



2018 Agenda for the Reference Committee on Education

National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

<u>Item No.</u>	<u>Resolution Title</u>
1. Resolution No. 2001	Addressing the Burden of Indirect Patient Care on Physician Well-Being
2. Resolution No. 2002	Family Medicine Residency Education Involving Nurse Practitioners and Physician Assistants
3. Resolution No. 2003	Maternal Mortality in the United States
4. Resolution No. 2004	J-1 Visa Waiver Program Hour Requirements Make Hospitalist Positions Unattainable
5. Resolution No. 2005	LGBT Healthcare Education
6. Resolution No. 2006	Paid Parental Leave Policy Survey and Resources
7. Resolution No. 2007	Promoting Family Medicine to Middle, High School and College Students who are Members of Populations Underrepresented in Medicine
8. Resolution No. 2008	International Medical Graduates Advocacy
9. Resolution No. 2009	Collaborative Efforts in Addressing the Opioid Epidemic in the Minority Population
10. Resolution No. 2010	The Annual Family Medicine Report to CMS
11. Resolution No. 2011	Family Planning Education During Medical School
12. Resolution No. 2012	Long-Acting Reversible Contraception (LARC) in Practice
13. Resolution No. 2013	Increase Percentage of Women's Reproductive Health Topics at AAFP FMX and at the National Conference for Residents Family Medicine and Medical Students
14. Resolution No. 2014	Implementation of Sexual Orientation and Gender Identity (SOGI) Data Collection



Resolution No. 2001

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1 Addressing the Burden of Indirect Patient Care on Physician Well-Being

2

3 Submitted by: Kristen Nebel, DO, FAAFP, Women
4 Elizabeth Tran, MD, Women
5 Diana Mercado-Marmarosh, MD, Minority
6

7 WHEREAS, In the 2014 American Academy of Family Physicians position paper, “Physician
8 Burnout,” it states “challenges in finding work-life balance is a common driver of family physician
9 burnout,” and

10

11 WHEREAS, it was concluded that for every hour a physician provides direct clinical time to
12 patients, nearly two additional hours is spent on electronic health record and desk work within the
13 clinic day as well as one-to-two hours of personal time outside office hours, and

14

15 WHEREAS, 36-40 direct patient-care hours per week are required of a full-time employed
16 physician, not including time for addressing patient calls, refills, and test results, and

17

18 WHEREAS, physicians are leaving the medical field due to burnout, and

19

20 WHEREAS, other professions do not experience the human rights infringements, now, therefore,
21 be it

22

23 RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy in keeping
24 with the AAFP position paper on “Physician Burnout,” recognizing that indirect patient care is as
25 important as direct patient care and that physician schedules reflect this, regardless of insurance
26 reimbursement, and be it further

27

28 RESOLVED, That the American Academy of Family Physicians advocate for increased hours
29 allowing for family physicians to complete indirect patient care within the employed physician’s
30 typical work day, and be it further

31

32 RESOLVED, That the American Academy of Family Physicians adopt a policy recognizing that
33 work done outside of typical working hours and infringing on personal time no longer be
34 acceptable, and be it further

35

36 RESOLVED, That the American Academy of Family Physicians lobby for adequate time for all
37 patient care to be completed in order to improve work-life balance and reduce burnout for
38 physicians so as to ensure an adequate primary care workforce.



Resolution No. 2002

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1 Family Medicine Residency Education involving Nurse Practitioners and Physician Assistants

2

3 Submitted by: Kandie Tate, MD, FAAFP, Women

4 Sheleatha Taylor-Bristow, MD, Women

5 Adebowale Prest, MD, FAAFP, General Registrant

6

7 WHEREAS, Family medicine residents have a right to an adequate and appropriate family
8 medicine focused education that prepares them to practice independently after completion, and

9

10 WHEREAS, education takes on many forms including interaction between family medicine
11 residents, physician assistants (PAs), nurse practitioners (NPs), and nursing staff, and

12

13 WHEREAS, the recognition of NPs and PAs are a valuable part of the medical team but are not
14 interchangeable with physicians, and

15

16 WHEREAS, the American Academy of Family Physicians (AAFP) recognizes family medicine
17 physicians have a structured unified training pathway, and

18

19 WHEREAS, AAFP recognizes the team-based approach as the best way to educate family
20 medicine residents, and

21

22 WHEREAS, there is a concern that family medicine teaching and procedural training is being
23 delegated to NPs and PAs, now, therefore, be it

24

25 RESOLVED, That the American Academy of Family Physicians perform a survey to residents to
26 determine the level of interaction, instruction and/or supervision of physician assistant and nurse
27 practitioner educators for family medicine residents during residency.



Resolution No. 2003

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1 Maternal Mortality in the United States

2

3 Submitted by: Angeline Ti, MD, MPH, General Registrant

4 Melanie Andrews, MD, Women

5 Vivienne Rose, MD, Minority

6 LaTasha Perkins, MD, New Physician

7 Melissa See, MD, MPA, Minority

8

9 WHEREAS, The United States has the highest maternal mortality rate of any industrialized nation
10 with approximately 26.4 deaths per 100,000 live births, and

11

12 WHEREAS, the maternal mortality rate has increased by nearly 60% between 1990 and 2015, and

13

14 WHEREAS, maternal mortality occurs significantly more frequently among black women, low-
15 income women, and women in rural areas, and

16

17 WHEREAS, black mothers die at three to four times the rate of white mothers, regardless of
18 socioeconomic status and this disparity continues to widen, and

19

20 WHEREAS, racism, including discrimination by healthcare providers, contribute to poor maternal
21 health outcomes, and

22

23 WHEREAS, evidence-based interventions for decreasing perinatal morbidity and mortality exist but
24 are not widely implemented, now, therefore, be it

25

26 RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation
27 Council for Graduate Medical Education (ACGME) to increase training in prepregnancy care,
28 interpregnancy care, and complications of maternity care that have been shown to contribute to
29 maternal mortality, and, be it further

30

31 RESOLVED, That the American Academy of Family Physicians advocate to relevant stakeholders
32 for evidence-based measures shown to decrease maternal mortality and morbidity, such as access
33 to contraception, access to doulas and labor support, health insurance coverage for all pregnant
34 and postpartum women, and programs to address social determinants of health, and, be it further

35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a curriculum in
37 implicit bias and reproductive justice principles for presentation at state and national AAFP
38 Continuing Medical Education Programs to combat discrimination and bias, and, be it further

39

40 RESOLVED, That the American Academy of Family Physicians support and advocate for
41 legislative initiatives to fund research to further understand and address both the high rate and
42 disparities of maternal mortality in the United States.



Resolution No. 2004

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1 J-1 Visa Waiver Program Hour Requirements Make Hospitalist Positions Unattainable

2

3 Submitted by: Samir Ginde, MD, IMG

4 Asim Jaffer, MD, FAAFP, IMG

5

6 WHEREAS, Physicians on J-1 Visa Waiver Program are essential workforce to provide care in
7 rural/underserved communities, and

8

9 WHEREAS, family physicians are an important part in the rural/underserved workforce, and

10

11 WHEREAS, J-1 Visa Waiver Program requires a minimum of 40 hours per week, every week, and

12

13 WHEREAS, many times, hospitalist positions do not qualify for a J-1 Visa Waiver Program
14 because they are scheduled for one week on and then one week off, now, therefore, be it

15

16 RESOLVED, That the American Academy Family Physicians advocate for flexibility in the 40-hour
17 per week requirement for J-1 visa waivers to an average of 40 hours per week requirement, for
18 those who apply for nontraditional positions, such as hospitalist positions.



Resolution No. 2005

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1 LGBT Healthcare Education

2

3 Submitted by: Shannon Bentley, MD, LGBT
4 Rebecca Cantone, MD, LGBT
5 Carrie Pierce, MD, Women

6

7 WHEREAS, The American Academy of Family Physicians is committed to improving access to and
8 ensuring evidence-based lesbian, gay, bisexual, and transgender patient care, and

9

10 WHEREAS, the missions of health care institutions recognize the importance of providing care to
11 all patient populations, including the lesbian, gay, bisexual, transgender patient population, and

12

13 WHEREAS, the scope of care for the lesbian, gay, bisexual, and transgender community is limited
14 by institutional policy, such as the Ethical and Religious Directives for Catholic Health Care, now,
15 therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians promote education on appropriate
18 contraceptive therapy for lesbian, gay, bisexual, transgender patients, and be it further

19

20 RESOLVED, That the American Academy of Family Physicians promote education on appropriate
21 gender-affirming hormone therapy for transgender patients, and be it further

22

23 RESOLVED, That the American Academy of Family Physicians promote education on appropriate
24 gender-affirming surgical care for transgender patients, and be it further

25

26 RESOLVED, That the American Academy of Family Physicians promote education on appropriate
27 psychological and support services for lesbian, gay, bisexual and transgender individuals.

28



Resolution No. 2006

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1 Paid Parental Leave Policy Survey and Resources

2
3 Submitted by: Ashley Harte, MD, Women
4 Chrystal Sumrall, MD, FAAFP, Women
5

6 WHEREAS, There is a great diversity amongst parental leave policies for practicing physicians and
7 a wide range of options available for physicians to negotiate beneficial employment contracts, and
8

9 WHEREAS, the majority of new physicians are entering into employment agreements rather than
10 pursuing independent ownership of a practice, and
11

12 WHEREAS, family physicians recognize the importance of paid parental leave for bonding with a
13 new infant, establishing healthy breastfeeding practices, and financial stability of the family unit,
14 now, therefore, be it
15

16 RESOLVED, That the American Academy of Family Physicians conduct a survey of its active
17 members regarding current parental leave contractual agreements, and be it further
18

19 RESOLVED, That the American Academy of Family Physicians provide the information from a
20 parental leave policy survey of its Active members as a resource to help family physicians
21 negotiate employment contracts/work environment solutions leading to a healthier and financially
22 viable work life balance for physicians with expanding families, and be it further
23

24 RESOLVED, That the American Academy of Family Physicians support 12 weeks fully paid leave
25 for primary caregivers for a newly born or adopted child and support an optional extension leave as
26 partially paid or unpaid leave up to six months.



Resolution No. 2007

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1 Promoting Family Medicine to Middle, High School, and College Students who are Members of
2 Populations Underrepresented in Medicine

3
4 Submitted by: Casey Henritz, DO, New Physician
5 Christopher Baumert, MD, New Physician
6 Carrie Pierce, MD, Women
7 Marie Ramas, MD, FAAFP, Minority
8

9 WHEREAS, Women and minorities including Black, Hispanic, Native American, or Alaska Natives
10 continue to be underrepresented in the fields of medicine, especially academic settings, and
11

12 WHEREAS, access for children in middle and high school to earlier opportunities in science, such
13 as summer programs and mentorship by current physicians, help improve rates of application
14 submission and acceptance to medical school, and
15

16 WHEREAS, the American Academy of Family Physicians Foundation supports increasing
17 representation of these groups in the pipeline for future family medicine physicians, now, therefore,
18 be it
19

20 RESOLVED, That the American Academy of Family Physicians (AAFP) work with the AAFP
21 Foundation to create a new initiative to engage middle and high school student populations who
22 are underrepresented in family medicine in programs that may promote interest in the specialty,
23 and be it further
24

25 RESOLVED, That the American Academy of Family Physicians amend the policy, “Medical
26 Schools, Minority and Women Representation in Medicine”, to broaden its position on stimulating
27 interest in medical careers among minorities and women to specifically include middle school, high
28 school, and college age students.



Resolution No. 2008

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1 International Medical Graduates Advocacy

2

3 Introduced by: Timothy Yu, MD, IMG
4 Juanna Capizzano, MD, IMG
5 Arihant Jain, MD, IMG
6 Sukhjeet Kamboj, MD, FAAFP, IMG
7 Brenainn Flanagan, MD, General Registrant
8 Tamer Said, MD, IMG

9

10 WHEREAS, International medical graduates matched into 995 family medicine residency programs
11 out of 3,356 slots in 2017, and

12

13 WHEREAS, international medical graduates represent 26% of the United States physician
14 workforce, and

15

16 WHEREAS, international medical graduates continue to contribute to the diversity and richness of
17 our physician workforce, and

18

19 WHEREAS, the American Academy of Family Physicians currently supports J-1 visa waivers for
20 physicians from countries not currently in need of those physicians' specialty medical services,
21 now, therefore, be it

22

23 RESOLVED, That the American Academy of Family Physicians supports and protects medical
24 students, residents, and fellows in family medicine training under a J-1 and H1-B Visa, and be it
25 further

26

27 RESOLVED, That the American Academy of Family Physicians routinely assess the number of
28 international medical graduates members, their country of origin, and who among them are on H-
29 1B and J-1 visas, and be it further

30

31 RESOLVED, That the American Academy of Family Physicians amend its current position on the
32 J-1 Visa Waiver Program to include an exception to support the retention of physicians in training
33 and practicing in the United States. from countries in unrest and war, and be it further

34

35 RESOLVED, That the American Academy of Family Physicians create a form letter for international
36 medical graduates members stating they are a physician in good standing, which can be used
37 during immigration proceedings to help facilitate their visa application.



Resolution No. 2009

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Collaborative Efforts in Addressing the Opioid Epidemic in the Minority Population

2
3 Submitted by: Karen Smith, MD, FAAFP, Minority
4 Marilou Gonzalez, MD, Minority
5 Tisha Boston, MD, FAAFP, Minority
6 Cedric Barnes, DO, Minority
7 Carolyn Pierce, MD, Women
8 Marty Player, MD, LGBT
9 Casey Henritz, DO, New Physician

10
11 WHEREAS, The opioid epidemic is well known as a problem affecting the entire population in the
12 United States crossing all age, race, and ethnic demographics, and

13
14 WHEREAS, the issue arises noting there are several national and statewide initiatives created to
15 address the opioid epidemic, and

16
17 WHEREAS, the impact of these efforts is not reaching the minority population revealing increased
18 mortality and morbidity due to the misuse and abuse of opioid drugs, and

19
20 WHEREAS, the current American Academy of Family Physicians (AAFP) resources do not
21 specifically address minority populations as defined under the Centers for Medicaid and Medicare
22 Services as a health care entity representing this subgroup, and

23
24 WHEREAS, the overall death rate for white Americans is noted to be higher than black Americans,
25 and

26
27 WHEREAS, the death rate from opioid overdose has increased in black Americans to the rate of
28 that of white Americans in 2014 due to the increase in the use of heroin, fentanyl, and other potent
29 synthetic opioids, and

30
31 WHEREAS, “the Native Americans and Alaska Natives saw a five fold increase in opioid overdose
32 deaths between 1999 and 2015. CDC figures indicate the increase in that period was higher for
33 Native Americans than any other group, jumping to roughly 22 deaths for every 100,000 people,”
34 and

35
36 WHEREAS, the impact of racism, sexism, prejudice, and discrimination have negative effects on
37 the overall health outcome for the minority population, and

38
39 WHEREAS, the current AAFP and CDC resources do not incorporate culturally sensitive
40 components of social determinants of health, which are known to produce better outcomes, now,
41 therefore, be it
42

43 RESOLVED, That the American Academy of Family Physicians develop an awareness campaign
44 to educate physicians and physicians-in-training of the gaps in treatment in the minority population,
45 and be it further

46
47 RESOLVED, That the American Academy of Family Physicians educate members on best practice
48 and collaborative efforts which are effective in the treatment of opiate misuse and abuse in the
49 minority population, and be it further

50
51 RESOLVED, That the American Academy of Family Physicians reassess the current Chronic Pain
52 Management Toolkit to incorporate health equity tools to address the opioid epidemic in the
53 minority population.



Resolution No. 2010

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 The Annual Family Medicine Report to CMS

2

3 Submitted by: Ean Bett, MD, New Physician

4 Lawrence Gibbs, MD, MEd, FAAFP, New Physician

5

6 WHEREAS, Strengthening primary care is critical to promoting high quality, patient-centered care,
7 and reducing overall health care costs in the United States, and

8

9 WHEREAS, only approximately 30% of practicing U.S. physicians are in family medicine, and

10

11 WHEREAS, the Organization for Economic Co-operation and Development countries average
12 percent of primary care physicians in the workforce is approximately 60%, and

13

14 WHEREAS, the Centers for Medicare and Medicaid Services provides funding for graduate
15 medical education in the U.S., now, therefore, be it

16

17 RESOLVED, That the American Academy of Family Physicians create an annual report to be
18 delivered to the Centers for Medicare and Medicaid Services, indicating the number and overall
19 percentage of residency-matched physicians into family medicine.



Resolution No. 2011

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1 Family Planning Education during Medical School

2
3 Introduced by: Shenary Cotter, MD, FAAFP, Women
4 Khuram Ghumman, MD, MPH, CPE, FAAFP, IMG
5 Michael Richardson, MD, New Physician
6

7 WHEREAS, Unplanned pregnancy accounts for half of the pregnancies (approximately two million
8 pregnancies) in the United States each year and occurs across the reproductive years, and
9

10 WHEREAS, unplanned pregnancy disproportionately affects racial minorities, the poor, and those
11 of lower educational attainment), and
12

13 WHEREAS, unplanned pregnancy is associated with serious risks to and adverse effects on
14 infants including increased rates of preterm labor, inadequate prenatal care, pre- and peri-natal
15 complications, low birth weight, learning disabilities, child abuse, and lower socioeconomic status
16 and educational attainment as adults, and
17

18 WHEREAS, elective abortion predominantly occurs in unplanned pregnancy, and
19

20 WHEREAS, unplanned pregnancy is preventable with use of contraception, especially long-acting
21 reversible contraception, and
22

23 WHEREAS, over half of women age 45 and older will have experienced, unplanned pregnancy and
24 half of these women will have experienced abortion related to unplanned pregnancy, and
25

26 WHEREAS, unplanned pregnancy as a health concern involves both women and men, and
27

28 WHEREAS, current medical education does not require specific education on incidence,
29 prevalence, risk factors, demographics, legal issues surrounding unplanned pregnancy, or on
30 abortion, and
31

32 WHEREAS, family medicine residency programs are not required to include this information if they
33 are associated with religions with objections to contraception and/or abortion, now, therefore, be it
34

35 RESOLVED, That the American Academy of Family Physicians urge the Society of Teachers of
36 Family Medicine to develop specific inclusive curriculum on unplanned pregnancy and abortion to
37 be taught during the medical school family medicine clerkship rotation.



Resolution No. 2012

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Long-Acting Reversible Contraception (LARC) in Practice

2

3 Submitted by: Katherine Hall, MD, Women

4 Ivonne McLean, MD, New Physicians

5

6 WHEREAS, The American Academy of Family Physicians (AAFP) policy supporting both the
7 access to training in long-acting, reversible contraception management and procedures, as well as
8 supporting it as a first-line aspect of contraceptive care with assurance of insurance coverage, and
9

10 WHEREAS, the American College of Obstetrics and Gynecology has both a position statement
11 and online links to information regarding implementation of long-acting, reversible contraception
12 programs in clinical practice separate from the AAFP, and
13

14 WHEREAS, physicians generally are not specifically educated in practice implementation of
15 procedural programs and have financial and information barriers to the introduction of such
16 procedures into communities, now, therefore, be it
17

18 RESOLVED, That the American Academy of Family Physicians advocate to expand educational
19 training in residency programs to include the process of ordering and managing long-acting,
20 reversible contraception programs in active practice after training, and be it further
21

22 RESOLVED, That the American Academy of Family Physicians make available and accessible to
23 physicians a communication access point to locate resources to bring long-acting, reversible
24 contraception to local communities through enhanced training and business management
25 information and networks.



Resolution No. 2013

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1 Increase Percentage of Women’s Reproductive Health Topics at AAFP FMX and at the National
2 Conference for Family Medicine Residents and Medical Students

3
4 Submitted by: Emily Guh, MD, General Registrant
5 Nicole Chaisson, MD, Women
6 Betsy Gilbertson, MD, New Physician
7 Tabatha Wells, MD, FAAFP, New Physician
8

9 WHEREAS, The American Academy of Family Physicians (AAFP) affirms it is essential that family
10 physicians be well trained to provide “comprehensive, continuing care of women throughout their
11 lifecycle,” and
12

13 WHEREAS, the AAFP “supports a woman’s access to reproductive health services and opposes
14 non-evidence based restrictions on medical and the provision of such services,” and
15

16 WHEREAS, in order to maintain qualification and a broad scope of practice, family physicians must
17 continue learning throughout their careers, so they might provide patients with up-to-date and
18 evidence-based care throughout their lifecycle, and
19

20 WHEREAS, reproductive health care is not exclusively a women’s health issue, and
21

22 WHEREAS, while the AAFP does offer a women’s health and maternity care conference separate
23 from the Family Medicine Experience (FMX) containing a few reproductive health care updates, it
24 is a burden for members interested in full spectrum medicine to attend three separate conferences
25 rather than one comprehensive CME activity, and
26

27 WHEREAS, at the 2017 FMX there were seven presentations dedicated to women’s reproductive
28 health, but 26 slots dedicated to practice management and 11 dedicated to neurology, and
29

30 WHEREAS, for the 2018 FMX, the Curriculum Advisory Panel (CAP) has weighted women’s
31 reproductive health topics at four percent, and
32

33 WHEREAS, an estimated 17.9 percent of outpatient visits are by women of reproductive age, with
34 preconception or contraceptive counseling integral aspects of these visits, and
35

36 WHEREAS, to recruit new members, the AAFP wants to appeal to family residents, 54 percent of
37 whom are female and tend to see majority female patients, and
38

39 WHEREAS, family medicine residents and students have requested more reproductive health care
40 and women’s health care at their national conference, passing resolutions and filling out
41 conference evaluations, now, therefore, be it
42

43 RESOLVED, That the American Academy of Family Physicians direct the Education Content
44 Advisory to differentiate reproductive health from women's health and create a Reproductive
45 Health category and a Women's Health category, and be it further
46

47 RESOLVED, That the American Academy of Family Physicians direct the Family Medicine
48 Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women's
49 reproductive health topics at future FMX events and remove the four percent cap, and be it further
50

51 RESOLVED, That the American Academy of Family Physicians direct the National Conference for
52 Family Medicine Residents and Medical Students Programming Committee to increase the weight
53 of women's reproductive health topics at future events.



Resolution No. 2014

2018 National Conference of Constituency Leaders — Sheraton Kansas City Hotel at Crown Center

1 Implementation of Sexual Orientation and Gender Identity Data Collection

2

3 Submitted by: Catherine Maslen, MD, LGBT

4 Bryan Hendrickson, MD, LGBT

5

6 WHEREAS, Collecting and reporting of sexual orientation and gender identity (SOGI) data is
7 critical to identifying health inequities and ending the invisibility of sexual, gender, and romantic
8 minority populations in health care, and

9

10 WHEREAS, many practices do not yet have a defined process for collection of SOGI data, and

11

12 WHEREAS, as of 2016, the U.S. Health Resources and Services Administration requires Uniform
13 Data System reporting of SOGI data in demographic reports about populations served, and

14

15 WHEREAS, the Centers for Medicare and Medicaid Services require electronic health record
16 systems to be able to record SOGI data through the Electronic Health Incentive Program - Stage 3,
17 and

18

19 WHEREAS, sexual, gender, and romantic minority status is a social determinant of health, now,
20 therefore, be it

21

22 RESOLVED, That the American Academy of Family Physicians provide a toolkit for practice
23 development of office procedures for patient sexual orientation and gender identity data collection,
24 and be it further

25

26 RESOLVED, That a toolkit for practice development of office procedures for patient sexual
27 orientation and gender identity data collection be included in the online *American Family Physician*
28 by topic collections under "Care of Special Populations" subtopic of "Gay, Lesbian, Bisexual and
29 Transgendered Persons", and be it further

30

31 RESOLVED, That the effort to collect the sexual orientation and gender identity data be included in
32 work related to the EveryONE project.