

# SUMMARY OF THE 2004 CONGRESS OF DELEGATES – Orlando, Florida

*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>					
Res. No.	Subject	Ref. Comm.	Page in Report of Ref. Comm.	Action of Congress	AAFP entity that is following up on the resolution and email address of staff who can provide more information
101	<p><b>Retired Physician Advocates</b> <u><b>Substitute Resolution No. 101:</b></u> <i>RESOLVED, That the American Academy of Family Physicians study the topic of retired family physicians serving as patient care advocates to explore specific strategies for implementation, including, but not limited to (1) involvement with community based and faith based organizations, (2) teaching the art of family medicine to residents and medical students, (3) exploring issues of licensure, liability coverage and liability waivers and (4) identifying possible grant funding for pilot/demonstration projects, with preparation of a summary report.</i></p>	Special Issues	1	Substitute Adopted	<p>Commission on Membership and Member Services</p> <p style="text-align: center;"><a href="mailto:clawler@aafp.org">clawler@aafp.org</a></p>
102	<p><b>AAFP Guidelines for Commercial Sponsorship of and Advertising in AAFP Endorsed or Produced Patient Education Materials</b> <u><b>Substitute Resolution No. 102:</b></u> <i>RESOLVED, That the American Academy of Family Physicians Board review the current guidelines for Family Doctor and the current guidelines for the AAFP consumer website and consider developing consistent guidelines for all Academy consumer communications to ensure protection of the integrity of the AAFP and its logo.</i></p>	Special Issues	1-3	Substitute Adopted	<p>Board of Directors for referral to staff</p> <p style="text-align: center;"><a href="mailto:mspringer@aafp.org">mspringer@aafp.org</a></p>
103	<p><b>Physician/Patient Relationship</b> <i>RESOLVED, That the American Academy of Family Physicians declare that:</i></p> <ol style="list-style-type: none"> <li>1) <i>Sexual contact or a romantic relationship concurrent with the physician-patient relationship is unethical, and</i></li> <li>2) <i>Sexual contact or a romantic relationship with a former patient may be unethical under certain circumstances (the relevant standard is the potential for misuse of physician power and exploitation of patient emotions derived from the former relationship), and</i></li> <li>3) <i>Education on ethical issues involved in sexual misconduct should be included throughout all level of family physician training, and</i></li> <li>4) <i>Family physicians have a duty and responsibility to report offending colleagues to disciplinary boards.</i></li> </ol>	Special Issues	9	Not Adopted	

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<b>Res. 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 email address of staff who can provide more information</b>
<b>104</b>	<p><b>Reimbursement for Primary Care Physicians</b>  RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the ramifications of alternative payment structures for family physicians, including but not limited to cash-based reimbursement (i.e. not accepting any insurance), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate the positive and negative ramifications to both physicians and patients of all types of practices, including but not limited to “boutique practices” and cash-based practices (i.e. not accepting any insurance) and widely disseminate the results of this investigation to its members, and be it further</p> <p>RESOLVED, That the AAFP write an annual white paper on the status of boutique practices and the effect it will have on family physicians.</p>	Special Issues	3-4	Not Adopted	
<b>105</b>	<p><b>AAFP Study of Conversion from Insurance Based Reimbursement to Non Insurance Based Payment for Service by Family Physicians</b>  RESOLVED, That the American Academy, through its commissions and committees, collect data from practices using non-insurance payment models and distribute information about these best practices to its members.</p>	Special Issues	3-4	Not Adopted	
<b>106</b>	<p><b>Professional Liability for Teaching Hospitals</b>  <u>Substitute Resolution No. 106:</u>  RESOLVED, That the American Academy of Family Physicians work with the American Hospital Association, American Medical Association, the Residency Review Committee for Family Practice and other appropriate entities to find ways to protect professional liability coverage for teaching hospitals.</p>	Special Issues	4	Substitute Adopted	Commission on Education  <a href="mailto:ppugno@aafp.org">ppugno@aafp.org</a>
<b>107</b>	<p><b>Chronic Care Disease Management</b>  RESOLVED, That the AAFP vigorously strive to effect a policy change in the Centers for Medicare and Medicaid Services (CMS) and other entities whereby family physicians and other primary care providers, instead of proprietary disease management companies, assume the central role of chronic disease management, and be it further</p> <p>RESOLVED, That the AAFP negotiate a process whereby the Centers for Medicare and Medicaid Services (CMS) and other entities can/will contract with primary care physicians in chronic disease management projects.</p>	Special Issues	6-7	Substitute Resolution No. 109 adopted as amended from the floor in lieu of Resolution Nos. 109, 107 and 110	

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<b>Res. No.</b>	<b>Subject</b>	<b>Ref. Comm.</b>	<b>Page in Report of Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
<b>108</b>	<p><b>Reporting Information on Medical Liability Insurance Payments</b>  <b><u>Substitute Resolution No. 108 as Amended from the Floor:</u></b>  <i>RESOLVED, That the AAFP support federal legislation to mandate that insurance companies and other providers of medical liability coverage give full disclosure to federal and state regulators of total expenditures of medical malpractice pay outs, both in claims paid, settled and the expenses of executing such claims, both on the federal and state levels, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians continues to endorse privacy and confidentiality of defendants involved in medical claims.</i></p>	Special Issues	4-5	Substitute adopted as amended from the floor	Commission Legislation & Governmental Affairs  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a>
<b>109</b>	<p><b>Disease Management as Physician Driven</b>  <b><u>Substitute Resolution No. 109:</u></b>  <i>RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services and other appropriate entities, including CMS grant recipients, to promote physician-directed and patient-centered disease management, and chronic care management, and be it further</i>  <i>RESOLVED, That a report of these activities be sent from the Board to the 2005 Congress of Delegates.</i></p>	Special Issues	6-7	Substitute Resolution No. 109 adopted as amended from the floor in lieu of Resolution Nos. 109,107 and 110	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
<b>110</b>	<p><b>Disease Management Strategies</b>  <i>RESOLVED, That the American Academy of Family Physicians formulate policy that could be applicable to state Medicaid programs that would enhance MD/DO physician-led disease management strategies, yet in the spirit of cost containment.</i></p>	Special Issues	6-7	Substitute Resolution No. 109 adopted as amended from the floor in lieu of Resolution Nos. 107 and 110	
<b>111</b>	<p><b>Error Disclosure to Patients</b>  <b><u>Substitute Resolution No. 111:</u></b>  <i>RESOLVED, That the AAFP inform and educate members regarding open and professional communication of errors to patients, including specific information about the error's cause and efforts at prevention of similar errors in the future.</i></p>	Special Issues	7	Substitute Adopted	Commission on Quality & Scope of Practice  <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a>
<b>112</b>	<p><b>Patient Safety in Ambulatory Care</b>  <i>RESOLVED, That the American Academy of Family Physicians establish an annual recognition program to highlight and promote specific examples of innovative ambulatory care programs that have achieved impressive results in increasing patient safety and error reduction.</i></p>	Special Issues	7-8	Adopted	Commission on Quality & Scope of Practice  <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a>

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113	<p><b>Encourage Education for Alternative Practice Models</b>  <i>RESOLVED, That the American Academy of Family Physicians identify and make available information describing alternative business practices such as cash only practices, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians provide educational opportunities on alternative business models.</i></p>	Special Issues	3-4	Adopted	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
114	<p><b>Tort Reform</b>  <u><b>Substitute Resolution No. 114:</b></u>  <i>RESOLVED, That the AAFP investigate the possibility of developing a peer support program for those members involved in a litigation process, and be it further</i>  <i>RESOLVED, That the AAFP develop and/or promote CME programs which educate and familiarize our members with the legal process involved in a tort action.</i></p>	Special Issues	5-6	Substitute Adopted	1 <sup>st</sup> Resolved to Commission on Quality & Scope of Practice  <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a>  2 <sup>nd</sup> Resolved to Commission on Continuing Medical Education  <a href="mailto:ndavis@aafp.org">ndavis@aafp.org</a>
201	<p><b>Healthy Snacks at Congress of Delegates</b>  <i>RESOLVED, That AAFP chapters be encouraged to not provide as gifts food on the floor of the COD, and be it further</i>  <i>RESOLVED, That if food is provided by AAFP chapters to attendees of the COD, it be in the category of "healthy snacks" which are low in calories, fat, sugar and carbohydrates.</i></p>	Organization & Finance	7	Not Adopted	
202	<p><b>Penalty for Active and Supporting Members Reinstating after Drop for Non-Payment</b>  <i>RESOLVED, That Active and Supporting members who request reinstatement after having been dropped for non-payment of dues, be charged an additional 20 percent of the total dues owed, to be allotted accordingly to the AAFP and to the constituent chapter.</i></p>	Organization & Finance	5	Not Adopted	
203	<p><b>Dual Membership in AMA and AAFP</b>  <i>RESOLVED, That the New York State Academy of Family Physicians hereby requests that the American Academy of Family Physicians and the American Medical Association also consider offering a discount of their respective, national dues for physicians who belong to both organizations, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians' leadership communicate with the American Medical Association's leadership in order to initiate negotiations to develop an agreement between the two organizations for a dues discount program for physicians who belong to both the American Medical Association and the American Academy of Family Physicians.</i></p>	Organization & Finance	5-6	Not Adopted	

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204	<p><b>Candidate Campaigns for AAFP Board and Officer Positions</b>  <i>RESOLVED, That AAFP chapters be encouraged to not provide gifts on the floor of the Congress of Delegates or at hospitality events, and be it further</i>  <i>RESOLVED, That AAFP chapters running candidates for the AAFP Board or Officer positions combine their resources into one hospitality event with all candidates contributing equal funding, and be it further</i>  <i>RESOLVED, That all candidates be present to meet and put forth their qualifications to the constituent chapter leaders.</i></p>	Organization & Finance	8	Not Adopted	
205	<p><b>Inclusion of State Chapters in the Future of Family Medicine (FFM) Leadership Center</b>  <i>RESOLVED, That the AAFP include state chapters as part of the development of a leadership center for family medicine and primary care as called for in the Future of Family Medicine report.</i></p>	Organization & Finance	6-7	Adopted	EVP for action as part of FFM Tactic No. 25  <a href="mailto:rsweeney@aafp.org">rsweeney@aafp.org</a>
206	<p><b>Changes in Annual Dues Payment</b>  <i>RESOLVED, That the AAFP will establish and promote a system for members to pay their annual dues in installments, with the installment plan to be developed by staff, and to include the ability for on-line payment.</i></p>	Organization & Finance	11	Reaffirmed as current policy	EVP  <a href="mailto:clawler@aafp.org">clawler@aafp.org</a>
207	<p><b>Specialty Societies Meeting in States with Medical Liability Crises</b>  <i>RESOLVED, That the AAFP decline to hold any new meetings in Illinois until the medical liability crisis is adequately addressed and a fair resolution is reached that considers both the physician and patient to the satisfaction of AAFP and the Illinois chapter, and be it further</i>  <i>RESOLVED, That the AAFP decline to hold new meetings in any state where the constituent state chapter makes such a request of the AAFP, and be it further</i>  <i>RESOLVED, That AAFP partner with other national medical specialty societies to decline to hold any new meetings in states where there is a medical liability crisis.</i></p>	Organization & Finance	8	Not Adopted	
301	<p><b>Development of “Affiliated Physicians” Category in Hospitals</b>  <i>RESOLVED, That AAFP adopt as policy that there should be a mechanism to document physician hospital affiliation for credentialing purposes, including for those physicians who do not regularly admit inpatients, and be it further</i>  <i>RESOLVED, That AAFP promote the development of a hospital medical staff category of “affiliated physicians,” or other appropriately named category, to recognize physicians who may have no inpatient clinical privileges to promote improved communications between referring physicians and hospital physicians, and to assist in broader credentialing issues.</i></p>	Health Care Services	1	Referred to the Board of Directors	Commission Quality & Scope of Practice  <a href="mailto:jhenry@aafp.org">jhenry@aafp.org</a>

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302	<b>Veterans' Administration (VA) Hospitals</b> <b><u>Substitute Resolution No. 302:</u></b> <i>RESOLVED, That the Academy intensify its efforts to seek changes in Veterans Administration (VA) policy, through Congress and the VA, to allow prescriptions to be filled as written by non-VA physicians.</i>	Health Care Services	3	Substitute Adopted	Commission on Health Care Services  jswanson@aafp.org
303	<b>Confidentiality Protections of Peer Review Subjects</b> <i>RESOLVED, That AAFP advocate through its lobbyists, with consultation from risk management specialists, for legislation that improves the confidentiality protections of peer review proceedings.</i>	Health Care Services	11	Reaffirmed as current policy	No further action necessary
304	<b>CMS Pilot Study E&amp;M Code Levels</b> <i>RESOLVED, That the AAFP request the Centers for Medicare and Medicaid Services (CMS) to conduct a pilot study on the use of clinical examples to assign Evaluation and Management (E&amp;M) code levels, and be it further</i> <i>RESOLVED, That the AAFP, through its AMA delegation, seek support from the AMA and the CPT Editorial Panel for a CMS pilot study on the use of clinical examples to assign E&amp;M code levels.</i>	Health Care Services	4	Not Adopted	
305	<b>Concurrent Coding</b> <i>RESOLVED, That the AAFP contact the American Medical Association CPT Advisory Committee and request the creation of appropriate CPT codes to allow for concurrent care utilizing the same diagnostic codes in order for reimbursement to be fairly and appropriately made for the provision of care provided.</i>	Health Care Services	5	Substitute Resolution No. 309 as amended from the floor adopted in lieu of Resolution No. 309 and 305	
306	<b>Compensation for Paperwork</b> <i>RESOLVED, That the AAFP work with appropriate organizations to urge that any legislation, rules and regulations generated by a government or non-government organization requiring forms/notification/paperwork by any family physician carry a defined finite cost to the physician and mechanisms for reimbursement to said physician, and be it further</i> <i>RESOLVED, That the AAFP work with appropriate organizations to urge that any time a physician is "required" by any insurance companies/HMOs, etc. to complete forms and/or paperwork, whether contractual or not, that they adequately compensate the physician for the time/effort/expertise to complete these forms and paperwork.</i>	Health Care Services	5-6	Substitute Resolution No. 313 adopted in lieu of Resolution Nos. 306 and 313	

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307	<b>Compensation Change</b> <i>RESOLVED, That the AAFP urge changes in the current coding system to a simplified and equitable system, compensating for best clinical practices, not best coding.</i>	Health Care Services	6-7	Not Adopted	
308	<b>Reimbursement for Prescription Changes for Formulary Compliance</b> <u>Substitute Resolution No. 308:</u> <i>RESOLVED, That the AAFP adopt a policy of supporting third-party reimbursement of physicians for costs associated with changes of individual prescriptions made solely for formulary compliance.</i>	Health Care Services	3	Substitute Adopted	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
309	<b>Reimbursement for Management and Coordination of Complex Hospital Care</b> <u>Substitute Resolution No. 309 as Amended from the Floor:</u> <i>RESOLVED, That the AAFP address adequate reimbursement of physicians providing management and coordination of complex hospital care (and concurrent care utilizing the same diagnosis code) using strategies that may include coding and benefit and contractual design.</i>	Health Care Services	4-5	Substitute adopted as amended from the floor	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
310	<b>Medicare Supplemental Insurance Companies Connected to Medicare Computer</b> <i>RESOLVED, That the AAFP urge Medicare insurance and every supplemental insurance company coordinate payments so that the yearly deductible and co-pay payments will automatically come to the physicians who participate in Medicare.</i>	Health Care Services	7	Referred to the Board of Directors	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
311	<b>Use of the American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) "Pregnancy Risk Identification for Consultation," to Limit the Scope of Practice of Family Physicians Practicing Maternal Care</b> <u>Substitute Resolution No. 311:</u> <i>RESOLVED, That the AAFP President and Board of Directors communicate with Northwest Physicians Mutual Insurance Company (NPM) that the "Guidelines for Perinatal Care" by the American College of Obstetrics and Gynecology (ACOG) and the American Academy of Pediatrics (AAP) as interpreted by NPM unfairly exclude qualified family physicians from providing appropriate obstetrical care, and be it further</i> <i>RESOLVED, That the AAFP offer to collaborate in developing guidelines consistent with current AAFP policy on the joint development of clinical policies with other organizations.</i>	Health Care Services	2	Substitute Adopted	Commission on Quality & Scope of Practice  <a href="mailto:jhenry@aafp.org">jhenry@aafp.org</a>

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312	<b>Prevention Plus Reimbursement</b> <i>RESOLVED, That the AAFP promote Medicare and insurer payment systems that require problem-focused care to be reimbursed <u>in addition</u> to preventive care in a single visit.</i>	Health Care Services	7-8	Adopted	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
313	<b>AAFP Study of Methods of Charging for Value Added Services by Family Physicians Now Being Done for Free</b> <b><u>Substitute Resolution No. 313:</u></b> <i>RESOLVED, That the American Academy of Family Physicians provide family physicians with information on how to bill and collect for clinical and administrative services not covered by insurance, and advocate with public and private insurers to recognize the value of, and to appropriately pay for, these services.</i>	Health Care Services	6	Substitute Adopted	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
314	<b>Coding for Chronic Care</b> <b><u>Substitute Resolution No. 314:</u></b> <i>RESOLVED, That AAFP work with various parties, including public and private payers, to support a chronic care management fee structure based on the Academy's "chronic care management fee" policy.</i>	Health Care Services	8	Substitute Adopted	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
315	<i>(Was referred to Reference Committee on Special Issues as Resolution No. 113)</i>				
316	<b>Pay for Performance and Patient Incentives</b> <i>RESOLVED, That an additional principle for pay for performance (P4P) plans be added to the current policy to state "Patients must be appropriately incentivized toward the desired behaviors/desired medical outcome measures," and be it further</i> <i>RESOLVED, That AAFP develop models that demonstrate the value of patient incentives to change personal behavior detrimental to their health and compliance with treatment plans, and be it further</i> <i>RESOLVED, That models that demonstrate the value of patient incentives to change personal behavior be made available to employers and health care insurers to encourage them to implement such patient incentive plans.</i>	Health Care Services	8-9	Not Adopted	



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<b>401</b>	<p><b>American Academy of Family Physicians Policy on School Bullying</b>  <b><u>Substitute Resolution No. 401 as Amended from the Floor:</u></b>  <i>RESOLVED, That the AAFP recognizes that students are more likely to feel connected to school if they 1) believe that they are treated fairly, 2) feel safe, and 3) believe that teachers are supportive, and all students have a right to safety, and be it further</i>  <i>RESOLVED, That the 2004 Congress of Delegates insert into the current policy on violence and the accompanying position paper which addresses school violence in the form of weapons in the school to include: "Harassment and bullying in the school setting for any reason including but not limited to ethnic, socioeconomic, religious, sexual orientation, physical status, or other personal characteristics have a significant harmful effect on students and should not be tolerated."</i></p>	Public Health & Science	8	Substitute adopted as amended from the floor	Commission on Public Health  <a href="mailto:jhaas@aafp.org">jhaas@aafp.org</a>
<b>402</b>	<p><b>Soft Drinks in Schools Policy</b>  RESOLVED, That AAFP adopt a policy on Soft Drinks in Schools, similar to that put out by the American Academy of Pediatrics, as follows:  1. Family physicians should work to eliminate sweetened drinks in schools. This entails educating school authorities, patients, and patients' parents about the health ramifications of soft drink consumption. Offerings such as real fruit and vegetable juices, water, and low-fat white or flavored milk provide students at all grade levels with healthful alternatives. Family physicians should emphasize the notion that every school in every district shares a responsibility for the nutritional health of its student body.  2. Family physicians should advocate for the creation of a school nutrition advisory council comprising parents, community and school officials, food service representatives, physicians, school nurses, dietitians, dentists, and other health care professionals. This group could be one component of a school district's health advisory council. Family physicians should ensure that the health and nutritional interests of students form the foundation of nutritional policies in schools.  3. School districts should invite public discussion before making any decision to create a vended food or drink contract.</p>	Public Health and Science	4-6	Referred to Board of Directors	Commission on Public Health  <a href="mailto:jadmire@aafp.org">jadmire@aafp.org</a>

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402 Cont.	<p>4. If a school district already has a soft drink contract in place, it should be tempered such that it does not promote over-consumption by students.</p> <ul style="list-style-type: none"> <li>• Soft drinks should not be sold as part of or in competition with the school lunch program, as stated in regulations of the US Department of Agriculture.</li> <li>• Vending machines should not be placed within the cafeteria space where lunch is provided. Their location in the school should be chosen by the school district, not the vending company.</li> <li>• Vending machines with foods of minimal nutritional value, including soft drinks, should be turned off during lunch hours and ideally during school hours.</li> <li>• Vended soft drinks and fruit-flavored drinks should be eliminated in all elementary schools.</li> <li>• Incentives based on the amount of soft drinks sold per student should not be included as part of exclusive contracts.</li> <li>• Within the contract, the number of machines vending sweetened drinks should be limited. Schools should insist that the alternative beverages listed in Recommendation 1 be provided in preference to sweetened drinks in school vending machines.</li> <li>• Schools should preferentially vend drinks that are sugar-free or low in sugar to lessen the risk of excessive weight gain and/or obesity.</li> </ul> <p>5. Consumption or advertising of sweetened soft drinks within the classroom should be eliminated.</p>				
403	<p><b>Centers for Disease Control and Prevention (CDC) Guidance to Physicians on Patient Exposure to Tobacco Smoke</b>  <b><u>Substitute Resolution No. 403 as Amended From the Floor:</u></b>  RESOLVED, That the American Academy of Family Physicians shall inform its members of the risks of secondhand smoke for all patients especially those with heart disease or other chronic diseases, requesting they advise their patients to avoid areas that permit smoking; and be it further  RESOLVED, That physicians should be encouraged to counsel the families of patients to refrain from smoking in a patient's home or vehicle, and be it further  RESOLVED, That the AAFP shall work with local, state and federal governments for smoke-free public environments.</p>	Public Health & Science	1-2	Substitute adopted as amended from the floor	Commission on Public Health  <a href="mailto:jadmire@aafp.org">jadmire@aafp.org</a>

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404	<p><b>Alcohol Abuse and Illicit Drug Use Education</b>  <b><u>Substitute Resolution No. 404:</u></b>  <i>RESOLVED, That the AAFP undertake specific efforts to increase the education of its members in the area of substance abuse, and be it further</i>  <i>RESOLVED, That the AAFP consider partnering with other medical organizations such as the American Society of Addiction Medicine Family Practice Committee and other organizations such as Join Together, National Institute of Drug Abuse (NIDA), Center of Substance Abuse Prevention (CSAP), and the National Institute of Alcoholism and Alcohol Abuse (NIAAA) to address this issue, and be it further</i>  <i>RESOLVED, That the AAFP consider substance abuse as an annual clinical focus in a future year.</i></p>	Public Health & Science	2-3	Substitute Adopted	<p>1<sup>st</sup> &amp; 2<sup>nd</sup> Resolved, Commission on Public Health  <a href="mailto:jhaas@aafp.org">jhaas@aafp.org</a></p> <p>3<sup>rd</sup> Resolved, Commission on Continuing Medical Education  <a href="mailto:ndavis@aafp.org">ndavis@aafp.org</a></p>
405	<p><b>Protect Children From Tobacco Marketing</b>  <b><u>Substitute Resolution No. 405:</u></b>  <i>RESOLVED, That the AAFP reaffirm its opposition to all forms of advertising of tobacco products and that it especially opposes the direct or indirect marketing of tobacco products to children.</i></p>	Public Health & Science	3	Substitute Adopted	<p>Commission on Public Health  <a href="mailto:jadmire@aafp.org">jadmire@aafp.org</a></p>
406	<p><b>Global Warming and Air Pollution</b>  <b><u>Substitute Resolution No. 406 as Amended from the Floor:</u></b>  <i>RESOLVED, That the AAFP revise existing policy on pollution of environment to include a policy in favor of reducing global warming and ozone levels.</i></p>	Public Health and Science	7	Substitute adopted as amended from the floor	<p>Commission on Public Health  <a href="mailto:jhaas@aafp.org">jhaas@aafp.org</a></p>
407	<p><b>Stop the Pop!</b>  <i>RESOLVED, That the AAFP send out a policy statement to national education associations supporting the elimination of soda pop and sugar-added sports and juice drinks from school vending machines, school stores, or the school lunch program, and be it further</i>  <i>RESOLVED, That the AAFP encourage and support members in their attempts to remove soda pop and sugar-added sports and juice drinks from schools, and provide national assistance with educational materials, talking points, and audio-visual materials based on the best available science, and be it further</i>  <i>RESOLVED, That the AAFP develop a toolkit for family physicians to work in their communities with their school boards so that soda pop and sugar-added sports and juice drinks not be sold to children at school in vending machines, school stores or the school lunch program, or any time during school hours.</i></p>	Public Health and Science	6	Referred to the Board of Directors	<p>Commission on Public Health  <a href="mailto:jadmire@aafp.org">jadmire@aafp.org</a></p>

RESOLUTIONS					
Res. No.	Subject	Ref. Comm.	Page in Report of Ref. Comm.	Action of Congress	AAFP entity that is following up on the resolution and email address of staff who can provide more information
408	<p><b>Influenza Vaccine</b>  <u>Substitute Resolution No. 408 as Amended from the Floor:</u>  RESOLVED, That the AAFP work with the Centers for Disease Control (CDC) to create alternative recommendations and risk stratifications to be used in states and localities where there is shortage of vaccine, and be it further  RESOLVED, That the AAFP work with the Congress of the United States to create a short term liability shield so that physicians employing alternative recommendations might be protected from suit for employing them.</p>	Public Health and Science	6-7	Substitute adopted as amended from the floor	<p>1<sup>st</sup> Resolved,  Commission on Clinical Policies and Research  <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p>2<sup>nd</sup> Resolved,  Commission on Legislation and Governmental Affairs  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a></p>
501	<p><b>Federal Aviation Administration (FAA) to Include Non-sedating Antidepressants on Acceptable Medication List</b>  RESOLVED, That the American Academy of Family Physicians petition the Federal Aviation Administration (FAA) to allow non-sedating antidepressants on the acceptable medication list for pilots.</p>	Public Policy	1-2	Referred to the Board of Directors	<p>Commission on Legislation &amp; Governmental Affairs  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a></p>
502	<p><b>Food and Drug Administration (FDA) to Oversee Pharmaceutical Companies' Ability to Manufacture Scorable Tablets</b>  RESOLVED, That the American Academy of Family Physicians petition the U.S. Food and Drug Administration (FDA) to require, whenever possible, that tablets be made scored as part of the FDA product-approval process, and that medications currently in production, where feasible, be made scored, and be it further  RESOLVED, That the American Academy of Family Physicians delegation to the American Medical Association introduce a similar resolution for approval by the AMA.</p>	Public Policy	2	1 <sup>st</sup> Resolved Clause Adopted; 2 <sup>nd</sup> Resolved Clause Not Adopted	<p>Commission on Legislation &amp; Governmental Affairs  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a></p>
503	<p><b>Pharmacy Fact Sheets</b>  RESOLVED, That the AAFP urge pharmacy associations to encourage dispensing pharmacists to provide patient information sheets specifying actual percent likelihood of various side effects of medications and their comparisons to placebo effects.</p>	Public Policy	2-3	Referred to the Board of Directors	<p>Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a></p>

<b>RESOLUTIONS</b>					
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504	<p><b>Changes in Medicaid Programs</b>  <i>RESOLVED, That the Centers for Medicare and Medicaid Services (CMS) be requested to mandate that states may not remove women from Medicaid who are being covered for a pregnancy in progress until that pregnancy and the post partum period is completed, and be it further</i>  <i>RESOLVED, That the Centers for Medicare and Medicaid Services (CMS) also not allow states to deny payment to physicians or hospitals for services to recipients, whose hospitalizations are in progress on the day that they lose their eligibility, and be it further</i>  <i>RESOLVED, That the Centers for Medicare and Medicaid Services (CMS) also mandate that medications, durable medical equipment (DME) and rehabilitation pursuant to that hospitalization also be covered for 30 days post hospitalization.</i></p>	Public Policy	4-5	Adopted	<p>Commission on Legislation &amp; Governmental Affairs</p> <p><a href="mailto:kburke@aafp.org">kburke@aafp.org</a></p>
505	<p><b>Direct-to-Consumer Advertising</b>  <u><b>Substitute Resolution No. 505 as Amended from the Floor:</b></u>  <i>RESOLVED, That the AAFP petition the FDA to require the average wholesale price (AWP) for a one day supply of the medication being advertised to be included in the Direct-to-Consumer advertising whether the advertisement is on television, radio or in print, and be it further</i>  <i>RESOLVED, That the AAFP specify in their request to the FDA that the Average Wholesale Price for a one day supply of the medication being advertised not be in the very small script or in the rapid "voice over" in which indications and contra-indications are now being given.</i></p>	Public Policy	3-4	Substitute adopted as amended from the floor	<p>Board of Directors</p> <p><a href="mailto:rsweeney@aafp.org">rsweeney@aafp.org</a></p>
506	<p><b>AAFP Collaboration with State Academies Supporting Legislation for Constitutional Amendment Capping Tort Lawyers' Fees at a Publicly Known and Fixed Percentage of Settlements</b>  <u><b>Resolution No. 506 as Amended from the Floor:</b></u>  <i>RESOLVED, That the American Academy of Family Physicians, through its commissions and committees and its leadership role in the AMA, develop strategies to be used in the various states to pass constitutional amendments that maximize the percent of award to the plaintiff in medical liability settlements and judgements, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians, through its commissions and committees and its leadership role in the AMA, develop strategies to promote state liability reform consistent with AAFP's policies and federal liability reforms.</i></p>	Public Policy	5-6	Adopted as amended from the floor	<p>Commission on Legislation and Governmental Affairs</p> <p><a href="mailto:kburke@aafp.org">kburke@aafp.org</a></p>

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507	<b>Oral Health</b> <u>Substitute Resolution No. 507:</u> <i>RESOLVED, That it shall be the policy of the American Academy of Family Physicians that all Americans have access to adequate dental services.</i>	Public Policy	6-7	Substitute Adopted	Commission on Public Health  <a href="mailto:jadmire@aafp.org">jadmire@aafp.org</a>
508	<b>Changes in the Medicare Program</b> <u>Substitute Resolution No. 508:</u> <i>RESOLVED, That the AAFP encourage CMS to use easily understandable language when communicating with its beneficiaries.</i>	Public Policy	7-8	Substitute Adopted	Commission on Legislation and Governmental Affairs  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a>
509	<b>Medicaid</b> <i>RESOLVED, That the American Academy of Family Physicians will compile and make available detailed state-by-state comparisons of Medicaid spending and reimbursement, detailed enough for each state to critique their state's Medicaid spending and reimbursement policy and advocate for Medicaid spending that is rational and effective.</i>	Public Policy	5	Referred to the Board of Directors	Commission on Legislation and Governmental Affairs  <a href="mailto:kburke@aafp.org">kburke@aafp.org</a>
510	<b>Tobacco Advertising to Teens</b> <i>RESOLVED, That AAFP contact the states' attorneys general to support their efforts to prohibit promotion of tobacco/tobacco products and paraphernalia to teenagers, and encourage constituent AAFP state chapters to do the same; and further be it</i> <i>RESOLVED, That AAFP and constituent AAFP chapters continue an active role in advocating for 100 percent of the tobacco settlement funds be used for health in states without a legislative commitment or mandate.</i>	Public Policy	9	Reaffirmed as current policy	No further action necessary
511	<b>Medical Information Sharing on Veterans Administration Patients</b> <u>Substitute Resolution No. 511:</u> <i>RESOLVED, That the American Academy of Family Physicians encourage the Veterans Administration to share health information in a timely manner with family physicians who are treating patients who are concurrently being treated in the VA health system.</i>	Public Policy	8	Substitute Adopted	Commission on Health Care Services  <a href="mailto:jswanson@aafp.org">jswanson@aafp.org</a>
601	<b>Damage to Rural America from Methamphetamine Use</b> <i>RESOLVED, That the American Academy of Family Physicians include information about recognition and treatment of methamphetamine use and exposure in its publications and continuing medical education programs for family physicians.</i>	Education		Substitute Resolution No. 611 adopted in lieu of Resolution Nos. 601 and 611	Commission on Continuing Medical Education  <a href="mailto:ndavis@aafp.org">ndavis@aafp.org</a>

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<b>Res. 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 email address of staff who can provide more information</b>
<b>602</b>	<p><b>Implementation of the Maintenance of Certification</b>  <b><u>Substitute Resolution No. 602:</u></b>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) urge the American Board of Family Medicine (ABFM) to suspend the Self Assessment Modules (SAM) as a required part of the Maintenance of Certification for Family Physicians (MC-FP) until technical and clinical content problems are adequately resolved, and be it further</i>  <i>RESOLVED, That in order to continue the American Academy of Family Physician's (AAFP) commitment to quality of care and evidence based medicine, the AAFP recommend that the American Board of Family Medicine (ABFM) develop a better mechanism for beta testing to gather and disseminate evidence of effectiveness, and be it further</i>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend to the American Board of Family Medicine (ABFM) to develop an alternative mechanism for those members who have unreliable access to the Internet.</i></p>	Education	2-3	Substitute Resolution No. 602, adopted in lieu of Resolution Nos. 602, 604 and 605.	Board of Directors  <a href="mailto:nkahn@aafp.org">nkahn@aafp.org</a>
<b>603</b>	<p><b>American Board of Family Practice Maintenance of Certification Process</b>  <b><u>Substitute Resolution No. 603:</u></b>  <i>RESOLVED, That the American Academy of Family Physicians develop collaboratively with the American Board of Family Medicine (ABFM) a plan to educate members on the process and importance of Maintenance of Certification for Family Physicians (MC-FP), reasons why MC-FP is now the new standard for certification, and the benefits that can be derived from the process..</i></p>	Education	1-2	Substitute Adopted	Board of Directors  <a href="mailto:nkahn@aafp.org">nkahn@aafp.org</a> <a href="mailto:mspringer@aafp.org">mspringer@aafp.org</a> <a href="mailto:dosterga@aafp.org">dosterga@aafp.org</a>
<b>604</b>	<p><b>Maintenance of Certification</b>  <i>RESOLVED, That the AAFP and ABFP continue their dialog to express members' concerns regarding communications, costs, and methods used in the Maintenance of Certification (MOC) process, and be it further</i>  <i>RESOLVED, That the AAFP and ABFP continue to seek ways to educate family physicians in the use of computers, including how to take computerized exams, and be it further</i>  <i>RESOLVED, That the AAFP approach the ABFP to extend the timeline of implementation for the MOC process allowing family physicians adequate time to acclimate.</i></p>	Education	2-3	Substitute Resolution No. 602, adopted in lieu of Resolution Nos. 602, 604 and 605.	

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<b>Res. 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 email address of staff who can provide more information</b>
<b>605</b>	<p><b>Maintenance of Certification (MOC)</b>  <i>RESOLVED, That the AAFP shall insist that the American Board of Family Practice (ABFP) delay the implementation of the MOC-FP program until physicians are adequately informed of the process and given the opportunity to participate in the reconsideration and reevaluation of the MOC-FP process for the purpose of creating a less onerous program, and be it further</i>  <i>RESOLVED, That the Memorandum of Understanding regarding Maintenance of Certification for Family Physicians (MOC-FP) between the AAFP and the ABFP be rescinded, until the concerns of AAFP membership about the self assessment modules component of the MOC-FP program are resolved, and be it further</i>  <i>RESOLVED, That the AAFP and other interested parties work with the ABFP to develop a program of CME utilizing similar computerized testing methods and to place sample self assessment modules on the ABFP website to more adequately prepare the membership for the recertification process, allowing physicians more time to gain the required skills and necessary internet access needed to participate in the program.</i></p>	Education	2-3	Substitute Resolution No. 602, adopted in lieu of Resolution Nos. 602, 604 and 605.	
<b>606</b>	<p><b>Reproductive Information</b>  <i>RESOLVED, That the patient education site familydoctor.org be revised to provide comprehensive information about reproductive health care, including information about all family planning options, including medical termination, adoption and continuing pregnancy, or to provide links to other sites such as Associations of Reproductive Health Care Professionals where this information can be obtained.</i></p>	Education	4	Referred to Board of Directors	Board of Directors for Referral to EVP for implementation  <a href="mailto:mspringer@aafp.org">mspringer@aafp.org</a>
<b>607</b>	<p><b>Maximization of Rotation Time During Residency</b>  <u><b>Substitute Resolution No. 607:</b></u>  <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with the Residency Review Committee for Family Medicine (RRC-FM) to maximize resident education time on rotations within the Accreditation Council for Graduate Medical Education's (ACGME) duty hour requirements.</i></p>	Education	7-8	Substitute Adopted	Commission on Education  <a href="mailto:ppugno@aafp.org">ppugno@aafp.org</a>
<b>608</b>	<p><b>CME Reporting Through AAFP</b>  <i>RESOLVED, That the AAFP devise a system to list members' CME activity by the content title in addition to Group Activity.</i></p>	Education	5	Adopted	Commission on Membership & Member Services  <a href="mailto:clawler@aafp.org">clawler@aafp.org</a>



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609	<b>Family Medicine Residency Programs</b> <i>RESOLVED, That the AAFP request that the Residency Review Committee for Family Medicine (RRC-FM) and the American Board of Family Practice (ABFP) change the training requirements to allow residencies to develop innovative training programs based on the type of practice that most of its residents have chosen in the past.</i>	Education	7	Referred to Board of Directors	Commission on Education  <a href="mailto:ppugno@aafp.org">ppugno@aafp.org</a>
610	<b>Comprehensive Information to Patients Regarding Contraception and Medical Abortion</b> <i>RESOLVED, That the patient education site <a href="http://familydoctor.org">familydoctor.org</a> be revised to include up-to-date, comprehensive information about reproductive options including contraception, medical abortion, adoption and other alternatives.</i>	Education	4	Referred to Board of Directors	Board of Directors for referral to EVP for implementation  <a href="mailto:mspringer@aafp.org">mspringer@aafp.org</a>
611	<b>Methamphetamine Abuse</b> <b><u>Substitute Resolution No. 611:</u></b> <i>RESOLVED, That the American Academy of Family Physicians include information about recognition and treatment of methamphetamine use and exposure in its publications and continuing medical education programs for family physicians, and be it further</i> <i>RESOLVED, That the AAFP work with constituent chapters to address the issue of methamphetamine abuse.</i>	Education	4-5	Substitute Resolution No. 611 adopted in lieu of Resolution Nos. 601 and 611	Commission on Continuing Medical Education  <a href="mailto:ndavis@aafp.org">ndavis@aafp.org</a>
612	<b>Project 1</b> <b><u>Substitute Resolution No. 612:</u></b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) shall appeal the Accreditation Council of Graduate Medical Education (ACGME) to reconsider the validity of the format for the accelerated family medicine residency programs.</i>	Education	8	Substitute Adopted	Commission on Education  <a href="mailto:ppugno@aafp.org">ppugno@aafp.org</a>
613	<b>Mid-Level Providers Providing Endoscopy Services</b> <b><u>Substitute Resolution No. 613:</u></b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) continue to work with professional colleagues and appropriate professional associations in supporting the training and privileging of family physicians in full colonoscopy and polypectomy procedures.</i>	Education	6-7	Substitute Adopted	Commission on Quality & Scope of Practice  <a href="mailto:jhenry@aafp.org">jhenry@aafp.org</a>
614	<b>Inclusion of Oral Health Curriculum into Residency Training Programs</b> <i>RESOLVED, That the American Academy of Family Physicians work with the American Board of Family Practice to development curriculum to support the strengthening of family medicine resident education in proper oral health exams, assessment, education, and preventative techniques be incorporated into residency training curriculum.</i>	Education	8-9	Not Adopted	

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<b>615</b>	<b>Residency Review Committee</b> <i>RESOLVED, That the American Academy of Family Physicians will use its influence with the Residency Review Committee for Family Practice to make longitudinal, community-based residency experience more practical for practices to offer, as well as more educational for trainees.</i>	Education	9	Not Adopted	
<b>616</b>	<b>Basic Disaster Life Support</b> <b><u>Substitute Resolution No. 616:</u></b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with appropriate entities to disseminate information and provide access to training on Basic Disaster Life Support (BDLS).</i>	Education	6	Substitute Adopted	Commission on Continuing Medical Education  <a href="mailto:ndavis@aafp.org">ndavis@aafp.org</a>