



AAFP

2016 Consent Calendar for the Reference Committee on Organization & Finance

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

1 **The Reference Committee on Organization & Finance has considered each of the items**
2 **referred to it and submits the following report. The committee’s recommendations on each**
3 **item will be submitted as a consent calendar and voted on in one vote (page numbers**
4 **indicate page in reference committee report). An item or items may be extracted for debate.**
5

6 **RECOMMENDATION: The Reference Committee on Organization & Finance recommends**
7 **the following consent calendar for adoption:**
8

9 **Item 1:** Adopt Substitute Resolution No. 4001: “Necessity of a Specific Law Regarding Violence
10 Against Physicians” in lieu of Resolution No. 4001 (p. 1).
11

12 **Item 2:** Adopt Resolution No. 4002: “Public Reporting of Diversity Data for Race and Ethnicity”
13 (pp.1-2).
14

15 **Item 3:** Adopt Resolution No. 4003: “Public Reporting of Diversity Data for Gender Identity and
16 Sexual Orientation” (p. 2).
17

18 **Item 4:** Adopt Substitute Resolution No. 4004: “Better Parental Leave Policies for Family
19 Physicians” in lieu of Resolution No. 4004 (pp. 2-3).
20

21 **Item 5:** Adopt Resolution No. 4005: “Addressing Health Care Workplace Violence” (pp. 3-4).
22

23 **Item 6:** Adopt Substitute Resolution No. 4006 “Put the “Family” in Family Medicine Meetings” in
24 lieu of Resolution No. 4006 (p. 4).
25

26 **Item 7:** Adopt Substitute Resolution No. 4007: “Identifying icd10 Codes Which Are Related to
27 Social Determinants of Health” in lieu of Resolution No. 4007 (pp. 4-5).
28

29 **Item 8:** Adopt Substitute Resolution No. 4008: “Advocacy and Policy to Prevent Gun Violence in
30 Medical Facilities” in lieu of Resolution No. 4008 (p. 5).
31

32 **Item 9:** Adopt Substitute Resolution No. 4009: “People-First Language for Obesity” in lieu of
33 Resolution No. 4009 (p. 6).
34

35 **Item 10:** Adopt Substitute Resolution No. 4010: “Collecting Sexual Orientation and Gender Identity
36 Data as Standard Demographics” in lieu of Resolution No. 4010 (p. 6).
37

38 **Item 11:** Adopt Resolution No. 4011: “Upgrading to Diversity and Inclusion Version 3.0” (p. 7).
39

40 **Item 12:** Adopt Substitute Resolution No. 4013: “Increasing the Pipeline of Underrepresented
41 Physicians to Address Diversity and Inclusion” in lieu of Resolution No. 4013 (pp. 7-8).

42

43 **Items for Reaffirmation:** Reaffirmation of item A in which testimony in the reference committee
44 hearing and discussion by the reference committee in Executive Session concurred that the item is
45 current policy or are already addressed in current projects (pp. 8-9).



2016 Report of the Reference Committee on Organization & Finance

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

1 The Reference Committee on Organization & Finance has considered each of the items
2 referred to it and submits the following report. The committee’s recommendations on each
3 item will be submitted as a consent calendar and voted on in one vote. Any item or items
4 may be extracted for debate.

5
6 **ITEM NO. 1: RESOLUTION NO. 4001: NECESSITY OF A SPECIFIC LAW REGARDING**
7 **VIOLENCE AGAINST PHYSICIANS**
8

9 RESOLVED, That the American Academy of Family Physicians (AAFP) recommend and
10 influence legislation to have a law protecting physicians, residents, and medical students on
11 duty, which should state that it be considered a felony to assault a physician on duty, as
12 modelled after the Violence Against Nurses.

13
14 The reference committee heard testimony in support of the resolution that indicated when
15 physicians are assaulted an incident report is filed and no other action is typically taken. However,
16 31 states have laws making it a felony to assault a nurse. The reference committee noted that the
17 AAFP has an existing policy entitled “Violence, Illegal Acts Against Physicians and Other Health
18 Professionals.” The AAFP advocates for federal legislation, but relies on its chapters to advocate
19 for laws at a state level. The reference committee was in favor of encouraging chapters to
20 advocate for such legislation at the state level.

21
22 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
23 **4001, which reads as follows, be adopted in lieu of Resolution No. 4001:**
24

25 **RESOLVED: That the American Academy of Family Physicians (AAFP) encourage**
26 **chapters to advocate for legislation modeled after the Violence Against Nurses law,**
27 **which would make it a felony to assault physicians, residents, and medical students.**
28

29 **ITEM NO. 2: RESOLUTION NO. 4002: PUBLIC REPORTING OF DIVERSITY DATA FOR RACE**
30 **AND ETHNICITY**
31

32 RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate
33 summary data on race and ethnicity of the American Academy Family Physician
34 membership be published publicly so that it is demonstrated that diversity is an important
35 value of American Academy of Family Physicians, and be it further
36

37 RESOLVED, That the American Academy of Family Physicians (AAFP) intentionally
38 promote the importance of race and ethnicity self-reporting in census data for its own
39 organization, and be it further

1
2 RESOLVED, That the American Academy of Family Physicians (AAFP) include race and
3 ethnicity data in the primary census survey from the American Academy Family Physician
4 as opposed to a separate survey.
5

6 The reference committee heard testimony in favor of this resolution. It was noted that while the
7 AAFP collects information on race and ethnicity it should improve how it is collected and reported.
8 It was emphasized that by making the information public it shows the inclusivity of the organization
9 and its support of diversity. In additional testimony, concern was raised that the way the data was
10 being collected diminished response rates.
11

12 The reference committee discussed the process for collecting the data as well as limited quantity of
13 the data currently collected on race and ethnicity. The committee recognized that the data
14 collected may not be statistically valid, but believed that it was important to make this information
15 available online. The committee also acknowledged the concern on how that data is collected, but
16 did not have a proposed solution to this concern.
17

18 **RECOMMENDATION: The reference committee recommends that Resolution No. 4002 be**
19 **adopted.**
20

21 **ITEM NO. 3: RESOLUTION NO. 4003: PUBLIC REPORTING OF DIVERSITY DATA FOR**
22 **GENDER IDENTITY AND SEXUAL ORIENTATION**
23

24 RESOLVED, That the American Academy of Family Physicians (AAFP) aggregate
25 summary data on self-reported sexual orientation and gender identity of American Academy
26 Family Physician membership be published publicly so that it is demonstrated that diversity
27 is an important value of American Academy Family Physician, and be it further
28

29 RESOLVED, That the American Academy of Family Physicians (AAFP) will intentionally
30 promote the importance of sexual orientation and gender identity self-reporting in census
31 data for its own organization, and be it further
32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) sexual orientation
34 and gender identity data is included in the primary census survey as opposed to a separate
35 survey.
36

37 Testimony was provided to the reference committee in support of the resolution. The testimony
38 emphasized the importance of collecting gender identity and sexual orientation data from the
39 membership and disclosing the aggregate data to demonstrate the diversity of the AAFP. The
40 reference committee recognized that understanding the diversity of the AAFP's membership would
41 ensure the organization is a voice for all members and that appropriate programs and resources
42 supporting all physician members are developed.
43

44 **RECOMMENDATION: The reference committee recommends that Resolution No. 4003 be**
45 **adopted.**
46

47 **ITEM NO. 4: RESOLUTION NO. 4004: BETTER PARENTAL LEAVE POLICIES FOR FAMILY**
48 **PHYSICIANS**
49

50 RESOLVED, That the American Academy of Family Physicians (AAFP) shall support a
51 minimum of 12 weeks of paid leave for the primary caregiver for a newly born or adopted
52 child, including family physicians and residents, and support an optional extension of this

1 leave as unpaid time off, and be it further

2
3 RESOLVED, That the American Academy of Family Physicians (AAFP) shall perform an
4 electronic survey of its members, focusing on residents and new physicians, regarding
5 current employment and self-employed parental leave experiences, policies and benefits,
6 and be it further

7
8 RESOLVED, That the American Academy of Family Physicians (AAFP) shall work with
9 employers of family physicians to provide paid parental leave through expansion of the
10 current AAFP Insurance Program to include short term disability for maternity leave at a
11 minimal cost to physicians and residents.

12
13 The testimony provided was in support of the resolution. It was emphasized that family physicians
14 promote health to their patients and encourage them to spend time with their newborns and the
15 same expectation should be in place for the family physician. A change was requested to the
16 resolution to expand its focus from a primary caregiver to primary caregivers as it supports the
17 rights of both parents.

18
19 The reference committee discussed the use of the survey data collected on parental leave
20 experiences, policies, and benefits and concluded that the information should be used to help
21 inform policy and influence negotiations with employers. The reference committee discussed the
22 resolved clause to expand current insurance offerings of short term disability for maternity leave
23 but recognized that AAFP Insurance Services is a separate entity from AAFP, as such, the AAFP
24 does not have purview over AAFP Insurance Services.

25
26 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
27 **4004, which reads as follows, be adopted in lieu of Resolution No. 4004:**

28
29 **RESOLVED, That the American Academy of Family Physicians (AAFP) support a**
30 **minimum of 12 weeks paid leave for primary caregivers for a newly born or adopted**
31 **child, including family physicians and residents, and support an optional extension**
32 **of this leave as unpaid time off, and be it further**

33
34 **RESOLVED, That the American Academy of Family Physicians (AAFP) shall perform**
35 **an electronic survey of its members, focusing on residents and new physicians,**
36 **regarding current employment and self-employment parental leave experiences,**
37 **policies, and benefits.**

38
39 **ITEM NO. 5: RESOLUTION NO. 4005: ADDRESSING HEALTH CARE WORKPLACE**
40 **VIOLENCE**

41
42 RESOLVED, That the American Academy of Family Physicians (AAFP) study the issue of
43 workplace violence as it relates to family physicians, and be it further

44
45 RESOLVED, That the American Academy of Family Physicians (AAFP) explore and make
46 recommendations for addressing health care workplace violence.

47
48 The reference committee heard testimony in support of the resolution that the AAFP should collect
49 and analyze data on workplace violence to determine what solutions should be recommended.
50 Members testifying suggested that this resolution is similar in intent to Resolution No. 4001, but
51 that Resolution No. 4005 addresses bullying along with other actions that degrade, alienate, and
52 isolate physicians.

1 The reference committee acknowledged the similarity between the two resolutions but, because it
2 tends to be underreported, it would be important to collect data depicting violence against family
3 physicians in the United States in order to support the development and/or influence of legislation.
4 Additionally, it may allow for the AAFP to provide educational resources on workplace safety.

5
6 **RECOMMENDATION: The reference committee recommends that Resolution No. 4005 be**
7 **adopted.**

8
9 **ITEM NO. 6: RESOLUTION NO. 4006: PUT THE “FAMILY” IN FAMILY MEDICINE MEETINGS**

10
11 RESOLVED, That the American Academy of Family Physicians (AAFP) offer age-
12 appropriate interactive and engaging childcare services at medium-large national meetings
13 at cost to the members.

14
15 Testimony was provided to the reference committee in support of the resolution. Providing
16 childcare services at meetings would increase participation at AAFP meetings and create positive
17 experiences for attendees with children. Additional testimony was heard on the challenges of some
18 attendees who bring family members to care for their children. A story was shared about how the
19 Oklahoma Academy of Family Physicians incorporates children’s activities into its annual meeting
20 which is held on Father’s Day. The family experience has been positive with high attendance at the
21 annual meeting.

22
23 The reference committee received background information on liability issues, costs and
24 underutilization of childcare services and activities provided at past AAFP national meetings. The
25 reference committee supported the research and promotion of childcare options available at
26 national AAFP meetings.

27
28 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
29 **4006, which reads as follows, be adopted in lieu of Resolution No. 4006:**

30
31 **RESOLVED, That the American Academy of Family Physicians (AAFP) offer**
32 **information regarding age appropriate interactive and engaging childcare services at**
33 **national meetings and include this information in conference promotional materials.**

34
35 **ITEM NO. 7: RESOLUTION NO. 4007: IDENTIFYING ICD10 CODES WHICH ARE RELATED TO**
36 **SOCIAL DETERMINANTS OF HEALTH**

37
38 RESOLVED, That the lack of consistent health care coverage is a legitimate medical
39 problem and the American Academy of Family Physicians (AAFP) should encourage
40 utilization of these codes in the patient problem list International Classification of Disease
41 Tenth Edition codes z91.1xx (ICD10) as well as include a list of these ICD10 codes on the
42 AAFP website for member reference within articles about health disparities.

43
44 The reference committee heard testimony regarding the fact that insurance companies are
45 increasingly looking at who is providing the highest quality of care with the lowest cost and
46 reimbursing based on patient risk or complexity. Since including codes that reflect the social
47 complexity of patients can help increase reimbursement, not being familiar with certain
48 International Classification of Disease Tenth Edition (ICD-10) codes such as under-dosing
49 medications because of financial hardship can result in lost revenue. It was stressed that more
50 information about these codes related to the social determinants of health will be important for
51 members as they transition to merit-based incentive payments. The reference committee agreed

1 that providing additional awareness about these specific billing codes is important and should be
2 provided as a reference on the AAFP website.

3
4 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
5 **4007, which reads as follows, be adopted in lieu of Resolution No. 4007:**

6
7 **RESOLVED, That the American Academy of Family Physicians (AAFP) should**
8 **increase awareness of the usage of ICD-10 codes related to the social determinants**
9 **of health and provide a list of these codes on the AAFP website.**

10
11 **ITEM NO. 8: RESOLUTION NO. 4008: ADVOCACY AND POLICY TO PREVENT GUN**
12 **VIOLENCE IN MEDICAL FACILITIES**

13
14 RESOLVED, That the American Academy of Family Physicians (AAFP) advocate against
15 laws that permit firearms in health care facilities, including, but not limited to, hospitals,
16 clinics, nursing homes and medical school campuses, and be it further

17
18 RESOLVED, That the American Academy of Family Physicians (AAFP) current policy
19 statement entitled "Firearms and Safety Issues" be changed to remove the statement "The
20 Academy supports strong and robust enforcement of existing federal, state and local laws
21 and regulations regarding the manufacture, sale and possession of guns."

22
23 The author spoke in favor of the resolution recounting his patients who were personally affected by
24 the 2012 school shooting in Sandy Hook, Connecticut. It was noted that since 2013 there have
25 been an additional 170 school shootings. Additional testimony was heard from other members who
26 also shared their own personal experiences with firearms being brought into a health care facility
27 and/or used in a health care facility to injure a physician or patient. Concern was raised regarding
28 the right to regulate the carrying of firearms in a health care facility by privately-owned health care
29 facilities versus those which are considered state property. It was noted that military personnel are
30 obligated to carry firearms in military health care facilities and that the reference committee should
31 take that fact into consideration during deliberation.

32
33 The reference committee acknowledged that testimony was overwhelmingly in favor of the
34 resolution despite the controversial nature of the issue. As state and local laws become more
35 permissive regarding concealed carry, the reference committee believed the statement that the
36 AAFP supports enforcement of existing federal, state, and local laws and regulations is
37 contradictory to the overall policy statement.

38
39 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
40 **4008, which reads as follows, be adopted in lieu of Resolution No. 4008:**

41
42 **RESOLVED, That the American Academy of Family Physicians (AAFP) advocate**
43 **against laws that permit firearms in civilian health care facilities, including, but not**
44 **limited to, hospitals, clinics, nursing homes, and medical school campuses, and be it**
45 **further**

46
47 **RESOLVED, That the American Academy of Family Physicians (AAFP) current policy**
48 **statement entitled "Firearms and Safety Issues" be changed to remove the statement**
49 **"The Academy supports strong and robust enforcement of existing federal, state and**
50 **local laws and regulations regarding the manufacture, sale and possession of guns."**

1 **ITEM NO. 9: RESOLUTION NO. 4009: PEOPLE-FIRST LANGUAGE FOR OBESITY**

2
3 RESOLVED, That the American Academy of Family Physicians (AAFP) use people-first
4 language on their websites and educational materials by using “obesity” as a disease rather
5 than the adjective “obese” to describe a patient.
6

7 Testimony was heard on the bias that still exists regarding obesity. Unlike other diseases the
8 adjective is used to describe the patient more frequently than the disease. Online search results
9 showed that using the adjective “obese patient” when searching for obesity reference materials
10 was disproportionately higher than other diseases.
11

12 The reference committee agreed with the spirit of the resolution and acknowledged the need to
13 change the conversation in order to help those with the disease and this is a step in that direction.
14 The reference committee supported updating future educational materials.
15

16 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
17 **4009, which reads as follows, be adopted in lieu of Resolution No. 4009:**
18

19 **RESOLVED, That the American Academy of Family Physicians (AAFP) use people-**
20 **first language on future educational materials by using “obesity” as a disease rather**
21 **than the adjective “obese” to describe a patient.**
22

23 **ITEM NO. 10: RESOLUTION NO. 4010: COLLECTING SEXUAL ORIENTATION AND GENDER**
24 **IDENTITY DATA AS STANDARD DEMOGRAPHICS**
25

26 RESOLVED, That the American Academy of Family Physicians strongly recommends that
27 sexual orientation and gender identity be treated as standard demographic information and
28 collected for all patients in an effort to identify and address specific health disparities.
29

30 Testimony was provided by the author in support of the resolution stating that there are
31 documented health care disparities within the Gay, Lesbian, Bisexual, Transgender (GLBT)
32 population and that if questions go unasked then these patients and their potential health issues
33 will remain invisible. While it was recognized as important for physician practices to collect this
34 data, concerns were expressed about the way the data would be collected. Many health care
35 facilities collect standard demographic information at the front desk or at registration where privacy
36 may be an issue.
37

38 The reference committee agreed that there is value in collecting this information, but that the
39 organization does not have the authority to designate what is considered or collected as standard
40 demographic information. Once this information is collected on a routine basis, the AAFP may
41 have more influence to be able to recommend that this information be collected as standard
42 demographics in electronic medical records.
43

44 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
45 **4010, which reads as follows, be adopted in lieu of Resolution No. 4010:**
46

47 **RESOLVED, That the American Academy of Family Physicians (AAFP) strongly**
48 **recommends that family physicians collect sexual orientation and gender identity for**
49 **all patients in an effort to identify individual health needs and address health**
50 **disparities.**
51

1 **ITEM NO. 11: RESOLUTION NO. 4011: UPGRADING TO DIVERSITY AND INCLUSION**
2 **VERSION 3.0**
3

4 RESOLVED, That the American Academy of Family Physicians (AAFP) develop a
5 Taskforce on Diversity and Inclusion to address issues of diversity including, but not limited
6 to: develop diversity metrics and processes to assess diversity, equity, and inclusion efforts;
7 develop programs to encourage diversity and cultural proficiency in the medical workforce;
8 explore development of an office of diversity and inclusion; create strategic partnerships
9 with community organizations, higher education, government, and other organization, and
10 be it further

11
12 RESOLVED, that the Taskforce on Diversity and Inclusion report back to the National
13 Conference of Constituency Leaders (NCCL) by 2018.
14

15 The reference committee heard testimony on the need to form a task force to address issues of
16 diversity such as the need to increase the pipeline for diverse family physicians. Stories were
17 shared that demonstrated the lack of diverse physicians in some residency programs and
18 practices. An example of how diversity was brought from the periphery into the core was shared
19 regarding the Family Medicine of America's Health (FMAH). The FMAH Board of Directors
20 recognized the lack of diversity of the group and asked three new members to join the team.
21

22 The reference committee discussed the importance of the topic and that additional study on
23 diversity issues would create more accountability within the organization. The reference committee
24 also noted the importance of addressing this topic so that the membership reflects the patient
25 populations that members serve.
26

27 **RECOMMENDATION: The reference committee recommends that Resolution No. 4011 be**
28 **adopted.**
29

30 **ITEM NO. 12: RESOLUTION NO. 4013: INCREASING THE PIPELINE OF**
31 **UNDERREPRESENTED PHYSICIANS TO ADDRESS DIVERSITY AND INCLUSION**
32

33 RESOLVED, That the American Academy of Family Physicians (AAFP) commit to the
34 promotion of increasing the number of underrepresented family physicians, and be it further
35

36 RESOLVED, That the American Academy of Family Physicians (AAFP) develop
37 relationships with partners who are creating solutions to grow the number of
38 underrepresented family physicians, and be it further
39

40 RESOLVED, That the American Academy of Family Physicians (AAFP) should report out
41 annually its efforts to grow the number of underrepresented family physicians to an AAFP
42 governing body to review progress, and be it further
43

44 RESOLVED, That the American Academy of Family Physicians (AAFP) should engage in a
45 leadership role in bringing together medical societies around issues of promoting the
46 increasing need for underrepresented family physicians and thereby addressing diversity
47 and inclusion which will affect health disparities.
48

49 The reference committee heard overwhelming testimony in favor of the resolution. The author of
50 the resolution explained that the resolution is intended to help grow underrepresented physicians in
51 family medicine. These efforts should begin as early as middle school. It was noted that there are
52 fewer African American men in medical school now than in 1978 which contributes to health care

1 disparities. Testimony was also shared that there is an existing pipeline of very diverse individuals
2 who are international medical graduates to help fill this void. They need additional support to obtain
3 their medical licenses. Additional testimony was provided that the AAFP is currently working with
4 other organizations through the Family Medicine for America's Health initiative to improve national
5 outreach efforts in diversity in medicine and that consideration be given to not duplicate existing
6 efforts.

7
8 The reference committee acknowledged that the AAFP currently has a number of partnerships and
9 initiatives underway to increase the pipeline of underrepresented physicians but that the
10 membership may not be aware of these efforts and the impact they are having. The reference
11 committee believed it is important to inform the membership of these efforts on an annual basis.

12
13 **RECOMMENDATION: The reference committee recommends that Substitute Resolution No.**
14 **4013, which reads as follows, be adopted in lieu of Resolution No. 4013:**

15
16 **RESOLVED, That the American Academy of Family Physicians (AAFP) communicate**
17 **annually to the membership its efforts to grow the number of underrepresented**
18 **family physicians.**

19
20 **The following Item A is presented by the reference committee as an Item for Reaffirmation.**

21 **Testimony in the reference committee hearing and discussion by Executive Session**

22 **concurred that the resolution presented in Item A is current policy or is already addressed**

23 **in current projects. At the request of the National Conference of Constituency Leaders, any**

24 **item may be taken from this section for an individual vote on that item. Otherwise, the**

25 **reference committee will request approval of the "Item for Reaffirmation" in a single vote.**

26
27 (A) Resolution No. 4012 entitled, "Position Statement Against Religious Freedom Bills"

28
29 RESOLVED, That the American Academy of Family Physicians (AAFP) modify its
30 current policy to include a statement opposing religious freedom legislation and the
31 inherent resultant discrimination.

32
33 The reference committee heard testimony from the authors in support of the resolution. One author
34 noted that the oaths taken in medical school emphasized the health of the patient should be the
35 physician's first consideration and that religious freedom bills are closing in on those oaths.
36 Another author shared that this is not a new issue and that to his knowledge there is no religion
37 that allows someone to discriminate and it is time for AAFP to step up and take a stand. Testimony
38 was also heard by the reference committee from members opposed to the revision of the policy.
39 Physicians should not be forced to do something against their conscience or religious beliefs. A
40 combat veteran testified that while in support of the spirit of the resolution, he would die to protect
41 someone's religious freedom. Another member testified that everyone has the right to exercise
42 their religion, but it shouldn't affect how you care for a patient.

43
44 The reference committee acknowledged that the AAFP has an existing policy on patient
45 discrimination, which states that the AAFP opposes all discrimination in any form, including but not
46 limited to, that on the basis of actual or perceived race, color, religion, gender, sexual orientation,
47 gender identity, ethnic affiliation, health, age, disability, economic status, body habitus or national
48 origin. The reference committee believed that the first part of the policy stating that the AAFP
49 opposes all discrimination in any form addresses the intent of the resolution. The reference

1 committee noted that more members expressed opposition to, rather than support of the
2 resolution. While the provider should not be forced to do something against his/her own personal
3 religious beliefs, the physician has the option to refer to a safe and appropriate source of care.

4
5 **RECOMMENDATION: The reference committee recommends that Item A above be approved**
6 **as current policy or as already being addressed in current projects.**

1 **I wish to thank those who appeared before the reference committee to give testimony and**
2 **the reference committee members for their invaluable assistance. I also wish to commend**
3 **the AAFP staff for their help in the preparation of this report.**

4 Respectfully Submitted,

5
6
7
8

9 _____
Megan Adamson, MD – CHAIR

- 10
11 Adnan Ahmed, MD – IMG
12 Kathryn Kolonic, DO, MPH – Women
13 Margaret L. Smith, MD – Minority
14 Brent Sugimoto, MD, MPH – GLBT
15 MiLinda Zabramba, MD – New Physician
16 Laurel Dallmeyer, MD, FAAFP (Observer)