as needed, in this work to the best of their ability.</i></p>	Special Issues	5	Referred to the Board of Directors	Board of Directors  kburke@aafp.org
201	<p><b>The Specialty of Family Medicine</b>  <u><b>Substitute Resolution No. 201:</b></u>  <i>RESOLVED, That the American Academy of Family Physicians replace the term "family practice" with "family medicine" when referring to our specialty, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians replace family practitioner with family physician when referring to family physicians, and be it further</i>  <i>RESOLVED, That the AAFP encourage the American Board of Family Practice to change its name to the American Board of Family Medicine.</i></p>	Organization & Finance	8-9	Substitute Adopted	Board of Directors  stthomas@aafp.org
202	<p><b>Changing the Specialty Name to Family Medicine</b>  <i>RESOLVED, That the AAFP actively encourage the use of the term "family medicine" in reference to the specialty, and be it further</i>  <i>RESOLVED, That the AAFP encourage the American Board of Family Practice to change their name to the American Board of Family Medicine.</i></p>	Organization & Finance	9	Substitute Resolution No. 201 adopted in lieu of Resolution No. 202	

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203	<p><b>Delegation Representation for National Conference of Special Constituencies</b>  <i>RESOLVED, That the American Academy of Family Physicians Congress of Delegates preserve two delegates and two alternate delegates for the new physicians special constituency, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians designate six delegates and six alternate delegates, separate from the new physicians delegates, maintaining to the same number of special constituency delegates seated at the 2002 Congress of Delegates, for representation of the special constituencies.</i></p>	Organization & Finance	9-11	Not Adopted	
204	<p><b>Special Constituencies and Congress of Delegates Positions</b>  <i>RESOLVED, That the American Academy of Family Physicians' Congress of Delegates continue two delegate positions and two alternate delegate positions for the New Physicians special constituency, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians' Congress of Delegates designate six unassigned delegate positions and six unassigned alternate delegate positions for representation of the special constituencies separate from the New Physicians delegate positions and alternate delegate positions. AAFP members to fill these six positions will be determined by the National Conference of Special Constituencies.</i></p>	Organization & Finance	9-11	Not Adopted	
205	<p><b>Senior Constituency</b>  <i>RESOLVED, That a new subcommittee of CSC be recognized as the Senior Constituency</i></p>	Organization & Finance	12	Referred to Board of Directors	Board of Directors <a href="mailto:zrodrigu@aafp.org">zrodrigu@aafp.org</a>
301	<p><b>Promoting Preventive Care Reimbursement</b>  <u><b>As Amended from the Floor:</b></u>  <i>RESOLVED, That the American Academy of Family Physicians work with the United States Congress, payors, other medical associations and other appropriate organizations to promote reimbursement for evidence-based preventive interventions for all patients.</i></p>	Health Care Services	3	Adopted as amended from the floor	Health Care Services  cporras@aafp.org
302	<p><b>Behavioral HealthCare in Family Practice</b>  <u><b>Substitute Resolution No. 302:</b></u>  <i>RESOLVED, That the AAFP shall continue to address the legislative and administrative remedies to ensure proper recognition and reimbursement of behavioral health care services provided by family physicians at the national level, and be it further</i>  <i>RESOLVED That the AAFP, through the Residency Review Committee for Family Practice, continue to encourage family practice residencies to provide the proper exposure and training to future family physicians in primary behavioral healthcare, including recognition, effective brief office interventions and the various models of integration of family practice with primary behavioral healthcare that are emerging.</i></p>	Health Care Services	1-2	Substitute Adopted	1 <sup>st</sup> Resolved – Health Care Services  cporras@aafp.org  2 <sup>nd</sup> Resolved – Education  ccaton@aafp.org

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<b>303</b>	<b>Medicare Coverage of Diabetic Medications</b> <i>RESOLVED, That the AAFP engage the Centers for Medicare and Medicaid Services (CMS) in a discussion aimed at leading to the provision of Medicare coverage of appropriate diabetic medications.</i>	Health Care Services	4	Not Adopted	
<b>304</b>	<b>Policy on Insurance Preauthorization</b> <i>RESOLVED, That the AAFP draft policy that preauthorizations for medical procedures and tests are the responsibility of the institution providing the service.</i>	Health Care Services	5	Referred to Board of Directors	Health Care Services cporras@aafp.org
<b>305</b>	<b>AAFP Actively Address All Issues Within Healthcare Policy</b> <i>RESOLVED, That the AAFP be encouraged to continue to address issues within American healthcare regardless of their potential for being divisive, and be it further</i> <i>RESOLVED, That the AAFP work to identify and address issues of disparity and discrimination that exist within healthcare, including policies that discriminate against people on the grounds of sexual orientation, gender, race, age, handicap, or economic status.</i>	Health Care Services	10	Reaffirmed as current policy	No referral necessary
<b>306</b>	<b>Electronic Health Record</b> <i>RESOLVED, That the AAFP be committed to the goal that by 1/1/2009, an open source electronic health record will be available to all family physicians and supported by the AAFP, and be it further</i> <i>RESOLVED, That the open source electronic health record supported by the AAFP be conducive to data mining and other functions in support of practice-based research and quality improvement initiatives, and be it further</i> <i>RESOLVED, That the AAFP move forward with all due diligence, in implementing its plan for an open source electronic health record as the means by which the goal of universal use of the electronic health record by family physicians will most likely be achieved, and be it further</i> <i>RESOLVED, That by 1/1/2014 all practicing family physicians will be using an electronic health record in their office practice.</i>	Health Care Services	3	Referred to Board of Directors	Board of Directors  dkibbe@aafp.org
<b>307</b>	<b>Coding and Documentation Guidelines/ Revise Current Compensation System</b> <i>RESOLVED, That the AAFP explore, with the American Medical Association, changes to the coding and documentation guidelines that would compensate the evaluation and management of care codes on an equitable basis with procedural care.</i>	Health Care Services	4	Not Adopted	
<b>308</b>	<b>Compensation for Paperwork</b> <i>RESOLVED, That the AAFP work with the American Medical Association to develop codes and compensation for non face-to-face patient care and required paperwork to include but not limited to laboratory results review, documentation time, insurance forms, Family Medical Leave Act (FMLA) forms, and HMO authorization forms.</i>	Health Care Services	5	Not Adopted	



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315	<p><b>Elimination of Closed or Restricted Formularies</b>  <i>RESOLVED, That the AAFP take the position that closed, or dictated formularies constitute “practicing medicine without a license” and may therefore be an illegal act against licensed physicians and their patients, and be it further</i>  <b>RESOLVED, That the AAFP will lodge an official complaint with the appropriate federal agencies and consider proposing federal legislation to eliminate restricted formularies.</b></p>	Health Care Services	6	Not Adopted	
401	<p><b>Dental Access and Fluoride Varnish Treatment Education</b>  <u>Substitute Resolution No. 401 as Amended from Floor:</u>  <i>RESOLVED, That the AAFP investigate the health care benefit of having family physicians provide prophylactic dental fluoride varnish treatments to children, and be it further</i>  <i>RESOLVED, That the AAFP educate its members about the appropriate screening, application, and reimbursement for prophylactic dental fluoride varnish treatments, and be it further</i>  <i>RESOLVED, That the AAFP work with the American Dental Association to encourage dentists to partner in the responsibility to provide adequate prophylactic dental fluoride treatments to all children including those who are on public programs or are uninsured.</i></p>	Public Health & Science	1-2	Substitute adopted as amended from the floor	Public Health  jadmire@aafp.org
402	<p><b>Administration of Smallpox Vaccine in Primary Care Physicians’ Offices</b>  <i>RESOLVED, That in addition to public health venues, except for emergency responses, the offices of primary care physicians should be utilized for the administration of smallpox vaccine, and be it further</i>  <i>RESOLVED, That there should be appropriate reimbursement for screening and administration of smallpox vaccine, and be it further</i>  <i>RESOLVED, That current public health supplies should be made available to primary care physicians, at such time as mass immunization is recommended by the Centers for Disease Control, and be it further</i>  <i>RESOLVED, That legal immunity shall be at the same level as public health clinics, and be it further</i>  <i>RESOLVED, That this resolution will be forwarded to the United States Department of Health and Human Services.</i></p>	Public Health & Science	2-3	Referred to Board of Directors	Clinical Policies/Research  bschoof@aafp.org
403	<p><b>Obesity in Children</b>  <i>RESOLVED, That the American Academy of Family Physicians develops coalitions with other healthcare providers and governmental agencies to help battle childhood obesity, and be it further</i>  <i>RESOLVED, That the AAFP explore the creation of a HIPAA compliant record keeping process to monitor individual student obesity, and be it further</i>  <i>RESOLVED, That the AAFP assist family physicians to provide proactive intervention for childhood obesity on the part of school officials, parents, students and healthcare providers, and</i></p>	Public Health & Science	3	Referred to Board of Directors	Public Health  jadmire@aafp.org  (Continued on Next Page)

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	<i>be it further RESOLVED, That the AAFP create an educational strategy and counseling tools for obese children and parents of those children to understand the risks of this condition and the available useful interventions.</i>				
<b>404</b>	<b>Meningococcal Vaccination</b> <b><u>Substitute Resolution No. 404:</u></b> <i>RESOLVED, That the American Academy of Family Physicians produce or support, in coordination with other interested health organizations, a position statement on the use of meningococcal vaccine in matriculating residential college students.</i>	Public Health & Science	4	Substitute Adopted	Clinical Policies  bschoof@aafp.org
<b>501</b>	<b>Over-The-Counter Emergency Contraception</b> <i>RESOLVED, That the American Academy of Family Physicians support making progesterone-only emergency contraception available over the counter, and be it further RESOLVED, That the American Academy of Family Physicians encourage inclusion of information on safe sexual practices and contraception with any over-the-counter emergency contraception, and be it further RESOLVED, That the American Academy of Family Physicians join other professional medical groups and sign the women's capital campaign petition to the FDA to make emergency contraception over the counter.</i>	Public Policy	1-3	Substitute Res. 515 Adopted in lieu of Res. 501	
<b>502</b>	<b>Over-The-Counter Emergency Contraception</b> <i>RESOLVED, That the American Academy of Family Physicians support the current proposal submitted to the FDA to make progesterone-only emergency contraception available over the counter, and be it further RESOLVED, That the American Academy of Family Physicians encourage inclusion of information on safe sexual practices and contraception with any of the over the counter emergency contraceptives.</i>	Public Policy	2-3	Substitute Res. 515 Adopted in lieu of Res. 502	
<b>503</b>	<b>All Children's Access to Health Care</b> <i>RESOLVED, That the current policy of the American Academy of Family Physicians regarding adoption be as follows: "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," and, be it further RESOLVED, That the American Academy of Family Physicians reaffirm its commitment to access to and health insurance coverage for all for appropriate health care services.</i>	Public Policy	3-7	Not Adopted	
<b>504</b>	<b>American Academy of Family Physicians Policy on Children/Adoption</b> <i>RESOLVED, That the current policy of the American Academy of Family Physicians regarding adoption and foster parenting be</i>	Public Policy	4-7	Not Adopted	

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	<i>revised to state: The American Academy of Family Physicians is supportive of a safe and nurturing environment, including psychological and legal security for biological, adopted and foster children of all families, using the American Academy of Family Physicians' definition of family.</i>				
<b>505</b>	<p><b>Adoption</b>  <i>RESOLVED, That current AAFP policy regarding adoption be amended to read as follows, "The AAFP is supportive of a safe and nurturing environment, including psychological and legal security, for all children, including those of adoptive and foster parents," and be it further</i></p> <p><i>RESOLVED, That the AAFP reaffirm its commitment to all children's access to health insurance coverage for appropriate health care services, and be it further</i></p> <p><i>RESOLVED, That the AAFP remain neutral on issues relating to the sexual orientation of adoptive parents by having no policy for or against this divisive issue.</i></p>	Public Policy	4-7	Not Adopted	
<b>506</b>	<p><b>Neutrality</b>  <i>RESOLVED, That the American Academy of Family Physicians adopt a policy of neutrality on all public policy issues involving sexual orientation, and be it further</i></p> <p><i>RESOLVED, That the AAFP rescind Substitute Resolution No. 505 adopted by the 2002 Congress of Delegates, and be it further</i></p> <p><i>RESOLVED, That the AAFP continue to offer continuing education on the full range of sexual issues, and be it further</i></p> <p><i>RESOLVED, That the AAFP continue to offer a forum for GLBT physicians to discuss common issues.</i></p>	Public Policy	5-7	Not Adopted	
<b>507</b>	<p><b>AAFP Policy on Adoption and Foster Parenting</b>  <i>RESOLVED, That the American Academy of Family Physicians revise its current policy regarding adoption and foster parenting to state: "The American Academy of Family Physicians is supportive of a safe and nurturing environment, including psychological and legal security for biological, adopted and foster children of all families, using the American Academy of Family Physicians' definition of family."</i></p>	Public Policy	5-7	Not Adopted	
<b>508</b>	<p><b>Same-Sex Adoption</b>  <i>RESOLVED, That current AAFP policy regarding adoption be amended to read as follows, " The AAFP is supportive of a safe and nurturing environment, including psychological and legal security for all children, including those of adoptive and foster parents," and be it further</i></p> <p><i>RESOLVED, That the AAFP reaffirm its commitment to provide access for all children to appropriate health care services, and be it further</i></p> <p><i>RESOLVED, That the AAFP remain neutral on issues relating to the sexual orientation of adoptive parents.</i></p>	Public Policy	5-7	Not Adopted	

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509	<p><b>Children’s Access to Health Care Coverage</b>  RESOLVED, That the current AAFP policy regarding adoption be amended to read as follows – “The AAFP is supportive of a safe and nurturing environment, including psychological and legal security for all children, including those of adoptive and foster parents,” and be it further  RESOLVED, That the AAFP reaffirm its commitment to all children’s access to the health insurance coverage for appropriate health care service.</p>	Public Policy	6-7	Not Adopted	
510	<p><b>Family Practice Funding and Recognition</b>  RESOLVED, That the AAFP, through its legislative efforts, seek to assure funding of all family practice residency programs and all other primary care residency programs that serve the American people until primary care physicians approximate 50 percent of the physician pool, and be it further  RESOLVED, That the AAFP work with the U.S. Congress to recognize those family physicians who remain in family practice and continue their family practice board certification.</p>	Public Policy	9-10	Not Adopted	
511	<p><b>FMLA Documents</b>  <u>Substitute Resolution No. 511 From Floor:</u>  RESOLVED, That the AAFP work with appropriate federal agencies to simplify FMLA forms in order to reduce unnecessary paperwork for family physicians.</p>	Public Policy	10-11	Substitute from floor adopted	Legislation & Governmental Affairs  kburke@aafp.org
512	<p><b>Illegal Internet Purchasing of Prescription Drugs</b>  RESOLVED, That the AAFP will meet and work with the Food and Drug Administration and the Drug Enforcement Agency to combat the problem of internet advertising of sites where patients can purchase prescription medication without a valid prescription, and be it further  RESOLVED, That the AAFP will encourage appropriate federal law enforcement entities to aggressively pursue these illegal websites and prosecute to the fullest extent of the law.</p>	Public Policy	8	Referred to Board of Directors	Legislation & Governmental Affairs  shildebrandt@aafp.org
513	<p><b>Medicare RX Drug Benefit</b>  RESOLVED, That AAFP urge Congress to draft legislation that enacts a guaranteed prescription drug benefit for Medicare patients and avoids unacceptable gaps in coverage, and be it further  RESOLVED, That AAFP urges Congress to end partisan debate and vote on a bill that provides significant federally-funded prescription drug cost relief.</p>	Public Policy	9	Not Adopted	
514	<p><b>Closing the Gun Show Loophole</b>  <u>Substitute Resolution No. 514:</u>  RESOLVED, that the AAFP support legislation that requires criminal background checks as currently mandated for licensed gun dealers for all gun sales at gun shows and public events where guns are sold.</p>	Public Policy	11-12	Substitute Adopted	Legislation & Governmental Affairs  kburke@aafp.org

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515	<p><b>Over-the-Counter Emergency Contraception</b>  <u>Substitute Resolution No. 515:</u>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the current proposal submitted to the Food and Drug Administration (FDA) to make the progesterone-only emergency contraception available over the counter, and, be it further</i>  <i>RESOLVED, That the AAFP recommend to the FDA appropriate labeling of progesterone-only emergency contraception that includes information on the mechanisms of action and that encourages patients to contact their primary care physician for support and/or counseling regarding use of the product, and, be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians encourage inclusion of information on safe sexual practices and contraception in all over-the-counter emergency contraception packages.</i></p>	Public Policy	2-3	Substitute Adopted	<p>Legislation &amp; Governmental Affairs</p> <p>shildebrandt@aafp.org</p>
516	<p><b>AAFP Remain Neutral on Subject of Sexual Orientation of Adoptive Parents</b>  <i>RESOLVED, That current AAFP policy regarding adoption be amended to read as follows - "The AAFP is supportive of a safe and nurturing environment, including psychological and legal security, for all children, including those of adoptive and foster parents", and be it further</i>  <i>RESOLVED, That the AAFP reaffirm its commitment to all children's access to and health insurance coverage for appropriate health care services, and be it further</i>  <i>RESOLVED, That the AAFP remain neutral on issues relating to the sexual orientation of adoptive parents by having no policy for or against this issue.</i></p>	Public Policy	6-7	Not Adopted	
517	<p><b>Universal Health Coverage</b>  <u>Substitute Resolution No. 517:</u>  <i>RESOLVED, That the AAFP recommit itself to universal access to care either through its current plan or a modification of it, reflecting the work of the Future of Family Medicine project, and, be it further</i>  <i>RESOLVED, That the AAFP Board report to the Congress annually on the progress toward universal health care.</i></p>	Public Policy	12-13	Substitute Adopted	<p>Board of Directors</p> <p>kburke@aafp.org</p>
601	<p><b>Clinical Skills Exam</b>  <u>Substitute Resolution No. 601 as Amended From Floor:</u>  <i>RESOLVED, That the AAFP again approach the NBME and reaffirm its opposition to the NBME Clinical Skills Assessment Exam as currently proposed, and be it further</i>  <i>RESOLVED, That the AAFP reaffirms that U.S. medical schools have the obligation to teach and assess clinical examination skills, and be it further</i>  <i>RESOLVED, That all U.S. medical students should demonstrate competency in the clinical evaluation of patients prior to graduation from medical school.</i></p>	Education	2-3	Substitute adopted as amended from the floor	<p>Education</p> <p>ccaton@aafp.org</p>

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602	<b>Patient Education</b> <u>Substitute Resolution No. 602:</u> RESOLVED, That the patient education site familydoctor.org reflect the American Academy of Family Physicians' policy regarding education in topics related to reproductive choice.	Education	4	Substitute Adopted	EVP for referral to staff  lmckinne@aafp.org
603	<b>Physician Education</b> <u>Substitute Resolution No. 603:</u> RESOLVED, That the AAFP explore ways to assure that family physicians are provided with comprehensive and current information on reproductive health options based on clinically relevant scientific evidence and needs assessments of members.	Education	3-4	Substitute Adopted	EVP for referral to staff  ndavis@aafp.org
604	<b>Clinical Skills Assessment Exam</b> RESOLVED, That the AAFP be requested to urge the National Board of Medical Examiners (NBME) to eliminate the Clinical Skills Assessment Exam unless it can meet the following conditions: (a) that the NBME is able to demonstrate that the examination has been proven to be statistically valid, reliable and evidence-based, and (b) that the NBME has established testing sites that are widely available within the United States and hopefully at all NBME testing sites.	Education	2-3	Substitute Resolution No. 601 as amended from the floor adopted in lieu of Resolution No. 604	
605	<b>ABFP Maintenance of Certification</b> RESOLVED, That the AAFP commit to work with the ABFP to revise plans to implement Maintenance of Certification specifically: 1. to make participation in the MOC process optional until a full cycle is completed and all processes are in place by giving recertifying physicians the option of using the classical 6/7 year test cycle or the new MOC format for the next 7 testing cycles and 2. to specify the time and cost requirements for the new process as soon as they are available and 3. to develop and implement policies and procedures that will protect applicant family physicians performance in the testing process in a confidential manner.	Education	1-2	Referred to Board of Directors	Board of Directors  ndavis@aafp.org
606	<b>ABFP Maintenance of Certification Requirements</b> RESOLVED, That the AAFP actively oppose the implementation of the ABFP plans to implement the Maintenance of Certification until which time that the AAFP and ABFP can determine the implications of the proposed changes on such issues as patient safety, cost, CME, economic impact on individual physicians and local and national Academy	Education	1-2	Referred to Board of Directors	Board of Directors  ndavis@aafp.org
607	<b>Reevaluation of AAFP COCME Guidelines for Prescribed Credit</b> RESOLVED, That the AAFP reconsider the Committee on Continuing Medical Education's guidelines for granting continuing medical education credits as they are presently being applied, and that the chapters have a greater input in this re-evaluation process.	Education	4-5	Referred to Board of Directors	CME  jbelshe@aafp.org

**RESOLUTIONS**

<b>608</b>	<b>Clinical Experience of Graduates of International Medical Schools</b> <i>RESOLVED, That the American Academy of Family Physicians and its constituent chapters encourage their members to provide opportunities for graduates of international medical schools to obtain exposure to US clinical experience through, externships, observationships or other similar opportunities.</i>	Education	5	Referred to Board of Directors	Education  ccaton@aafp.org
<b>609</b>	<b>Pisacano Scholarship</b> <u>Substitute Resolution No. 609:</u> <i>RESOLVED, That the American Academy of Family Physicians investigate a collaborative effort with the American Board of Family Practice (ABFP) to sponsor a public awards presentation for Pisacano recipients involving each student's medical school administration.</i>	Education	6	Substitute Adopted	Education  ccaton@aafp.org
<b>610</b>	<b>ABFP-Maintenance of Certification (MOC)</b> <i>RESOLVED, That the AAFP actively oppose the implementation of the ABFP MOC process, and be it further,</i> <i>RESOLVED, That the AAFP keep its state chapter leaders informed of its progress.</i>	Education	1-2	Referred to Board of Directors	Board of Directors  ndavis@aafp.org
<b>611</b>	<b>AAFP Support for Medical Students Considering Family Medicine Residencies</b> <i>RESOLVED, That AAFP leadership schedule a meeting with the leadership of the AMA Section on Medical Schools and with the leadership of the Association of American Medical Colleges to discuss options for resolving the issue of medical students being discouraged from choosing family medicine by non family practice faculty in medical schools.</i>	Education	6	Adopted	Board of Directors  dmcphers@aafp.org