



Summary of Actions: 2018 National Conference of Constituency Leaders

2018 Resolutions

To sort by constituency, select the entire table; click on “layout tab”; click on “sort” in the data group; sort by “constituency” or column 3.

Res. No.	Title and Resolved	Constituency	Reference Committee	Referrals	Action
1001	<p>Decriminalization of Non-Disclosure of HIV Status <i>RESOLVED, That the American Academy of Family Physicians, in order to support HIV prevention efforts, adopt a policy recommending the decriminalization of HIV and the repeal or reform of these laws to eliminate HIV-specific criminal penalties, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create a State Legislative Issue Backgrounder recommending the decriminalization of HIV and the repeal or reform of these laws to eliminate HIV-specific criminal penalties.</i></p>	LGBT, Minority, Women	Advocacy	Commission on Governmental Advocacy	Accept for Information. The CGA agreed to accept for information NCCL Res. 1001 - Decriminalization of Non-Disclosure of HIV Status since none of the AAFP chapters have expressed an interest in adding this issue to their advocacy agenda.
1002	<p>Support Creation of Physician Union Constructs Within Antitrust <i>RESOLVED, That the American Academy of Family Physicians support the creation of physician unions through platform or campaign, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support the creation of physician unions through platform or campaign and gather the support of other organizations such as American Medical Association to push forth this initiative in grassroots, statewide, and national activities.</i></p>	Minority	Advocacy		Accepted for information by the AAFP Board of Directors.
1003	<p>Intimate Partner Violence as a Cause of Maternal Mortality <i>RESOLVED, That the American Academy of Family Physicians promote and advocate for research and data collection regarding</i></p>	Women	Advocacy	Commission on Health of the Public and Science	Reaffirm. The AAFP has current polices and recommendations on intimate partner violence including the policy, “Intimate Partner Violence,” a Clinical Preventive Service Recommendation titled, “Intimate Partner Violence and

	<p><i>intimate partner violence related maternal mortality, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage the appropriate agencies including the Centers for Disease Control and Prevention to include data about intimate partner violence in statistics on maternal mortality.</i></p>				Abuse of Vulnerable Adults,” and the “Violence” position paper.
1004	<p>Transportation of Drug Overdose Patients</p> <p><i>RESOLVED, That emergency room providers, once verifying the patient had a narcotic overdose, initiate medication-assisted treatment in an emergency room, and be it further</i></p> <p><i>RESOLVED, That emergency room staff arrange next day follow up for the medication-assisted patient to help minimize the risk of recurrent narcotic overdose</i></p>	Minority	Advocacy		Not adopted by the 2018 National Conference of Constituency Leaders
1005	<p>Oppose “Fetal Personhood” Terminology in Governmental Policies and Legislation</p> <p><i>RESOLVED, That the American Academy of Family Physicians publicly oppose the use of fetal personhood language in policies and legislative initiatives, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop appropriate materials for the state advocacy website to assist members to advocate their opposition to fetal personhood language in policies and legislative initiatives at the state and national level.</i></p>	New Physician, Women	Advocacy	Commission on Governmental Advocacy	Reaffirm. The CGA agreed to reaffirm NCCL Res. 1005 - Oppose "Fetal Personhood: Terminology in Government Policies and Legislation as this issue will be addressed by the 2018 Congress of Delegates.
1006	<p>Opioid Advertising Ban</p> <p><i>RESOLVED, That the American Academy of Family Physicians actively support legislation prohibiting direct-to-consumer pharmaceutical company advertising of opioid drugs and opioid receptor antagonists, now, be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians actively support legislation prohibiting promotion of opioid drugs and opioid receptor antagonists to health-care providers.</i></p>	IMG	Advocacy	<p>1st Resolved Clause – Reaffirmed as Current Policy.</p> <p>2nd Resolved Clause - Commission on Governmental Advocacy (with modification noted)</p>	<p>1st Resolved Clause – Reaffirmed as current policy by the AAFP Board of Directors.</p> <p>2nd Resolved Clause – Accept for Information. The CGA agreed to accept for information NCCL Res. 1006 second resolved clause because the AAFP does not have relevant policy.</p>
1007	<p>Removing Rems Categorization on Mifepristone</p> <p><i>RESOLVED, That the American Academy of Family Physicians endorse the principle that the Risk Evaluation and Mitigation</i></p>	Women, Minority, LGBT, New Physician, IMG	Advocacy	1 st Resolved Clause – Accepted for information.	<p>1st Resolved Clause - Accepted for information by the AAFP Board of Directors.</p> <p>2nd Resolved Clause - Reaffirm. The CGA agreed to reaffirm NCCL Res.</p>

	<p><i>Strategies (REMS) classification on mifepristone is not based on scientific evidence and limits access to abortion care, and be it further,</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians engage in advocacy and lobbying support efforts to overturn the Risk Evaluation and Mitigation Strategies (REMS) classification on mifepristone</i></p>			<p>2nd Resolved Clause - Commission on Governmental Advocacy (with modification noted)</p>	<p>1007 - Removing REMS Categorizations on Mifepristone as this issue will be addressed by the 2018 Congress of Delegates.</p>
1008	<p>Oppose the Criminalization of Self-Induced Abortion</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate and lobby against support legislative efforts to criminalize self-induced abortion, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide continuing medical education on post-abortion care of patients, and, be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians reaffirm current policy that advocates for full reproductive health care including safe and legal abortion.</i></p>	<p>LGBT, New Physician, Minority, Women</p>	<p>Advocacy</p>	<p>1st Resolved Clause – Commission on Governmental Advocacy (with modification noted)</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p> <p>3rd Resolved Clause – Reaffirmed as current policy.</p>	<p>1st Resolved Clause – Reaffirm. The CGA agreed to reaffirm the 1st Resolved Clause and noted that the 2018 Congress of Delegates is expected to review this issue.</p> <p>2nd Resolved Clause – Reaffirm. The COCPD determined that this topic was currently provided for within the AAFP's CME program.</p> <p>3rd Resolved Clause – Reaffirmed as current policy by the AAFP Board of Directors.</p>
1009	<p>Removing Gag Clauses from PBM Contracts</p> <p><i>RESOLVED, That the American Academy of Family Physicians lobby consider support for passage of legislation, inclusive of but not limited to S. 2553 ("Know the Lowest Price Act of 2018") and S. 2554 ("Patient Right to Know Drug Prices Act"), which prohibit Pharmacy Benefits Managers from including "gag clauses" in their contracts on a national level, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a tool kit to offer to the chapters to better enable them to promote open communication between pharmacists and patients regarding medication pricing.</i></p>	<p>LGBT</p>	<p>Advocacy</p>	<p>1st Resolved Clause – Commission on Governmental Advocacy (with modification noted)</p> <p>2nd Resolved Clause – Accepted for information.</p>	<p>1st Resolved Clause – Reaffirm. The CGA agreed to reaffirm NCCL Res. 1009 - Removing Gag Clauses from PBM Contracts because the AAFP is actively engaged in drug pricing advocacy.</p> <p>2nd Resolved Clause - Accepted for information by the AAFP Board of Directors.</p>
1010	<p>Reinforce Support of Ensuring Accurate Medical Information at Crisis Pregnancy Centers (CPCs)</p> <p><i>RESOLVED, That the American Academy of Family Physicians support efforts to hold crisis pregnancy centers accountable for false or misleading advertising about the pregnancy-related services they offer, and be it further</i></p>	<p>Women, Minority, New Physician</p>	<p>Advocacy</p>	<p>1st & 2nd Resolved Clauses - Commission on Governmental Advocacy (with modification noted)</p>	<p>1st & 2nd Resolved Clauses – Reaffirm. Reaffirmed because the AAFP has been actively engaged in efforts to promote access to evidence-based reproductive health care.</p> <p>3rd Resolved Clause – Accepted for information by the AAFP Board of Directors.</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians engage in advocacy and lobbying efforts to support legislation mandating that crisis pregnancy centers disclose whether or not there is a licensed medical provider on staff and to disclose that they do not provide or refer for contraception or abortion services, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians oppose the use of federal health care funds to support crisis pregnancy centers.</i></p>			3 rd Resolved Clause – Accepted for information.	
1011	<p>New Approaches to Gun Violence Prevention <i>RESOLVED, That the American Academy of Family Physicians strongly support gun violence prevention laws that permit police or family members to petition a state court to order the temporary removal of firearms from a person who may present a danger to others or themselves, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop or collect and disseminate education regarding gun violence prevention laws to its membership.</i></p>	Women	Advocacy	<p>1st Resolved Clause – Commission on Governmental Advocacy</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p>	<p>1st Resolved Clause – Agree. The CGA agreed to NCCL Res. 1011 - New Approaches to Gun Violence Prevention and recommended that the Board support legislation to authorize the temporary removal of firearms.</p> <p>2nd Resolved Clause – Reaffirm. The COCPD determined that the request of the resolve was being addressed by the AAFP's State Legislative Tracker and topic specific reports created by AAFP staff.</p>
1012	<p>AAFP Statement on Nondiscrimination <i>RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors publicly oppose any changes to federal policy which conflicts with AAFP's non-discrimination policy regarding healthcare and adoption, and be it further</i></p> <p><i>RESOLVED, The American Academy of Family Physicians Board of Directors release an immediate statement in opposition to Senate Bill 811 and House Bill 1881 which allows for discrimination regarding adoption.</i></p>	LGBT	Advocacy	Commission on Governmental Advocacy	Reaffirm. The CGA agreed to reaffirm NCCL Res. 1012 - Statement on Nondiscrimination in Healthcare and Adoption as current policy.
1013	<p>Advocating for Equitable Pay for Women and Minority Family Physicians <i>RESOLVED, That the American Academy of Family Physicians create a policy statement supporting equitable pay for women and minority family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for support legisla^{tion} for equitable pay for women and minority family</i></p>	New Physician	Advocacy	<p>1st Resolved Clause – Reaffirmed as current policy.</p> <p>2nd Resolved Clause – Commission on Governmental Advocacy (with modification)</p>	1 st Resolved Clause – Reaffirmed as current policy by the AAFP Board of Directors. Excerpt from current AAFP Physician Payment policy: "There should be "equal pay for equal work" and no discrimination in physician payment in any form, including but not limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation, gender identity, ethnic affiliation, health, age, disability, economic status, body habitus, or national origin of the physician."

	<i>physicians, which will ultimately benefit both of these constituency groups within the AAFP.</i>				2 nd Resolved Clause – Reaffirm. The CGA reaffirmed NCCL Res 1013 - Advocating for Equitable Pay for Women and Minority Family Physicians as current policy.
1014	<p>Address Institutional Racism in the Health Care System <i>RESOLVED, That the American Academy of Family Physicians adopt a policy opposing segregation of patient care within the health care system and within health care institutions by race, insurance status, or other demographics, and be it further</i></p> <p><i>RESOLVED, That the Center for Diversity and Health Equity develop materials and provide education to increase awareness of how racism is manifested through institutional policies and how segregated care within the health care system is a cause of racial disparities in health outcomes, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for equal payment for health care services regardless of insurance status of the patient and regardless of practice type, immediately by restoring the provisions of the Patient Protection and Affordable Care Act which mandated an increase in Medicaid rates.</i></p> <p><i>RESOLVED, That the AAFP advocate for policies that mandate hospitals to track and report quality metrics by patients' race and insurance status, and advocate for policies that impose penalties for the discriminatory practice of medicine (such multi-tiered system of healthcare delivery) and for enforcement mechanisms for such penalties.</i></p>	Minority, New Physician, LGBT, Women, Minority	Advocacy	<p>1st & 2nd Resolved Clauses – Commission on Health of the Public and Science</p> <p>3rd Resolved Clause – Reaffirmed as current policy.</p> <p>4th Resolved Clause – Commission on Governmental Advocacy</p>	<p>1st & 2nd Resolved Clauses – The Commission on Health of the Public and Science has formed a subgroup to address this resolution as well as 2018 CoD Adopted Resolution No. 401 by the same name that called for the following:</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy opposing segregation of patient care within the health care system and within health care institutions by race, insurance status, or other demographics, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity develop materials and provide education to increase awareness of how racism is manifested through institutional policies and how segregated care within the health care system is a cause of racial disparities in health outcomes.</i></p> <p>3rd Resolved Clause – Reaffirmed as current policy by the AAFP Board of Directors.</p> <p>4th Resolved Clause – Reaffirm. Reaffirmed by CGA as current policy.</p>
2001	<p>Addressing the Burden of Indirect Patient Care on Physician Well-Being <i>RESOLVED, That the American Academy of Family Physicians adopt a policy recognizing that indirect patient care is an important part of patient care and a component in burnout due to physician work/life imbalance, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for adequate time for both direct and indirect patient care to be completed, to improve work-life balance.</i></p>	Women, Minority	Education	Commission on Quality and Practice	Accept for Information. The commission agreed to accept the resolution for information. The resolution asks the AAFP to address the burden of indirect patient care on physician well-being. The AAFP has recently placed a high priority on addressing administrative burden, and it continues advocacy for alternative payment models that include increased payment for non-clinical care.

2002	<p>Family Medicine Residency Education Involving Nurse Practitioners and Physician Assistants <i>RESOLVED, That the American Academy of Family Physicians perform a survey to residents to determine the level of interaction, instruction and/or supervision of physician assistant and nurse practitioner educators for family medicine residents during residency.</i></p>	Women	Education		Not adopted by the 2018 National Conference of Constituency Leaders
2003	<p>Maternal Mortality in the United States <i>RESOLVED, That the American Academy of Family Physician advocate to the Accreditation Council for Graduate Medical Education (ACGME) to increase training in pre-pregnancy care, interpregnancy care, and complications of maternity care that have been shown to contribute to maternal mortality, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for evidence-based measures shown to decrease maternal mortality and morbidity, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) enhance its curriculum on implicit bias to include reproductive justice principles for presentation at state and national AAFP continuing medical education programs to combat discrimination and bias, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support and collaborate on legislative initiatives to fund research to further understand and address both the high rate and disparities of maternal mortality in the United States.</i></p>	Women, Minority, New Physician	Education	<p>1st Resolved Clause – Commission on Education</p> <p>2nd Resolved Clause – Commission on Quality and Practice</p> <p>3rd Resolved Clause – Commission on Continuing Professional Development</p> <p>4th Resolved Clause – Commission on Governmental Advocacy</p>	<p>1st Resolved Clause – Agree with Modification. Approved by Board Chair Feb 11, 2019</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation Council for Graduate Medical Education (ACGME) to increase training in pre-pregnancy care, interpregnancy care, and complications of maternal-fetal care that have been shown to contribute to maternal-fetal mortality, and be it further</p> <p>The commission concluded that while the ACGME has many requirements regarding training in pre-pregnancy care, interpregnancy care, and complication of maternity care, a letter will be sent to the ACGME Review Committee encouraging it to expand the requirements to increase emphasis on complications of maternal-fetal care and maternal-fetal mortality.</p> <p>2nd Resolved Clause – Accept for Information. The commission agreed to accept the second resolved clause for information. The resolution asks the AAFP to advocate for evidence-based measures shown to decrease maternal mortality and morbidity. The AAFP advocates for better measures consistent with the AAFP Performance Measures Criteria policy and will continue to comment on measures as they arise, including measures regarding maternal morbidity and mortality.</p> <p>3rd Resolved Clause – Agree with Modification. The COCPD agreed with the basis of the resolve and believed that implicit bias content would benefit from the inclusion of reproductive rights. They also agreed that the ask of the resolve was constrictive in the environments of presenting at state and national AAFP CME programs. Instead, they believe the education should be available at an AAFP event for presentation as deemed appropriate</p>

					<p>for awareness and education purposes. Modifications to third resolve are as follows:</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) enhance its curriculum on implicit bias to include reproductive <u>health justice principles, where appropriate, into future education that could be used as part of a</u> for presentation at state and national AAFP conferences for awareness and education purposes. continuing medical education programs to combat discrimination and bias, and be it further</p> <p>4th Resolved Clause – Reaffirm. Reaffirmed as current policy.</p>
2004	<p>J-1 Visa Waiver Program Hour Requirements Make Hospitalist Positions Unattainable <i>RESOLVED, That the American Academy Family Physicians advocate for support flexibility in the 40-hour per week requirement for J-1 visa waivers to an average of 40 hours per week requirement, for those who apply for nontraditional positions, such as hospitalist positions.</i></p>	IMG	Education	Commission on Education (with modification)	<p>Agree. Approved by Board Chair Feb 11, 2019</p> <p>Although U.S. Citizenship and Immigration Services states a medical doctor must agree to be employed full time, a random sampling of state public health departments (the sponsors of J-1 Visa waivers) indicate that the applicant must agree to work 40 hours per week or be engaged in direct patient care for 40 hours per week.</p> <p>Communication will be sent to appropriate federal agencies to advocate for a change to the J-1 Visa waivers, which would allow for full-time employment working an average of 40 hours per week as opposed to specifically 40 hours per week.</p>
2005	<p>LGBT Healthcare Education <i>RESOLVED, That the American Academy of Family Physicians promote education on appropriate contraceptive therapy for lesbian, gay, bisexual, and transgender patients.</i></p>	LGBT, Women	Education	Commission on Continuing Professional Development	Accept for Information. The COCPD determined that this topic is appropriately addressed within the AAFP's CME program.
2006	<p>Paid Parental Leave Policy Survey and Resources <i>RESOLVED, that the American Academy of Family Physicians conduct a survey of its active members regarding current parental leave contractual agreements, and be it further</i></p> <p><i>RESOLVED, that the American Academy of Family Physicians provide the information from a parental leave policy survey of its active members as a resource to help family physicians negotiate employment contracts/work environment solutions leading to a</i></p>	Women	Education	Reaffirmed as current policy.	Reaffirmed as current policy by the AAFP Board of Directors.

	<i>healthier and financially viable work life balance for physicians with expanding families.</i>				
2007	<p>Promoting Family Medicine to Middle, High School, and College Students who are Members of Populations Underrepresented in Medicine <i>RESOLVED, That the American Academy of Family Physicians (AAFP) request the AAFP Foundation to collaborate in current and future initiatives to engage middle and high school student populations who are underrepresented in family medicine in programs that may promote interest in the specialty, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians amend the policy, "Medical Schools, Minority, and Women Representation in Medicine," to broaden its position on stimulating interest in medical careers among populations underrepresented in medicine to specifically include middle school, high school, and college age students.</i></p>	New Physician, Women, Minority	Education	<p>1st Resolved Clause – Accepted for information.</p> <p>2nd Resolved Clause - Commission on Education</p>	<p>1st Resolved Clause – Accepted for information by the AAFP Board of Directors.</p> <p>2nd Resolved Clause – Agree. Approved by Board Chair Feb 11, 2019</p> <p>The current policy captures “the goal of increasing the number of minority and women student applicants to medical schools,” but can be perceived to not connect the policy to “stimulate interest in medical careers among minorities and women through specific outreach programs.” Acknowledging that diversifying the applicant pool for medical school involves supporting students much earlier in their lives, the commission agreed with the requested addition to this policy to specifically promote outreach and support to those audiences.</p> <p>This policy statement also is up for the regular five-year review. This policy will be reviewed at the June 2019 COE meeting to allow consideration of this resolution alongside two other related policy statements up for the regular five-year review, as well as the new workforce diversity position paper in development.</p>
2008	<p>International Medical Graduates Advocacy <i>RESOLVED, That the American Academy of Family Physicians (AAFP) conduct a needs assessment of international medical graduate members with an aim to help the AAFP better understand the unique needs of these members, particularly implications related to members H1B and J-1 visas.</i></p>	IMG	Education	EVP for appropriate staff referral	<p>Accept for Information. There are already multiple data sources providing insight into the current volume and potential dilemmas. Currently the AAFP does not record or maintain the visa status of any AAFP member. The AAFP does not regularly employ a survey instrument that collects information from members about visa related experiences. The AAFP has limited capability and capacity to provide individual aid to members experiencing dilemmas with J-1 and H1-B visas. As a matter of prudent use of AAFP resources, the AAFP avoids surveying members without specific intentions and clear aims to act on those intentions.</p>
2009	<p>Collaborative Efforts in Addressing the Opioid Epidemic in the Minority Population <i>RESOLVED, That the American Academy of Family Physicians develop an awareness campaign to educate physicians and physicians-in-training of the gap in treatment for opioid addiction in the minority population, and be it further</i></p>	Minority, LGBT, Women, New Physician	Education	<p>1st & 2nd Resolved Clauses – Commission on Continuing Professional Development (with modification)</p>	<p>1st & 2nd Resolved Clauses – Agree with Modification. COCPD believe that including education and awareness in treatment for opioid addiction for the minority population is important and should be included in future opioid education. Modifications were a result of clarification for the CME staff so that they can incorporate into future opioid education where appropriate.</p>

	<p><i>RESOLVED, That the American Academy of Family Physicians educate members on best practice and collaborative efforts which are effective in the treatment of opioid misuse and abuse in the minority population, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians reassess the current Chronic Pain Management Toolkit to incorporate health equity tools to address the opioid epidemic in the minority population.</i></p>			<p>3rd Resolved Clause – Commission on Health of the Public and Science</p>	<p>RESOLVED, That the American Academy of Family Physicians educate physicians and physicians-in-training, <u>where appropriate</u>, of the gap in treatment for opioid addiction in the minority population, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians educate members on best practice and collaborative efforts which are effective in the treatment of opioid misuse and abuse in the minority population <u>in future AAFP produced opioid education, where appropriate</u>, and be it further</p> <p>3rd Resolved Clause – Agree. To date, validated tools for addressing the opioid epidemic in specific populations are not available. However, the Office of Minority Health will be collaborating with federal, state, tribal, and local governments to collect, translate, and disseminate data on opioid use, addiction and outcomes among special populations. This data can then be used to aid physicians and policy makers to address issues in health equity among patients who use opioids. Additionally, a call for research proposals to be funded by the U.S. government has been issued to help address the challenges of the opioid epidemic in minority health and health disparities. A link to The Everyone Project will be added to the AAFP Chronic Pain Toolkit so that members will have access to current AAFP resources addressing health disparities. As additional tools become available, they will be reviewed and included in the Chronic Pain Toolkit as appropriate.</p>
2010	<p>The Annual Family Medicine Report to CMS <i>RESOLVED, That the American Academy of Family Physicians create an annual report to be delivered to the Centers for Medicare and Medicaid Services, indicating the number and overall percentage of residency-matched physicians into family medicine.</i></p>	New Physician			Reaffirmed as current AAFP policy.
2011	<p>Family Planning Education During Medical School <i>RESOLVED, That the American Academy of Family Physicians urge the Society of Teachers of Family Medicine to develop specific inclusive curriculum on unplanned pregnancy and abortion to be taught during the medical</i></p>	Women, IMG, New Physician	Education	Commission on Education	Accept for Information. The STFM does not typically develop curriculum. However, STFM members can create curriculum and share it via the STFM Resource Library so others can access it. Also, STFM members can submit a clerkship curriculum suggestion for peer review during a bi-annual open call for submissions. The COE

	<i>school family medicine clerkship rotation.</i>				concluded that this resolution was outside the scope of STFM and the AAFP.
2012	Long-Acting Reversible Contraception (LARC) in Practice <i>RESOLVED, That the American Academy of Family Physicians add resources on its website to bring long-acting, reversible contraception to local communities through enhanced training, business management information, and networks.</i>	Women, New Physician	Education	Commission on Continuing Professional Development	Reaffirm. The COCPD determined that this topic is appropriately addressed within the AAFP's CME program.
2013	Increase Percentage of Women's Reproductive Health Topics at AAFP FMX and at the National Conference for Family Medicine Residents and Medical Students <i>RESOLVED, That the American Academy of Family Physicians direct the Curriculum Advisory Panel to differentiate reproductive health from women's health and create a Reproductive Health category and a Women's Health category.</i> <i>RESOLVED, That the AAFP directs the curriculum advisory panel to openly publish the percentage allocations of session topic categories for all national AAFP live and online continuing medical education activities.</i>	Women, New Physician	Education	Commission on Continuing Professional Development	Accept for Information. COCPD determined it was not appropriate to split the category of women's reproductive health within the Curriculum Advisory Panel (CAP) categories. In addition, COCPD recognized that the women's reproductive health topics have increased from four percent in the previous year to six percent as requested. Finally, the COCPD understands CAP does not specifically allocate topic categories for all national AAFP live and online CME but uses them to help guide the educational planning of the CME activity planning groups. - Similar Resolution was sent to COD for review.
2014	Implementation of Sexual Orientation and Gender Identity Data Collection <i>RESOLVED, That the American Academy of Family Physicians provide a toolkit for practice development of office procedures for patient sexual orientation and gender identity data collection, and be it further</i> <i>RESOLVED, That a toolkit for practice development of office procedures for patient sexual orientation and gender identity data collection be included in the online American Family Physician by topic collections under "Care of Special Populations" subtopic of "Gay, Lesbian, Bisexual and Transgendered Persons", and be it further</i> <i>RESOLVED, That the effort to collect the sexual orientation and gender identity data be included in work related to the EveryONE project.</i>	LGBT	Education	Commission on Health of the Public and Science	Agree with Modification. The commission will revise the policy statement, "Maximizing Representation of Racial and Ethnic Subpopulations in Data," to include information about the importance of collecting information on sexual identity and gender identification in health and demographic surveys such as those conducted by the U.S. Census.
3001	Implicit Bias <i>RESOLVED, That the American Academy of Family Physicians create a policy statement defining implicit bias and recognizing its</i>	New Physician, LGBT, Minority	Health of the Public and Science	1 st and 4 th Resolved Clauses – Commission on Health of	1 st and 4 th Resolved Clauses – Reaffirm. The Commission on Health of the Public and Science reaffirmed the first and fourth resolved clauses because the following AAFP

	<p><i>impact on disparities of care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage the Review Committee for Family Medicine (RC-FM) of the Accreditation Council for Graduate Medical Education to include longitudinal implicit bias training within residency education core curriculum, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create continuing medical education opportunities around implicit bias, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage research on the effects of implicit bias on patient outcomes and how education around this topic can have measurable and positive effects on population health and individual practice.</i></p>			<p>the Public and Science</p> <p>2nd Resolved Clause – Commission on Education</p> <p>3rd Resolved Clause – Commission on Continuing Professional Development</p>	<p>resources are available and in development:: the Implicit Bias policy statement, the Center for Diversity and Health Equity is developing educational resources on implicit bias, and implicit bias continuing medical education will be offered at FMX in 2019.</p> <p>2nd Resolved Clause – Agree with Modification. Approved by Board Chair Feb 11, 2019</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the Review Committee for Family Medicine (RC-FM) of the Accreditation Council for Graduate Medical Education to include an emphasis on longitudinal implicit bias training within residency education core curriculum, and be it further</p> <p>The AAFP's Implicit Bias Policy states: "The AAFP recommends educating physicians about implicit bias and strategies to address it to support culturally-appropriate, patient-centered care and reduce health disparities.</p> <p>Implicit bias, defined as, 'the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner,' is a contributing factor to health disparities. Family physicians should make efforts to explore their own implicit biases to identify unconscious decisions and actions that may negatively affect the communities they serve (2018 July BOD)."</p> <p>AAFP staff will communicate with the ACGME Review Committee to include emphasis on longitudinal bias training.</p> <p>3rd Resolved Clause – Reaffirm. COCPD believes that the current availability of continuing medical education along with plans already in place to create more, fulfills the request of the resolve.</p>
3002	<p>Comprehensive Sex Education in Schools</p> <p><i>RESOLVED, That the American Academy of Family Physicians acts to promote health education programs within public elementary, middle, and high schools that are age-appropriate, culturally relevant, and include evidence-based medical information regarding contraception, sexually transmitted infection (STI) prevention, consent,</i></p>	Women, LGBT, New Physician	Health of the Public and Science	Commission on Health of the Public and Science	Agree. The commission is developing a policy statement on this topic.

	<p><i>and sexual and gender minority issues.</i></p> <p><i>RESOLVED, That the AAFP define comprehensive sex education in current policy.</i></p>				
3003	<p>Revision of Reproductive Health Policies Wording</p> <p><i>RESOLVED, That the American Academy of Family Physicians modify its policy, "Reproductive Health Services" to include key aspects regarding support for access for all patients to reproductive health services and oppose nonevidence-based restrictions on medical care and the provision of such services.</i></p>	LGBT, Women	Health of the Public and Science	Commission on Health of the Public and Science	Reaffirm. The policy statement was updated with this language and approved by the Board of Directors in April 2018.
3004	<p>Update to Prevention and Control of Sexually Transmitted and Bloodborne Infections" Policy Statement</p> <p><i>RESOLVED, That the American Academy of Family Physicians Commission on Science and Health of the Public updates the language of the Prevention and Control of Sexually Transmitted and Bloodborne Infections policy statement to reflect current evidence-based guidelines and best clinical practice.</i></p>	LGBT	Health of the Public and Science	Commission on Health of the Public and Science	Agree. The commission is working to update the policy statement.
3005	<p>Including Medical Resources and Referral Information on Anti-Bullying Websites</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) send a letter to stopbullying.gov requesting that they incorporate a link to the content on bullying on familydoctor.org and be it further</i></p> <p><i>RESOLVED, That a letter be sent to StopBullying.gov and other appropriate organizations that highlights the expertise family physicians have in addressing healthcare issues resulting from bullying that affects their patients, families, and communities.</i></p>	LGBT, Minority	Health of the Public and Science	Commission on Health of the Public and Science	Agree. The commission will contact stopbullying.gov.
3006	<p>Menstrual Equity</p> <p><i>RESOLVED, That the American Academy of Family Physicians issues a policy statement declaring access to menstrual hygiene a public-health, gender-equality, and human rights issue, and represents a social determinant of health, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) provides access to menstrual hygiene products in restrooms at AAFP offices and all conference venues, whether at</i></p>	Women	Health of the Public and Science	<p>1st Resolved Clause – Commission on Health of the Public and Science</p> <p>2nd Resolved Clause – Accepted for information.</p>	<p>1st Resolved Clause – Agree. The Commission on Health of the Public and Science is developing a policy statement.</p> <p>2nd Resolved Clause – Accepted for information by the AAFP Board of Directors.</p>

	<i>AAFP cost or by contract with venues.</i>				
3007	<p>Non-Discrimination Against PrEP Users <i>RESOLVED, That the American Academy of Family Physician’s policy statement entitled “Prevention and Control of Sexually Transmitted and Bloodborne Infections” include language opposing discrimination in the purchase of life or health insurance by people taking pre-exposure prophylaxis for HIV.</i></p>	LGBT, Minority, Women	Health of the Public and Science	Commission on Health of the Public and Science	Agree. The commission is working to update the policy statement.
3008	<p>Reduce Sexual Harassment of Female Physicians and Trainees <i>RESOLVED, That the American Academy of Family Physicians expand the existing policy statement on “Violence, Harassment, and School Bullying” to include information about the negative impact of sexual harassment on family physicians and medical trainees, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) provide online resources on the AAFP website for physicians dealing with sexual harassment in the workplace perpetrated by colleagues, superiors, or patients, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians include sessions at Family Medicine Experience and at the National Conference for Family Medicine Residents and Medical Students about sexual harassment.</i></p>	Women, Minority	Health of the Public and Science	<p>1st & 2nd Resolved Clauses – Commission on Health of the Public and Science</p> <p>3rd Resolved Clause – Commission on Continuing Professional Development/ Commission on Education</p>	<p>1st & 2nd Resolved Clauses – Agree with Modification. The commission is determining whether the policy statement mentioned in the resolution is the correct location for this information or if a separate policy statement needs to be created.</p> <p>3rd Resolved Clause – Agree with Modification. COCPD agreed education surrounding sexual harassment was limited and that this education is important. The COCPD determined that including sessions at Family Medicine Experience and at the National Conference only, although larger venues, would not be of best interest for the topic because it affects all members, etc. Thus, they agreed to modify the resolve to give staff latitude to increase the reach of this education.</p> <p>RESOLVED, That the American Academy of Family Physicians include <u>education as appropriate</u>, sessions at Family Medicine Experience and at the National Conference for Family Medicine Residents and Medical Students about sexual harassment.</p>
3009	<p>Access to Evidence-Based HIV Prevention Strategies in State and Federal Correction Systems <i>RESOLVED, That the American Academy of Family Physicians sends a letter to the Federal Bureau of Prisons requesting integration of Pre-Exposure Prophylaxis (PrEP) – including medication, condoms, education, and frequent HIV/sexually transmitted infection screening – into routine HIV prevention strategies at the federal prison level, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians updates its “Incarceration and Health: A Family Medicine Perspective” Position Paper to recommend integration of Pre-</i></p>	LGBT	Health of the Public and Science	<p>1st & 3rd Resolved Clauses – Commission on Governmental Advocacy</p> <p>2nd Resolved Clause – Commission on Health of the Public and Science</p>	<p>1st & 3rd Resolved Clauses – Reaffirm. The CGA considered this resolution in conjunction with COD Resolution No. 417, which states: RESOLVED, that the American Academy of Family Physicians advocate for ending insurers’ practice of denying life and disability insurance to HIV-negative patients who choose to protect themselves with pre-exposure prophylaxis (PrEP).</p> <p>The CGA recognized that the AAFP supports the use of Pre-exposure Prophylaxis (PrEP) for HIV as an effective method for preventing HIV infection in people who are HIV-negative but at substantial risk of contracting it and that the AAFP recommends that family physicians counsel and when appropriate</p>

	<p><i>Exposure Prophylaxis (PrEP) – including medication, condoms, education, and frequent HIV/sexually transmitted infection screening – into routine HIV prevention strategies for incarcerated personas at all levels of government, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians creates a State Legislative Issue Backgrounder to recommend integration of Pre-Exposure Prophylaxis (PrEP) – including medication, condoms, education, and frequent HIV/sexually transmitted infection screening.</i></p>				<p>prescribe PrEP as a routine part of STI prevention in its policy, "Prevention and Control of Sexually Transmitted and Blood Borne Infections," and recommended that we act on it by communicating concerns to appropriate government entities.</p> <p>2nd Resolved – Reaffirm. The commission included this information in the update of the Incarceration and Health position paper that was approved by the board in March 2019.</p>
3010	<p>The Fourth Trimester <i>RESOLVED, That the American Academy of Family Physicians develop an evidence-based clinical practice guideline that provides recommendations for optimizing the postpartum period which includes a comprehensive family-centric partnership.</i></p>	Minority, IMG, New Physician	Health of the Public and Science	Commission on Health of the Public and Science	Agree with Modification. The commission will nominate this topic to the Agency for Healthcare Research and Quality for an evidence review. If a systematic review of the literature has been conducted, the commission will consider developing a clinical practice guideline.
3011	<p>Shackles on Women During Active Labor and Immediate Postpartum <i>RESOLVED, That the American Academy of Family Physicians opposes the shackling of incarcerated people who are in active labor and during the postpartum period, considered to be six to eight weeks after delivery, with proper safety protections for the healthcare team.</i></p>	New Physician, Women, LGBT	Health of the Public and Science	Commission on Health of the Public and Science	Agree. The commission is developing a policy statement.
3012	<p>"It's On Us" to Stop Sexual Assault <i>RESOLVED, That the American Academy of Family Physicians takes action to support current policy by becoming a medical organization partner of the White House Task Force to Prevent Sexual Assault "It's On Us" campaign for college campus sexual assault prevention.</i></p>	New Physician, Women, LGBT, Minority	Health of the Public and Science	Commission on Health of the Public and Science	Agree with Modification. The commission is considering the resolution along with 2018 NCCL resolution 3015, "Sexual Consent."
3013	<p>Promoting Safe Schools <i>RESOLVED, That the American Academy of Family Physicians recognize school violence as a public health concern, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop or collect and disseminate education on successful community-based approaches to school violence prevention.</i></p>	Women	Health of the Public and Science	Commission on Health of the Public and Science	Agree with Modification. The commission will consider this resolution along with 2018 NCCL Late Resolution 1, " Access to Mental Health Education in Schools to Prevent Violence," to incorporate the topics of mental health care access and school-based violence prevention programs.
3014	<p>Recipes for Life <i>RESOLVED, That the AAFP investigate and promote successful community-based programs that exist at the intersection of chronic</i></p>	Minority, Women	Health of the Public and Science	Commission on Health of the Public and Science	Accept for Information. The commission accepted the resolution for information because the EveryONE Project Toolkit already

	<p><i>disease management and prevention, food access and food selection, and be it further</i></p> <p><i>RESOLVED, That the AAFP investigate collaborative opportunities with large food vendors that can specifically address food disparities in the country.</i></p>				addresses food insecurity and disparities.
3015	<p>Sexual Consent <i>RESOLVED, That the American Academy of Family Physicians (AAFP) creates a policy on sexual health to include a statement acknowledging that consent in sexual encounters is a public health issue, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians includes in a new policy on sexual health, a recommendation that family physicians should discuss with and educate all patients on the concept of consent to sexual activity and what to do if sexual contact takes place against one's consent, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians creates a Consent Toolkit to include assistance in educating patients on sexual consent, bodily autonomy, and other age appropriate resources.</i></p>	New Physician, Women	Health of the Public and Science	Commission on Health of the Public and Science	Agree. The commission is developing a policy statement.
4001	<p>Empowering Family Physicians to Provide Care for the Growing Latinx Population <i>RESOLVED, That the American Academy of Family Physicians investigate physician training in culturally competent care specific to the Latinx population, including social determinants of health as barriers to care, and Medical-Spanish training in the form of CME programming to effectively care for the Spanish-speaking and/or Latinx populations.</i></p>	Minority	Organization & Finance	Commission on Continuing Professional Development	Reaffirm. The COCPD determined that this topic was currently provided for within the AAFP's CME program. The AAFP has convened an internal workgroup on the topic of cultural competency and is investigating additional opportunities to provide members with new educational resources and training.
4002	<p>Term Limit Guidance for American Academy of Family Physicians Congress of Delegates <i>RESOLVED, That the American Academy of Family Physicians develop a standard that each state must abide to term limits for delegates and alternates to improve the diversity and inclusion in the decision-making body of the organization.</i></p>	New Physician, Minority	Organization & Finance		Not adopted by the 2018 National Conference of Constituency Leaders
4003	<p>Normalizing Gender Identity Language Through AAFP Registration <i>RESOLVED, That the American Academy of Family Physicians</i></p>	LGBT, IMG, New Physician	Organization & Finance	EVP for appropriate staff referral – Tom Pellet	Accept for Information. In accordance with Res.4003-Normalized Gender Identity Language, through AAFP Registration, the AAFP will

	<i>(AAFP) allow registrants for all AAFP-sponsored events and conferences to select their own preferred pronouns of address to be visible on registrant badges.</i>				accommodate all attendees to select their own preferred pronouns of address in the most expeditious manner at all AAFP sponsored conferences and events by providing the appropriate ribbons to accompany the registration badge.
4004	<p>AAFP Board of Directors Public Member <i>RESOLVED, That the American Academy of Family Physicians (AAFP) add a public member to the AAFP Board of Directors by January 1, 2021, and be it further</i></p> <p><i>RESOLVED, That Substitute Resolution No. 4004 titled "AAFP Board of Directors Public Member" be referred to the Congress of Delegates.</i></p>	Women, Minority, LGBT, IMG, New Physician	Organization & Finance	AAFP Board of Directors	Accept for Information. The Commission on Membership and Member Services noted that this resolution, originally referred to the 2018 Congress of Delegates, did not meet the criteria for resolutions to be referred to the Congress of Delegates and therefore requested that the AAFP Board address the resolution. The Board discussed the recommendation and noted that the 2018 Congress of Delegates will receive a Board Report on Voice of the Patient within the AAFP from the 2017 Congress of Delegates Resolution No. 205 that the Board believes will adequately and appropriately outline the ways in which the AAFP considers external input.
4005	<p>Update Online Language and Resources Regarding Sexuality and Sexual Minorities <i>RESOLVED, That any resource on familydoctor.org regarding sexuality be inclusive and have positive language that represents the spectrum of sexuality, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians add Lesbian, Gay, Bisexual, Transgender family and community support resources on familydoctor.org, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) update and add to resources available on AAFP's website of patient resources to make them concordant with Lesbian, Gay, Bisexual, Transgender patient resources on familydoctor.org.</i></p>	LGBT	Organization & Finance	Commission on Health of the Public and Science	Agree. Familydoctor.org contains several articles that provide related information including "Sexual Health," "LGBTQ Mental Health," and "Homosexuality." The resolution will be shared with the medical review panel for Familydoctor.org as it considers topic updates.

4006	<p>Rural Physician Engagement <i>RESOLVED, That the American Academy of Family Physicians survey members to identify barriers to engagement for the purpose of reducing barriers and improving collaboration among rural family physicians, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a toolkit for chapters to partner with rural physician organizations within their states in order to increase rural physician membership.</i></p>	New Physician	Organization and Finance	Commission on Membership and Member Services	<p>Reaffirm. Chapters in states/territories with significant rural or frontier areas may choose to work with rural physician organizations within their states/territories on shared objectives that impact rural family physicians as well as rural physicians in other specialties. Chapters work with organizations within their state to help educate legislators on specific issues on which they have shared goals.</p> <p>The commission believed that the Working Group on Rural Health (WGRH) and the Rural Health MIG provide an avenue to provide feedback, ask questions, offer mutual support, recommend resources, or learn about the nation's rural health care delivery. They also believed AAFP chapters cooperate with state-based organizations on mutually-shared goals, where appropriate. Thus, the commission agreed to reaffirm the resolution.</p>
4007	<p>Physicians in Government <i>RESOLVED, That the American Academy of Family Physicians offer resources/educational opportunities that would assist family physicians running for political office.</i></p>	New Physician	Organization & Finance	Accepted for information.	Accepted for information by the AAFP Board of Directors. The American Medical Association already has existing/proven resources available to assist family physicians running for political office.
5001	<p>Re-Humanize Medicine to Avoid Burn Out <i>RESOLVED, That the AAFP investigate solutions to extend healthy workplace standards beyond resident physicians to practicing physicians, including evaluating how labor laws can apply to family physicians to create a national standard of physician care and wellness.</i></p>	Minority	Practice Enhancement	EVP for referral to appropriate staff	Accept for Information. The AAFP takes a holistic view of the factors affecting physician well-being and addresses them from five points of entry. Within the Health Care System point of entry, the AAFP is currently focusing efforts on advocating for improved regulation and documentation burdens and will continue to investigate solutions that benefit the physician and prevent burnout within reason and scope of the Physician Health First initiative.
5002	<p>Emerging Technologies in Family Medicine <i>RESOLVED, That the American Academy of Family Physicians explore the option of creating a mentor network supporting the implementation of new technology, including but not limited to, telemedicine, telehealth, and artificial intelligence in clinical encounters, and, be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop materials such as a best practice tool kit and continuing medical education offerings to assist family physicians in implementing new technologies, including but not limited to telemedicine, telehealth, and</i></p>	New Physician, Minority, IMG	Practice Enhancement	<p>1st & 2nd Resolved Clauses – Commission on Quality and Practice</p> <p>3rd Resolved Clause – Commission on Education</p>	<p>1st & 2nd Resolved Clauses – Accept for Information. The resolution asks the AAFP to explore creation of a mentor network to support implementation of new technology. The resolution also asks the AAFP to develop materials to help assist family physicians with implementation of new technology. Because of the ability to implement the intended as part of a larger health informatics initiative, the commission agreed to accept the first and second resolved clauses of the resolution for information.</p> <p>3rd Resolved Clause – Accept for Information. The commission acknowledged that there were too many IT variations and the financial burden on some residencies could be significant. The AAFP has created</p>

	<p><i>artificial intelligence in clinical encounters, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians communicate with the Accreditation Council for Graduate Medical Education regarding the exposure of new technologies, including but not limited to telemedicine, telehealth, and artificial intelligence in clinical encounters.</i></p>				<p>a new staff position, vice president and chief medical informatics officer. This new position will lead a drive to innovate IT in family medicine.</p>
5003	<p>Support Telemedicine Use in Hospice Care</p> <p><i>RESOLVED, That the American Academy of Family Physicians support the utility of and payment for telemedicine in hospice care with payers, especially the Centers for Medicare and Medicaid Services, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate with legislators for the utility of and payment for telemedicine in hospice care regardless of originating facility or patient location.</i></p>	Minority	Practice Enhancement	<p>1st Resolved Clause – Commission on Quality and Practice</p> <p>2nd Resolved Clause – Commission on Governmental Advocacy</p>	<p>1st Resolved Clause – Accept for Information. The commission agreed to accept the first resolved clause of the resolution for information. It asks the AAFP to support the utility of and payment for telemedicine in hospice care with payers. As part of its ongoing advocacy efforts, the AAFP advocates that CMS increase patients' access to telehealth services provided by their primary care physician from any location.</p> <p>2nd Resolved Clause – Reaffirm. Reaffirmed by CGA as being addressed in current policy.</p>
5004	<p>Mentor Up!</p> <p><i>RESOLVED, That the American Academy of Family Physicians add the question, "Do you want to be a mentor?" to the membership profile and linking the interested mentor to the membership interest group, and be it further</i></p> <p><i>RESOLVED, On the mobile member homepage on the American Academy of Family Physicians website, a "Mentor Up!" banner be placed under the "Physician Health First" banner, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) create visible support by participating in national mentor month annually during the month of January by placing a "Mentor Up!" banner on the homepage of the AAFP website with a link to the membership interest group.</i></p>	Women, Minority	Practice Enhancement		Not adopted by the 2018 National Conference of Constituency Leaders.
5005	<p>Prenatal Counseling Regarding Sex and Gender Differences</p> <p><i>RESOLVED, that the American Academy of Family Physicians educates providers on how they can inform patients of the difference between natal sex and gender during prenatal care.</i></p>	LGBT	Practice Enhancement	Commission on Continuing Professional Development	Reaffirm. The COCPD determined that this topic was appropriately addressed within the AAFP's CME program.
5006	<p>Family Physicians' Role in Treating Substance Abuse Disorders</p>	LGBT, Minority	Practice Enhancement		Not adopted by the 2018 National Conference of Constituency Leaders.

	<i>RESOLVED, That the American Academy of Family Physicians will create a policy regarding the role of Family Physicians in treatment of substance abuse disorders, that states specialty certification should not prevent family physicians from practicing in any substance abuse treatment setting at any level, and that substance abuse treatment credentialing be based on training, experience and current competence.</i>				
5007	<p>Improved Transparency of Medicare Non-Covered Services <i>RESOLVED, The American Academy of Family Physicians write a letter to Centers for Medicare and Medicaid Services to encourage simplifying the process for identifying non-covered services, and be it further</i></p> <p><i>RESOLVED, The American Academy of Family Physicians offer a searchable database for family physicians to identify Medicare covered services and associated ICD-10 codes.</i></p>	New Physician, Women, IMG	Practice Enhancement	Commission on Quality and Practice	Accept for Information. The commission agreed to accept the resolution for information. The resolution asks the AAFP to write a letter to Centers for Medicaid and Medicare Services (CMS) encouraging simplification of the process for identifying non-covered services. It also asks that the AAFP provide a searchable database for identifying covered services and associated ICD-10 codes. Currently, CMS offers an online, searchable Medicare Coverage Database that allows anyone to freely search both national and local Medicare coverage documents, which typically include associated International Classification of Disease. It is unclear how CMS could or should simplify this database. The second resolved clause would require a significant fiscal to build and maintain a database and it would be a duplication of resources.
5008	<p>Amendment to the Policy on “Physician and Patient Relationship, Professional Responsibility” <i>RESOLVED, That the American Academy of Family Physicians (AAFP) update the policy on, “Physician and Patient Relationships, Professional Responsibility” to include the responsibility of the health care professional to provide unbiased information and referrals in a clinically reasonable timeframe for legally permitted services a provider is unable or unwilling to perform due to moral objection.</i></p>	LGBT	Practice Enhancement	Commission on Quality and Practice	Agree. The commission agreed to implement the resolution "Physician and Patient Relationship, Professional Responsibility" by updating the policy referenced. The amended language offered in Resolution No. 5008 is consistent with other AAFP policies which address physician moral, ethical, or religious beliefs or principles. The Board accepted this resolution for information.
5009	<p>Wellness is Primary <i>RESOLVED, That the AAFP explore new opportunities for increasing public awareness of physician burnout to create a culture change that destigmatizes physician burnout without fear of retribution from peers, employees and licensing boards.</i></p>	Minority, New Physician	Practice Enhancement	EVP for referral to appropriate staff – Clif Knight, MD	Reaffirm.
5010	<p>Supporting Family Physicians in Obtaining Privileges within their Scope of Practice</p>	New Physician	Practice Enhancement	Commission on Quality and Practice	Agree. The commission agreed to implement the resolution "Supporting Family Physicians in Obtaining Privileges within their Scope of

	<p><i>RESOLVED, That the American Academy of Family Physicians amend its policy statement on Privileging Policy Statements to better reflect the idea that privileging be based more on experience and training than specialty.</i></p>				<p>Practice" by revising the policy titled, "Privileging Policy Statements." The policy statement was approved by the Board of Directors at its October 2018 meeting.</p>
5011	<p>Importance of Continuous Medication-Assisted Treatment</p> <p><i>RESOLVED, That the American Academy of Family Physicians make a public statement that medication-assisted treatment for the purpose of maintenance therapy may be indefinite in duration, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians oppose any action that places a cap on the dosage of medication allowed or duration of treatment with medication-assisted treatment (MAT) for opiate dependence, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for coverage for Medication-assisted treatment (MAT) without limit of duration.</i></p>	Minority, Women	Practice Enhancement	<p>1st & 2nd Resolved Clauses – Commission on Health of the Public and Science</p> <p>3rd Resolved Clause - Commission on Quality and Practice</p>	<p>1st & 2nd Resolved Clauses – Reaffirm. The Food and Drug Administration (FDA) has approved three drugs for the treatment of opioid dependence—buprenorphine, methadone, and naltrexone, in combination with counseling and psychosocial support. The FDA and the Substance Abuse and Mental Health Administration (SAMHSA) recommend that all three options should be available, and clinicians should work with patients to determine a treatment plan. The need for continuing MAT treatment should be reevaluated periodically, there is no maximum duration of treatment. Both SAMHSA and the FDA acknowledge that treatment may be indefinite for some patients.</p> <p>The AAFP promotes evidence-based treatment of chronic pain and has developed a Chronic Pain Toolkit. The AAFP has a curated opioid and pain management web page with a host of related resources for use by members. The AAFP supports education and training for family physicians and primary care clinicians to provide evidence-based strategies for treatment of opioid use disorder, such as medication-assisted treatment. The AAFP encourages family physicians to obtain their MAT waiver to prescribe MAT in their offices. The AAFP makes no recommendations for duration of MAT. The AAFP is a member of the American Medical Association's Task Force on Opioids and has co-branded a resource advocating for access and payment for MAT. The AAFP continues to advocate for the removal of barriers for access to MAT.</p> <p>3rd Resolved Clause – Agree. The Commission on Quality and Practice agreed to implement the third resolved clause of the resolution "Importance of Continuous Medication-Assisted Treatment" by advocating for coverage of MAT. The AAFP supports full parity for substance abuse treatment in health care plans. The action was approved by the Board of Directors at its December 2018 meeting.</p>

5012	<p>Religious Belief Protections in AAFP Policy RESOLVED, That the American Academy of Family Physicians amend the language of the policy on "Physician and Patient Relationships, Professional Responsibility" from "No physician shall be compelled to prescribe any treatment or perform any act which violates his/her good judgment or personally held moral principles," to "No physician shall be compelled to prescribe any treatment or perform any act which violates his/her good judgment, personally held moral principles, or religious belief", and be it further</p> <p>RESOLVED, That American Academy of Family Physicians amend the policy on "Physician and Patient Relationships, Professional Responsibility" to include more detail regarding what "adequate notice" entails, i.e., how much time is required and what method is required for notice to be adequate.</p>	New Physician	Practice Enhancement		Not adopted by the 2018 National Conference of Constituency Leaders.
5013	<p>Disability Insurance Equity RESOLVED, That the American Academy of Family Physicians advocate for the requirement of unisex or non-gendered rates for long-term disability insurance for all Americans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request the AAFP insurance services offer unisex or non-gendered rates for long-term disability insurance for its physician members.</p>	Women	Practice Enhancement	Accepted for information.	Accepted for information by the AAFP Board of Directors. The AAFP Insurance Services staff were consulted on this resolution and indicated that insurance companies will not revert to offering unisex or non-gendered rates.
Late Res. No. 1	<p>Access to Mental Health Education in Schools to Prevent Violence RESOLVED, That the American Academy of Family Physicians promote and advocate for school-based mental health programs, and be it further</p> <p>RESOLVED, That the AAFP join in advocacy efforts to establish mental health education in schools.</p>	IMG		Commission on Health of the Public and Science	Agree with Modification. The commission will consider this resolution along with 2018 NCCL 3013, "Promoting Safe Schools," to incorporate the topics of mental health care access and school-based violence prevention programs.