



Summary of Actions of the 2012 Congress of Delegates

October 15-17, 2012 – Philadelphia, Pennsylvania

This summary of actions includes items which were adopted, referred or rejected. This summary of actions also includes items which were accepted for information or filed for reference. **For information on the progress/activity on the resolution, please be in contact with the individual listed by each resolution.**

Res. No.	Subject	Action of Congress	Recommended Referrals
101	<p>AAFP Dues RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors be required to gain approval from the AAFP Congress of Delegates, by majority vote, for any dues increases for any and all membership classifications. Fiscal Impact: None</p>	Not Adopted	
201	<p>AAFP Policy on Candidate Campaign Activities and Rules <u>Substitute as Amended on the Floor:</u> RESOLVED, That the American Academy of Family Physicians amend its policy to allow candidates the ability to address their constituents and discuss issues within their respective caucus meetings, which may occur at any time during the Congress of Delegates. Fiscal Impact: None</p>	Adopted as amended as on the floor	<p>Speakers of the COD</p> <p>Diane McDaniel dmcdanie@aafp.org</p> <p>Report as of May 2013: Candidate Campaign Activities and Rules document updated per resolution.</p>
202	<p>Increasing Prominence of the Working Group on Rural Health <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians increase promotion and awareness of the Working Group on Rural Health to its members by providing information about the group in appropriate venues, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians direct appropriate issues relevant to the rural family physician, through the existing commission structure, to the Working Group on Rural Health. Fiscal Impact: None</p>	Substitute Adopted	<p>Board of Directors</p> <p>Debra Hurst dhurst@aafp.org</p> <p>Report as of July 2013: RESOLVED Clause number 1 -- AAFP staff have worked since mid-2012 to increase awareness of the Working Group on Rural Health (the WGRH) to its members by providing information about the group in appropriate venues as follows: 1) In mid-2012, staff added a brief description of the WGRH, its intent and</p>

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		<p>composition, and a list of the members who comprised the WGRH to the Commissions page on the AAFP web site. This portion of the AAFP web site had formerly been reserved for AAFP Commissions as part of the AAFP Governance section of the web site.</p> <p>2) AAFP Membership staff published an article in the AAFP CHEX Mix, the newsletter/online resource center for AAFP chapter executives, dated January 10, 2013, in which chapters were encouraged to share information about the WGRH with their members, including the ability of the WGRH to a) look out for rural members' interest; b) provide rural members with a way to connect to each other and with WGRH members; and c) serve as a sounding board for specific issues encountered by rural family physician members:</p> <p>3) AAFP News Now published an article regarding the WGRH's activities and accomplishments through a Guest Editorial dated January 4, 2013 -- Jen Brull, MD -- "Rural Physicians Don't Have to Go It Alone".</p> <p>RESOLVED Clause number 2 -- To increase the likelihood</p>
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			<p>that commissions would direct appropriate issues relevant to rural family physicians to the WGRH, the WGRH staff executive encouraged the WGRH Convener to email the commission chairs and staff executives, requesting that they notify the WGRH of such agenda items, Accordingly, the Convener did email each commission's chair and the identified representative to the WGRH in advance of the 2013 Winter Cluster meeting, which improved the formalization of a reporting period from each WGRH representative to their individual board, and reinforced the importance of forwarding issues of rural relevance to the WGRH. In addition, the WGRH staff executive continues to encourage WGRH members to join and post information in the AAFP Rural Online Community, and on the AAFP rural listserv.</p>
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Res. No.	Subject	Action of Congress	Recommended Referrals
203	<p>Social Media Guidelines RESOLVED, That the American Academy of Family Physicians develop guidelines or a toolkit for family physicians' professional use of social media. Fiscal Impact: None</p>	Adopted	<p>EVP to appropriate staff</p> <p>Sarah Thomas stthomas@aafp.org</p> <p>Report as of June 2013: The AAFP has developed the following guidelines: Social Media for Family Physicians: Guidelines and Resources for Success</p>
204	<p>Change of AAFP Membership Fee Structure RESOLVED, That the American Academy of Family Physicians revise its dues model to increase membership by physicians in part-time practice or with financial hardships. Fiscal Impact: None</p>	Not Adopted	
205	<p>Life Members of the American Academy of Family Physicians RESOLVED, That the American Academy of Family Physicians consider creating a special constituency of Life members that will be included in the National Conference of Special Constituencies (NCSC), and be it further RESOLVED, That chapter representatives meet annually at the National Conference of Special Constituencies (NCSC) meeting to voice their concerns about selected topics and issues, and be it further RESOLVED, That Life members be allowed to represent their group as a special constituency, even though unable to hold office. Fiscal Impact: Less than \$5,000</p>	Referred to the Board of Directors	<p>Commission on Membership and Member Services</p> <p>Elaine Conrad econrad@aafp.org</p> <p>Report as of July 2013: The commission acknowledged that the focus of the National Conference of Special Constituencies (NCSC) is to serve as a leadership training ground for physicians defined as special constituencies. Life members, as defined in the bylaws, are unable to vote or hold leadership positions. There are numerous opportunities for Life members to engage with the AAFP and their peers, including: member listservs, online communities, and face-to-face networking at national</p>

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			and chapter CME meetings, and other events. In addition, the commission noted that issues of concern of Life members could also be addressed through resolutions submitted to the member's chapter. The commission recognized that this may be another segment of AAFP membership that the Board of Directors Member Interest Group Task Force could consider as they identify ways to better define and engage different segments of AAFP membership. The commission accepted this resolution for information.
206	<p>New Physician Board of Directors Support</p> <p>RESOLVED, That the American Academy of Family Physicians make available to all constituent chapters specific funding for a new physician delegate to attend the National Conference of Special Constituencies (NCSC) consistent with, and in addition to, the current funding available for the constituent chapters to send representatives to Annual Leadership Forum (ALF) and NCSC.</p> <p>Fiscal Impact: \$32,137</p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Callie Castro ccastro@aafp.org</p> <p>Report as of 5/2013: Additional travel reimbursement funds were added to the NCSC budget for the 2013 meeting to cover travel costs for a new physician delegate from each chapter. The funding was added consistent with that currently provided for ALF and NCSC. Travel reimbursements will be made at the conclusion of the meeting to new physician chapter delegates only once documentation is provided. Total net expense is \$22,380.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
301	<p>Physician Awareness and Education About Pharmaceutical and Biological Risk Evaluation and Mitigation Programs RESOLVED, That the American Academy of Family Physicians work with the pharmaceutical and biological industries to increase physician awareness of Risk Evaluation and Mitigation Programs as a means to improve patient safety, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the e-prescribing and point of care resource industries to increase physician awareness of Risk Evaluation and Mitigation Programs as a means to improve patient safety by including current Risk Evaluation and Mitigation Program information in their products.</p> <p>Fiscal Impact: Less than \$5,000</p>	Adopted	<p>1st Resolved Clause – Commission on Continuing Professional Development</p> <p>Mindi McKenna, PhD mmckenna@aafp.org</p> <p>Report as of 5/2013: The AAFP appointed a cross-divisional staff working group to monitor the many aspects of this multifaceted crisis and its many proposed and potential solutions. This group serves to advise appropriate commissions, the board and other leaders regarding the potential impact on members as necessary.</p> <p>In additional to the AAFP response to the opioids-related issues detailed in the Board report to the 2011 Congress of Delegates, the Board of Directors at its July 2011 meeting requested that the Commission on Health of the Public and Science consider a comprehensive strategy for pain management in the context of public health. The issue is a multi-faceted public health concern. Efforts to respond to it entail addressing the: 1) need for pain management with all of the various components noted above, and 2)</p>

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		<p>misuse, addiction and diversion of medications and overdoses. The strategies to address these two topics are related but distinct. A President's letter to the membership describing the issues and related actions of the AAFP was published Aug. 24, 2011 in AAFP News.</p> <p>2nd Resolved Clause - Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 5/2013: The AAFP Center for Health IT has consistently advocated for the use of electronic prescribing systems by our members to improve care quality, patient safety, and office efficiency. Additionally, they continue to advocate that such systems must incorporate point-of-care decision support tools to address clinical, financial, and regulatory issues that deluge patients and physicians on a daily basis.</p> <p>The AAFP Center of Health IT will continue to advocate for inclusion, update, and accessibility of REMS information in medication management systems at the point of care with current and future HIT vendor interactions.</p>
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Res. No.	Subject	Action of Congress	Recommended Referrals
302	<p>Patient Access to Therapeutics RESOLVED, That the American Academy of Family Physicians work with other interested parties, to ensure that payment for prescription medications and durable medical equipment not be denied solely on the basis of the use of a properly suffixed institutional Drug Enforcement Agency number, or similar identifier. Fiscal Impact: None</p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Kent Moore Kmoore@aafp.org</p> <p>Report as of May 2013: This resolution may have been prompted by local or regional issues. As such the AAFP, through its private sector advocacy staff, has a process for addressing issues such as this when they are brought to the AAFP's attention. The commission concluded that no new or further action is necessary in this regard.</p>
303	<p>Family Medicine Specific Billing Codes for the Center for Medicare and Medicaid (CMS) RESOLVED, That the American Academy of Family Physicians create and submit to the Center for Medicare and Medicaid a new set of CPT codes designed and intended only for use by family medicine physicians within their scope of practice, and be it further RESOLVED, That the American Academy of Family Physicians request that the Center for Medicare and Medicaid recognize the AAFP as the official and exclusive body for establishment of billing codes for preventative and primary care services for Medicare. Fiscal Impact: None</p>	Not Adopted	
304	<p>Review Payment Reform Model Generated by a Family Physician in the Center for Medicare and Medicaid Services (CMS) Innovation Advisors Program RESOLVED, That the American Academy of Academy Physicians review Dr. Richard Young's work on primary care payment methodologies as a Center for Medicare and Medicaid Services (CMS) Innovation Advisor, and refer this to the proper AAFP committee for further study. Fiscal Impact: None</p>	Referred to the Board of Directors with a report back to the Congress in 2013	<p>Commission on Quality and Practice</p> <p>Kent Moore kmoore@aafp.org</p> <p>Report as of May 2013: Dr. Richard Young presented to the Commission on Quality and Practice at its February 2013 meeting during which he explained his work on primary care payment</p>

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			methodologies and answered questions. A workgroup was formed that would extract the most salient points from Dr. Young's presentation and the commission's discussion for consideration by the board and for presentation to appropriate parties as determined by the board.
305	<p>Improve Medicare Coverage of Mental Health Counseling</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide education to AAFP members about proper ways to bill "incident to" charges for counseling services provided by marriage and family therapists and licensed professional counselors.</p> <p>Fiscal Impact: None</p>	Adopted	<p>Commission on Quality and Practice</p> <p>Kent Moore kmoore@aafp.org</p> <p>Report as of May 2013: The AAFP has provided information and education to its members regarding "incident to" billing in the past in the form of two Family Practice Management (FPM) articles. Both articles remain available on the AAFP website. A request will be made to FPM about addressing the subject offering options for FPM to consider. If FPM is amenable, the commission also encouraged AAFP to repurpose the resulting information and communicate it to AAFP members via other means through the Practice Enhancement Content Strategy Team.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
306	<p>Relative Value Scale Update Committee (RUC) RESOLVED, That a new system of payment based on value must be created and that the American Academy of Family Physicians reconsiders their position of staying in the Relative Value Scale Update Committee (RUC) if it determines that remaining in the RUC does not facilitate a change to a value based system of reimbursement, and be it further RESOLVED, That the American Academy of Family Physicians reiterate its position in writing to the Relative Value Scale Update Committee, and be it further RESOLVED, That the American Academy of Family Physicians continue to educate all constituents that true reimbursement reform must include payments for care coordination and other aligned incentives. Fiscal Impact: None</p>	Reaffirmed as Current Policy	No further action necessary
307	<p>Economic Impact of the Patient-Centered Medical Home (PCMH) on Small and Solo Practices Substitute: RESOLVED, That the American Academy of Family Physicians study the economic impact of the Patient-Centered Medical Home (PCMH) on the future viability of practices, with an emphasis on small and solo practices. Fiscal Impact: None</p>	Substitute Adopted	Commission on Quality and Practice Jane Krieger jkrieger@aafp.org Report as of May 2013: A workgroup was formed to thoroughly evaluate this topic.
308	<p>Telemedicine RESOLVED, That the American Academy of Family Physicians publicly opposes the use of telemedicine for the purpose of providing acute care treatment in the absence of a pre-existing provider-patient relationship, and be it further RESOLVED, That the American Academy of Family Physicians examine the threats and opportunities associated with the use of this type of telemedicine technology (see attachment), and be it further RESOLVED, That the American Academy of Family Physicians convey this new information on the use of telemedicine technology to its membership. Fiscal Impact: None</p>	Referred to the Board of Directors	Commission on Quality and Practice Jane Krieger jkrieger@aafp.org Report as of May 2013: The commission reviewed how best to fulfill the resolution. Discussion focused around concerns with the scope and definition of telemedicine and an imperative to preserve and leverage established patient-physician healing relationships. The existing policy on "e-Visits" was identified as relevant to telemedicine. Also, the commission suggested the Center for Health IT monitor

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			adoption of telemedicine for primary care and develop appropriate educational materials and experiences for members regarding use of an coexistence with advancing telemedicine technologies and applications.
309	<p>Electronic Medical Records (EMR) RESOLVED, That the American Academy of Family Physicians request that the Centers for Medicare and Medicaid Services (CMS) develop minimum standards to be applied to outcome-based initiatives measured during this rapid implementation phase of EMR, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request that the Centers for Medicare and Medicaid Services (CMS) study the effect of implementing electronic medical records on the productivity and financial solvency of family physician's practices and patient safety. Fiscal Impact: \$13,789</p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Steven Waldren swaldren@aafp.org</p> <p>Report as of May 2013: The AAFP has made the point that there is a need for an evidence-based approach to requirements from CMS around EHR adoption and use within our comments to proposed and final rules governing meaningful use regulations. There are no recommendations or requests for studies by CMS. The commission recommended, and the Board of Directors will consider at its July 2013, the creation of a letter to be addressed to the Secretary of HHS with requests to (1) acknowledge the need for a minimum set of standards assuring evidence-based approaches to the determination of requirements around the adoption of EHRs through regulations and payment initiatives within CMS</p>

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			and craft such a set of standards to be followed by CMS; and (2) research the effect on patient safety and the direct and indirect financial impact on family medicine practices of required EHR adoption and use under meaningful use.
310	<p>Mandating Electronic Health Record (EHR) Platforms be Interchangeable</p> <p>RESOLVED, That the American Academy of Family Physicians lobby for federal regulations for the Certification Commission for Health Information Technology (CCHIT) certification to require any and all electronic health records to have platforms that enable the exchange of essential information contained in the health records of patients.</p> <p>Fiscal Impact: \$13,789</p>	Reaffirmed as Current Policy	No further action necessary
311	<p>Relief from Rules Governing Diabetic Supplies and Treatment</p> <p>Substitute:</p> <p>RESOLVED, That the American Academy of Family Physicians seeks relief from the burdensome and non-value payer requirements in the prescribing of diabetic supplies.</p> <p>Fiscal Impact: None</p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Kent Moore kmoore@aafp.org</p> <p>Report as of May 2013: Family physicians have a role to play in fraud prevention; however, simplification of the rules for prescribing necessary diabetic supplies and treatment is needed. Staff were asked to generate a letter, over the Board Chair's signature, to the Centers for Medicare and Medicaid Services (or appropriate Congressional offices, if the provisions in question are statutory) seeking relief from requirements identified by the commission. As appropriate, a similar</p>

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			letter would be sent to the Medicare durable medical equipment regional carrier medical directors and national private payers; a copy of the private payer letter would then be shared with state chapters for their use as a template in advocating with state or regional payers.
312	<p>Certified Nurse Midwives RESOLVED, That the American Academy of Family Physicians amend its policy regarding relationships with certified nurse midwives to state:</p> <ul style="list-style-type: none"> The American Academy of Family Physicians encourages family physicians to develop cooperative and collaborative relationships with certified nurse midwives and to provide consultation and support as needed for the provision of evidence-based high quality and safe maternity care for pregnant women and their families. <p>Fiscal Impact: None</p>	Not Adopted	
401	<p>Endorse the <i>United States Medical Eligibility Criteria for Contraceptive Use (USMEC)</i> RESOLVED, That the American Academy of Family Physicians (AAFP) endorse the <i>United States Medical Eligibility Criteria for Contraceptive Use (USMEC)</i> and promote <i>USMEC</i> with an announcement and link on www.aafp.org. Fiscal Impact: Less than \$5,000</p>	Referred to the Board of Directors	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof, MHA bschoof@aafp.org</p> <p>Report as of July 2013: CHPS is reviewing the USMEC for possible endorsement using the AAFP's endorsement process for clinical practice guidelines.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
402	<p>Antibiotic Resistance, Food Production, and Human Health RESOLVED, That the American Academy of Family Physicians support and advocate for measures which:</p> <ul style="list-style-type: none"> a. reduce antibiotic use in food production; b. advocate for a requirement of proof of efficacy and a positive cost/benefit analysis for any antibiotics used in food production with the analysis taking into account the ultimate costs to human health care with such analysis to include not only economic but morbidity and mortality costs; and c. support, on the Federal level, legislation intended to accomplish these measures. <p>Fiscal Impact: Less than \$5,000</p>	Referred to the Board of Directors	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>Report as of July 2013: CHPS recommended a new policy to the Board (pending approval).</p>
403	<p>Healthy Foods <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians support the development of healthy food supply chains in supplemental nutrition programs so as to broaden the availability of healthy food to program recipients. Fiscal Impact: None</p>	Substitute Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>Report as of June 2013: Commission is considering alternative language for the resolution.</p>
404	<p>Ensure Comprehensive and Confidential Health Care for Minors and Adults Insured as Dependents RESOLVED, That the American Academy of Family Physicians advocate for policies that expand protections for minors accessing confidential care to include preventative reproductive health care, such as the HPV and hepatitis vaccines, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support policies that prohibit billing procedures from breaching confidentiality for minors and adults insured as dependents seeking contraceptive care, abortion care, mental health care, or services related to sexually transmitted infections prevention, testing, and treatment. Fiscal Impact: None</p>	Referred to the Board of Directors	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>Report as of June 2013: The commission recommended and the Board of Directors, at its July 2013 meeting, approved/disapproved CHPS is developing language to address this resolution for the Board's approval.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
405	<p>Tar Wars 25th Anniversary in 2013 Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) as a whole including the AAFP Board of Directors and AAFP Congress of Delegates formally acknowledge and commend the national Tar Wars program upon the 25th Anniversary, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) as a whole including the AAFP Board of Directors and AAFP Congress of Delegates support activities to commemorate Tar Wars' 25th anniversary.</p>	Substitute Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>Report as of June 2013: CHPS determined this resolution was met in light of the many activities already in progress for the 25th Tars Wars Anniversary.</p>
501	<p>End Age Restrictions on Emergency Contraception (EC) Access Substitute as Amended on the Floor: RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for emergency contraception to be available without prescription to all women of reproductive age. Fiscal Impact: \$14,062</p>	Substitute Adopted as amended on the floor	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker tbaker@aafp.org</p> <p>Robert Bennett rbennett@aafp.org</p> <p>Report as of May 2013: The commission recommended and the Board of Directors approved at its April 2013 meeting that the AAFP communicate to the Secretary of the Department of Health and Human Services support for making contraceptive products available without prescription to all women of reproductive age, and that the AAFP partner with ACOG to study this issue further.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
502	<p>Public Policy and the Medical Home Substitute as Amended on the Floor: RESOLVED, That the American Academy of Family Physicians advocate for multiple pathways to enhanced payment for Patient-Centered Medical Home (as defined by the Joint Principles of the Patient-Centered Medical Home), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians investigate the development of an AAFP Patient-Centered Medical Home certifying process, and report back to the Congress of Delegates next year. Fiscal Impact: Less than \$5,000</p>	Substitute Adopted as amended on the floor	Commission on Quality and Practice Janelle Johnson jjohnson@aafp.org Report as of May 2013: A workgroup was formed to further study this issue.
503	<p>Cap on Suboxone Patients RESOLVED, That the American Academy of Family Physicians support amending the cap in primary care on the treatment of addiction care with suboxone to 200 patients after five years of treating addiction. The DEA surveillance on site will continue to monitor practices, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians send a letter to the Drug Enforcement Agency in Washington, DC to advocate for amending the cap on the treatment of addiction care with suboxone to 200 patients after five years of treating addiction. Fiscal Impact: Less than \$5,000</p>	Referred to the Board of Directors	Commission on Governmental Advocacy Teresa Baker tbaker@aafp.org Report as of May 2013: The commission recommended and the Board of Directors at its April 2013 meeting approved that the AAFP accept for information the 2012 COD Resolution No. 503 entitled, "Cap on Suboxone Patients," (Referred to the Board) and that the AAFP work with the American Society of Addiction Medicine to support the effort to raise the cap on suboxone patients. Currently, the law limits a physician to no more than 200 patients after five years of treating addiction. The resolution further asks the AAFP to send a letter to the Drug Enforcement Agency to advocate for amending the limit of 200 patients per physician for the treatment of addiction

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			using Suboxone. The commission believed that the resolution reflects current AAFP policy, which opposes any action that would limit patients' access to physician-prescribed pharmaceuticals.
504	<p>Critical Access Hospitals RESOLVED, That the American Academy of Family Physicians advocate for the preservation of the core concept of the Critical Access Program, and improved payments to rural hospitals, to maintain quality access to care and prevent hospital closures. Fiscal Impact: None</p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker tbaker@aafp.org</p> <p>Report as of May 2013: The commission recommended and the Board of Directors at its April 2013 meeting approved that the AAFP</p> <ul style="list-style-type: none"> • Monitor and respond to emerging legislation affecting the viability of Critical Access Hospitals (CAH) • Participate with like-minded stakeholders, e.g., National Rural Health Association, to advocate for legislation and regulations supportive of CAHs • Create, and distribute to interested AAFP members, appropriate legislative background and advocacy materials • Educate Family Medicine Congressional Conference participants about AAFP's advocacy of CAHs.

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Res. No.	Subject	Action of Congress	Recommended Referrals
505	<p>Veteran's Access to Healthcare RESOLVED, That the American Academy of Family Physicians encourage the Veteran's Administration's (VA) to extend VA pharmacy pricing to prescriptions written by community providers caring for veterans as long as those medications are available on the VA formulary. Fiscal Impact: None</p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Robert Bennett rbennett@aafp.org</p> <p>Report as of May 2013: The commission recommended and the Board of Directors at its April 2013 meeting approved that the AAFP accept for information the 2012 COD Resolution No. 505, "Veterans Access to Health Care." Veterans should not have to pay more for their prescriptions because they filled them at a local pharmacy rather than a distant VA health center. The AAFP already has policy consistent with this resolution and a letter has been sent to the VA regarding this issue.</p>
506	<p>Legislative Interference in the Physician Patient Relationship RESOLVED, That the American Academy of Family Physicians reaffirm its policy that opposes any and all legislation at both the state and federal level that interferes with the physician/patient relationship, and be it further RESOLVED, That the American Academy of Family Physicians take an active position of opposing legislation when such issues arise on a state or national level that interfere with the physician/patient relationship. Fiscal Impact: None</p>	Reaffirmed as Current Policy	No further action necessary
507	<p>Physician Conscience Protection Rights RESOLVED, That the American Academy of Family Physicians support the ability of physicians to practice medicine in accord with their conscience, without resulting in loss of licensure or significant financial penalty. Fiscal Impact: None</p>	Reaffirmed as Current Policy	No further action necessary

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Res. No.	Subject	Action of Congress	Recommended Referrals
508	<p>Increase the Ability of the Centers for Medicare and Medicaid Services (CMS) to Change Payment Guideline for Immunizations without New Congressional Legislation</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians support legislation to allow the Centers for Medicare and Medicaid Services (CMS) to pay for new immunization recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), and be it further RESOLVED, That the American Academy of Family Physicians (AAFP) work with the Centers for Medicare and Medicaid (CMS) and other appropriate agencies to allow for Part B coverage of all Advisory Committee on Immunization Practices (ACIP) recommended immunizations. Fiscal Impact: Less than \$5,000</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker tbaker@aafp.org</p> <p>Report as of 5/2013: The commission recommended and the Board of Directors at its April 2013 meeting approved that the AAFP continue to advocate that the federal government allow payment for new immunizations recommended by the Centers for Disease Control and Prevention (CDC) and allow physicians to seek reimbursement under Medicare Part B for the administration of all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).</p>
509	<p>Survival of Independent Primary Care Practices</p> <p>Substitute Adopted as Amended on the Floor with a report back to the 2013 COD: RESOLVED, That the American Academy of Family Physicians develop and actively support a plan for model legislation that supports the right of primary care physicians to collectively negotiate with health insurers and grants them immunity from anti-trust statutes when they do so. Fiscal Impact: \$50,429</p>	Substitute Adopted as amended on the floor	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker tbaker@aafp.org</p> <p>Report as of 5/2013: The commission recommended and the Board of Directors, at its April 2013 meeting, approved that the AAFP reach out to the American Medical Association (AMA) and other members of the AMA Antitrust Working Group to actively support legislation to remove the antitrust barriers to physician collective negotiations.</p>

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510	<p>The American Academy of Family Physicians Declaration of Support for Civil Marriage for Same-Gender Couples RESOLVED, That the American Academy of Family Physicians support civil marriage for same-gender couples to contribute to overall health and longevity, improved family stability and to benefit children of gay, lesbian, bisexual, transgender (GLBT) families. Fiscal Impact: None</p>	Adopted	Update policy on website – no further action necessary
511	<p>The American Academy of Family Physicians Declaration of Support for Civil Marriage for Same-Gender Couples RESOLVED, That the American Academy of Family Physicians support civil marriage for same-gender couples to contribute to overall health and longevity, improved family stability and to benefit children of gay, lesbian, bisexual, transgender (GLBT) families. Fiscal Impact: None</p>	Adopted	Update policy on website – no further action necessary
512	<p>Rural/Underserved Physician Tax Credit RESOLVED, That the American Academy of Family Physicians encourage and lobby for the enactment of an IRS approved federal tax credit of at least 75 percent for primary care physicians who locate to, or are located in, a federally defined rural or medically underserved/shortage area. Fiscal Impact: The fiscal impact depends on the priority given to this specific lobbying directive. As part of the regular lobbying program for improved payment for primary care, it would not add a significant amount. But if the specific issue of a tax reduction is a priority, it will entail a considerable investment in hiring lobbyists who work with the Congressional tax committees.</p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker tbaker@aafp.org</p> <p>Report as of May 2013: The commission recommended that the AAFP continue to pursue its goals of reducing the shortage of family physicians and enhancing their payment.</p>
601	<p>Retention and Availability of Continuing Medical Education Participation RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Continuing Medical Education and Continuing Medical Education Providers which it accredits to ensure that each Continuing Medical Education Provider will make available to a central data repository a transcript of all Continuing Medical Education Credits earned by a physician from the Continuing Medical Education Provider, including date, credits earned and program title, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Accreditation Council for Continuing Medical Education to make physician continuing medical education transcripts available to the physician online and in real time in a format suitable for submission to licensing and other organizations without cost to the physician Fiscal Impact: None</p>	Not Adopted	

Summary of Actions of the 2012 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
602	<p>End Health Care Discrimination for Transgender People RESOLVED, That the American Academy of Family Physicians support public and private insurance coverage for treatment of gender identity disorder/gender dysphoria, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recognize that care of transgender individuals, including providing or referring for cross-gender hormone treatment, is within the scope of family medicine, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend that all medical students and family medicine residents receive training that will enable them to meet the basic primary care needs of transgender individuals in a competent and respectful manner. Fiscal Impact: None</p>	Reaffirmed as Current Policy	No further action necessary
603	<p>Segregate Commercially-Sponsored Talks RESOLVED, That commercial support for any official continuing medical education program sponsored by the American Academy of Family Physicians be limited to unrestricted grants, and be it further</p> <p>RESOLVED, That any commercial interests or exhibitors that wish to provide promotional materials or their own speakers be allowed but segregated from the American Academy of Family Physicians sponsored continuing medical education program. Fiscal Impact: None</p>	Reaffirmed as Current Policy	No further action necessary
604	<p>Eliminating Specialty Disrespect RESOLVED, That the American Academy of Family Physicians and its members lead by example, value professionalism and model respectful behavior toward other specialties among our colleagues and students in health care. Fiscal Impact: None</p>	Reaffirmed as Current Policy	No further action necessary
605	<p>Urge ABFM to Develop and Offer a Self-Assessment Module entitled: Advance Care Planning Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) encourage the American Board of Family Medicine (ABFM) to incorporate content regarding Advanced Care Planning into applicable Self-Assessment Modules (SAMs). Fiscal Impact: None</p>	Substitute Adopted	<p>Commission on Continuing Professional Development</p> <p>Mindi McKenna, PhD mmckenna@aafp.org</p> <p>Report as of May 2013: A letter from the AAFP's COCPD Chair has been sent to the ABFM's CEO, informing him of the AAFP's adoption of this resolution. The American Board of Medical Specialties Maintenance of Certification (ABMS - MOC) is a process designed to document</p>

Summary of Actions of the 2012 Congress of Delegates, continued

			<p>that physicians maintain necessary competencies to provide quality patient care in the specialties for which they have been certified. The AAFP recognizes that open communication including advance care planning between physician and patient care is optimal. However, this resolution requests the AAFP urge the ABFM to develop a new topic specific Part II Self-Assessment Module on "Advance Care Planning" acceptable for formal Maintenance of Certification purposes. Such decisions are made at the discretion of ABFM, not AAFP. As such, the AAFP's role is to convey the Congress of Delegates' resolution to the ABFM.</p>
606	<p>Fairness in the Transition of the Maintenance of Certification (MOC) Process RESOLVED, That the American Academy of Family Physicians work with the American Board of Family Medicine (ABFM) to identify strategies that would promote fairness in the transition to the new timetable for the Maintenance of Certification (MOC) process, which could include, but not be limited to:</p> <ul style="list-style-type: none"> • "grandfathering" of those who have participated in the process for many years, such that they could maintain certification for a seven year period after successful completion of the recertifying examination; • completing additional Part II programs; or • providing documentation from their health system of exemplary performance or contributions in quality of care initiatives outside ABFM Part IV content areas. <p>Fiscal Impact: None</p>	Not Adopted	

Summary of Actions of the 2012 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
607	<p>Medical Facility Regulations for Students Shadowing Physicians RESOLVED, That the American Academy of Family Physicians work with national associations (hospitals, nursing homes) to develop a standard criteria for students to shadow physicians in medical facilities. Fiscal Impact: None</p>	Referred to the Board of Directors	<p>Commission on Education</p> <p>Stan Kozakowski, MD skozakowski@aafp.org</p> <p>Report as of May 2013: The AAFP has created multiple tools for its members to use on shadowing such as pre-shadowing checklists, forms & HIPAA instructional materials. -- There also is the possibility of partnering with the AAMC. Its Committee on Admissions (COA) tackled the topic as well. COA will be creating a set of recs for physician shadowing to assist both students & physicians in understanding their respective roles. Stan Kozakowski is AAFP liaison with the AAMC, and will explore partnership opportunities.</p>