



Summary of Actions of the 2017 Congress +of Delegates

September 11-13, 2017 – San Antonio, TX

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

Res. No.	Subject	Action of Congress	Recommended Referrals
201	Invocation at the AAFP Congress of Delegates RESOLVED, That in the spirit of diversity, the opening prayer be replaced with an interfaith blessing followed by a moment of silence for members of faith who are inclined, may invoke the blessing of their faith and those who profess no faith may count their blessing.	Not Adopted	
202	Support Employed Physicians Involvement in the American Academy of Family Physicians Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) create tools that members can use to demonstrate the value of involvement in leadership roles such as the Congress of Delegates, Board of Directors, and other national and chapter leadership positions. Fiscal Impact: Less than \$10,000	Substitute Adopted	EVP for appropriate referral to staff Diane McDaniel dmcdanie@aafp.org Report as of 2/2018: Focus groups are being held with family physicians, employers of family physicians, and chapter staff focusing on leadership involvement of family physicians outside of their employment. These focus groups are being held to gain insight on the value the employer for having employed FPs serve in a leadership role in another organization. This will help develop the tool that members can use to demonstrate the value of involvement in leadership roles outside their employment.
203	Political Action Committee (PAC) Dues Check Off RESOLVED, That the American Academy of Family Physicians (AAFP) add an option for chapters to include PAC contributions to the AAFP dues invoice. Fiscal Impact: \$248,183 (first year) \$124,223 (subsequent years)	Referred to the Board of Directors	EVP for appropriate referral to staff Elaine Conrad econrad@aafp.org Report as of 2/2018: The Board of Directors at its February 2018 meeting accepted this resolution for information. Given the diversity of state laws governing PACs, this resolution is not feasible. See Board Report to the 2018 Congress of Delegates for additional information.

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Res. No.	Subject	Action of Congress	Recommended Referrals
204	<p>Celebration of the Missouri Academy of Family Physicians 70th Anniversary Substitute: RESOLVED, That all chapters of the American Academy of Family Physicians be recognized on their platinum anniversary.</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Nancy Laughlin nlaughlin@aafp.org</p> <p>Report as of 3/2018: Chapters celebrating their 70th anniversary will be recognized via slide presentation during breaks at the Congress of Delegates. They will also be recognized at the Annual Chapter Leadership Forum.</p>
205	<p>Voice of the Patient within the AAFP RESOLVED, That the American Academy of Family Physicians investigate the process to represent the voice of the patient to the Board of Directors.</p>	Adopted	<p>Board of Directors</p> <p>Todd Dicus tdicus@aafp.org</p> <p>Report as of 12/2017: The Board of Directors, at its December 2017 meeting, approved submitting a Board Report to the 2018 Congress of Delegates to inform the Congress of efforts in this area. See Board Report to the 2018 Congress of Delegates.</p>
206	<p>Health in All Policies (HiAP) Substitute: RESOLVED, That the American Academy of Family Physicians encourage the inclusion of education on the Health in All Policies (HiAP) approach at AAFP educational events including the Annual Family Medicine Advocacy Summit and the National Conference of Constituency Leaders.</p>	Substitute Adopted	<p>EVP for referral to appropriate staff</p> <p>Bob Hall, Elaine Conrad, Mindi McKenna rhall@aafp.org</p> <p>Report as of 4/2018: The AAFP Center for Diversity and Health Equity uses Health in All Policies approach as a framework for their work as well as promoting information and resources to AAFP members. Staff in Governmental Relations and CME have been updated and encouraged to consider including information at relevant AAFP events.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
207	<p>Use of “Reparative” or “Conversion” Therapy Substitute: RESOLVED, That the American Academy of Family Physicians advocate for legislation banning the use of reparative therapy aimed at changing a person’s sexual orientation or identification.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting that the AAFP implement this resolution by supporting federal legislation banning reparative or conversation therapy.</p>
208	<p>FamilyDoctor.org Mobile App RESOLVED, That the American Academy of Family Physicians develop a patient-facing mobile app as a supplement for familydoctor.org. Fiscal Impact: \$125,238</p>	Referred to the Board of Directors	<p>EVP for appropriate referral to staff</p> <p>Karen Mathes Kmathes@aafp.org</p> <p>Report to be determined.</p>
209	<p>Support Paid Sick Leave for Employees Substitute: RESOLVED, That the American Academy of Family Physicians advocate for paid sick leave legislation.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting that the AAFP implement this resolution by communicating to the United States Congress the AAFP’s support for paid sick leave legislation. A letter was sent to the US Congress on April 4, 2018.</p>
301	<p>Developing the Medical-Behavioral Primary Care Model RESOLVED, That the American Academy of Family Physicians draft a letter to urge the Centers for Medicare and Medicaid Services (CMS) to expand the types of licensed behavioral health providers that can be credentialed by CMS to provide services to Medicare beneficiaries to include more categories of licensed behavioral health providers, such as licensed professional counselors, as well as other licensed categories recognized by state licensing boards in the category of behavioral health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians adopt policy urging that payers include payment for licensed behavioral health providers as part of a patient’s medical benefits when those services are delivered by licensed behavioral health providers in the</p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that the AAFP revise the policy statement on “Mental Health, Parity in Coverage for Patients.” The commission also recommended and the Board approved that the AAFP not write a letter to the Centers for Medicare and Medicaid Services</p>

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	<p>setting of a primary care office and supervision of a primary care physician, rather than excluding those benefits due to a carve-out or siloed behavioral health benefit separate from the medical contract.</p>		<p>(CMS) urging expansion of the types of licensed behavioral health providers that can be credentialed by CMS to provide services to Medicare beneficiaries, since that is the statutory rather than regulatory matter that is already being addressed by the organizations that represent such professionals.</p> <p>The commission echoed concerns expressed at the 2017 reference committee hearing about potential scope of practice and payment issues associated with such advocacy, and noted that other organizations representing the professionals in question were already advocating on their behalf.</p>
<p>302</p>	<p>Responsibilities of Commercial and Government Insurers Involving Shared Savings Payments to Family Physicians Substitute: RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers that undertake value-based contracts advocate for adjustment of Risk Adjustment Factor (RAF) scores at least annually and for acceptance of all codes submitted by the providers of care for each patient without truncation of codes due to the insurer's inability to accept an unlimited number of codes, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers advocate for the acceptance of Current Procedural Terminology Category 2 (CPT-2) codes on claims as sufficient documentation to demonstrate closure of appropriate gaps in care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers advocate for allowance of a sufficient amount of time for providers of care to validate the data and reconciliation reports (which show care provided and gaps in documentation of care) on the basis of which value-based payments are to be made, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers identify mechanisms for providers to correct inaccurate or incomplete reports through submission of supplemental data that may not</p>	<p>Substitute Adopted</p>	<p>1st, 2nd, 3rd, 4th, and 5th Resolved Clauses - Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that the AAFP share with the Centers for Medicare and Medicaid Services (CMS) and private payers, information for all issues addressed by the resolution. The commission determined sharing information with CMS and private payers about these issues was the best way to implement the resolution. The commission decided they would be best addressed as opportunities arise during in-person meetings. The Academy meets regularly with the largest payers and holds ad hoc meetings with CMS.</p> <p>6th Resolved Clause – Commission on Governmental Advocacy</p> <p>Bob Hall rbhall@aafp.org</p>

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	<p>be captured in payer claims, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing efforts with public and private insurers advocate for fair compensation to providers by these payers to compensate the additional time, effort, and administrative costs incurred to submit the appropriate supplemental data and/or Current Procedural Terminology Category 2 codes to correct inaccurate reports, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the United States Congress for the passage of legislation to mandate:</p> <ul style="list-style-type: none"> • at least annual calculation of Risk Adjustment Factor (RAF) scores, • payer acceptance of all submitted Current Procedural Terminology (CPT) codes, • acceptance of CPT Category 2 codes as sufficient documentation to close gaps in care, • that payers provide sufficient time for review and correction of inaccurate reports, • acceptance of supplemental data in value-based arrangements, and • fair compensation for activities required to satisfy payer requirements for reporting. 		<p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting that the AAFP implement this resolution by sending a letter to the committees with jurisdiction over Medicare (Senate Finance, House Ways and Means, House Energy and Commerce), advocating for legislation that requires CMS to achieve the points outlined in the resolved clauses.</p>
303	<p>Laboratories Sharing Data Substitute: RESOLVED, That the American Academy of Family Physicians support seamless exchange of laboratory data between the laboratory and any member of the care team, when requested. The data should be shared through the practice's usual preferred method of receiving results at no further cost to the practice.</p>	Substitute Adopted	<p>Add as a policy statement to the policy website</p> <p>Report as of 10/2017: Added policy on "Laboratories Sharing Data" to the AAFP policy site.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
304	<p>Limiting Additional Metrics to Reduce Administrative Burden RESOLVED, That the American Academy of Family Physicians (AAFP) develop a policy that the AAFP will not endorse any proposed metric unless there is a concomitant elimination of an existing metric from the organization proposing and seeking endorsement of the new metric.</p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that this resolution be accepted for information. The commission discussed the intent of the resolution, the current processes followed by the AAFP to provide comment to measure developers and endorsers, and the limited authority of the Academy to enforce the resolution. The commission determined the new position paper, "Administrative Simplification Principles," addresses the intent of the resolution.</p>
305	<p>Medicare Wellness Visits RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services to establish policy that ensures Medicare Wellness Visits are carried out and reimbursed to primary care physicians.</p>	Reaffirmed as Current Policy	
306	<p>Medicare's Annual Wellness Visits Substitute: RESOLVED, That the American Academy of Family Physicians educate public service agencies and other membership organizations with an established history of providing evidence-based consumer health information for individuals eligible for Medicare about the need for annual wellness visits to be done in the patient's primary care setting, and be it further.</p> <p>RESOLVED, That the American Academy of Family Physicians encourage public service agencies and other membership organizations with an established history of providing evidence-based consumer health information for individuals eligible for Medicare to advocate for the central role of primary care in performing the annual wellness visits and support legislation and regulations that preferentially direct beneficiaries to their primary care physicians or physician designee for these exams.</p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that the AAFP share with public service agencies and other membership organizations with an established history of providing evidence-based consumer health information for individuals eligible for Medicare, as identified by the commission, information that is designed to:</p> <p>a) Educate them about the need for annual wellness visits to be done in the patient's primary care setting and encourage them to</p>

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			<p>advocate for the central role of primary care in performing the annual wellness visits; and</p> <p>b) Encourage their support of legislation and regulations that preferentially direct beneficiaries to their primary care physicians or physician designee for these exams.</p> <p>The commission agreed that such education and advocacy would be helpful and suggested the names of organizations the AAFP should contact in this regard. AAFP staff will call or email several organizations suggested by the commission and arrange to share with them the information specified.</p>
	<p>Direct Primary Care (DPC) Demonstration Project</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services and/or state Medicaid officials to set up a pilot project which demonstrates the value and outcomes that a panel of patients within a region receives through a direct primary care practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide members updates on the Centers for Medicare and Medicaid Services work regarding pilot projects which demonstrate the value and outcomes that a panel of patients within a region receives through a direct primary care practice.</p> <p>Fiscal Impact: \$309,837</p>	Not Adopted	

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Res. No.	Subject	Action of Congress	Recommended Referrals
308	<p>Merit-Based Incentive Payment System Substitute: RESOLVED, That the American Academy of Family Physicians advocate for processes within the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that would provide incremental pay increases for small practices that participate in any quality improvement activities outside of the formal Merit-based Incentive Payment System (MIPS) structure.</p>	Substitute Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that this resolution be accepted for information. In responses to rulemaking on the QPP and MIPS, the Academy has supported CMS modifications to the low-volume threshold that will appropriately exclude more individual physicians who might otherwise be subject to MIPS. In 2017, the Academy addressed how each of the four MIPS categories will specifically affect physicians in small practices and how the Academy believes the regulation should be modified to support these practices. The Academy also advocates for small practices excluded to have the option to participate in virtual groups and MIPS if they so choose.</p> <p>Unfortunately, providing small, incremental pay increases to small practices that participate in any quality improvement activity outside of the formal MIPS structure is non-statutory and falls outside of what is allowed by the original legislation.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
309	<p>Reduce the Frustration of Obtaining Durable Medical Equipment for Patients</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians, in collaboration with the stakeholders, identify opportunities to simplify and standardize medical necessity documentation requirements for durable medical equipment, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate that physician attestation of clinical diagnosis is sufficient documentation of medical necessity for durable medical equipment, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians, in collaboration with the Centers for Medicare and Medicaid Services and America's Health Insurance Plans, identify and request development of an online, accessible, and up-to-date database of accredited durable medical equipment suppliers for each health plan.</p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that in response to this resolution that the AAFP:</p> <p>a) Revise its policy on "Prior Authorizations" to incorporate an explicit statement that physician attestation of clinical diagnosis is sufficient documentation of medical necessity for durable medical equipment (DME), since existing AAFP policy is otherwise silent on this point;</p> <p>b) Add to the payer advocacy agenda the issues of simplifying and standardizing medical necessity documentation requirements and physician attestation of clinical diagnosis as sufficient documentation of medical necessity for DME;</p> <p>c) Approach the American Medical Association and others who worked on the "Prior Authorization and Utilization Management Reform Principles" to learn if there is interest in a similar effort around simplifying and standardizing medical necessity documentation requirements for DME; and</p> <p>d) Contact the Centers for Medicare and Medicaid Services (CMS) and America's Health Insurance Plans (AHIP) to explore the possibility of developing an online, accessible, and up-to-date database of accredited DME suppliers for each health plan from existing CMS and private payer directories.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
310	<p>Allowing PAs to Perform Face-To-Face Exam for Hospice Recertification as NPs Perform RESOLVED, That the American Academy of Family Physicians urge the Centers for Medicare and Medicaid Services to allow both physician assistants (PAs) and nurse practitioners (NPs) to satisfy the requirement for hospice face-to-face visits for recertification with appropriate physician oversight or collaboration.</p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting to accept this resolution for information. The commission initially determined that the AAFP should send a letter to the Centers for Medicare and Medicaid Services advocating for PAs to satisfy the requirement; however, in February 2018, the U.S. Congress passed the Bipartisan Budget Act. Section 51006 of the Act recognizes PAs as attending physicians to serve hospice patients on or after January 1, 2019, thus no further action is necessary.</p>
311	<p>Emphasizing Direct Clinical Care in Health Care Spending RESOLVED, That the American Academy of Family Physicians lobby to require that 85% of all health care expenditures go only to direct hands-on patient care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support strict restrictions and penalties for all insurance companies including the Centers for Medicare and Medicaid Services if they require or create administrative burdens which require more than 15% of the health care dollar, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request that the U.S. Congress and the Centers for Medicare and Medicaid Services identify provider administrative costs resulting from Medicare rules and regulations in the fee for service payment system and either reduce that burden to the level allowed by Medicare Advantage plans or increase provider payment for any administrative costs greater than 15%, with penalties for exceeding this limitation.</p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to accept this resolution for information.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
401	<p>Military Tobacco 21 Substitute: RESOLVED, That the American Academy of Family Physicians adopt a policy position and advocate that the United States Congress pass a law that makes it illegal for military commissaries to sell tobacco products to those under 21.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting that the AAFP implement this resolution by sending a letter to the US Department of Defense and to the appropriate Congressional leaders, encouraging tobacco sales restrictions within military commissaries for those under the age of 21.</p>
402	<p>Raising the Legal Age for Purchasing Tobacco Products to 21 RESOLVED, That the American Academy of Family Physicians support raising the legal minimum age for purchasing tobacco products to 21.</p>	Reaffirmed as Current Policy	
403	<p>Sugar-Sweetened Beverages RESOLVED, That the American Academy of Family Physicians create and make available resources for use by chapters to make advocacy concerning sugar-sweetened beverage policy easier.</p>	Reaffirmed as Current Policy	
404	<p>Integrating Public Health and Family Medicine RESOLVED, That the American Academy of Family Physicians work with organizations integrating public health and family medicine to investigate partnership opportunities for greater physician involvement or opportunity in community development endeavors.</p>	Reaffirmed as Current Policy	

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Res. No.	Subject	Action of Congress	Recommended Referrals
405	<p>Screening, Intervening, and Advocating to Address Food Insecurity RESOLVED, That the American Academy of Family Physicians support efforts to screen patients for food insecurity, using tools like the validated Hunger Vital Sign™, and connect patients to federal nutrition programs and resources, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for a strong and effective national nutrition safety net for vulnerable, low-income individuals by protecting and defending the federal nutrition programs from block grants, structural changes, and budget cuts, and by ensuring all people in the U.S. have access to the nutrition they need to live healthy and productive lives, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians issue a policy statement to educate members on the health implications of food insecurity, health benefits of the federal nutrition programs, promising interventions to address food insecurity in health care settings, and advocacy opportunities to address food insecurity at the local, state, and national level. Fiscal Impact: \$10,818</p>	Reaffirmed as Current Policy	
406	<p>Violence in Health Care Substitute: RESOLVED, That the American Academy of Family Physicians survey family physicians to characterize and quantify the incidence of violence against family physicians in the workplace and elsewhere related to their practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians create and promote an educational violence in the workplace toolkit to provide student, residents, practicing physicians, and their staff/nurses with resources, such as active shooter training, metal detector promotion, and de-escalation training. Fiscal Impact: Less than \$10,000</p>	Substitute Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that a survey be developed on violent acts committed within health care settings. An article by David, Anuj, and Nabil titled, "Violence toward chronic pain care providers: A national survey," provides a framework for how AAFP could develop a questionnaire. The AAFP's policy titled "Violence, Illegal Acts Against Physicians and Other Health Professionals" encourages all physicians' health care facilities to have a security manual or protocol in place, and to include security issues when orienting and training new staff. However, little content has been developed to assist family physicians with</p>

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			<p>developing this manual or protocol. Many recommendations for preventing and addressing violent situations appear to be more relevant to hospitals or large health care facilities, such as the use of metal detectors, security guards, and fencing. Other recommendations, such as training in de-escalation, self-defense, and reducing wait times may be more appropriate for a wider audience. Another key recommendation was applying a zero-tolerance reporting policy for violent acts, including verbal abuse. Some healthcare systems are also flagging patient's charts for previous violent acts. The Occupational Safety and Health Administration has published a document titled, "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers," and the Federal Emergency Management Agency has several trainings available to mitigate violent situations like an active shooter.</p>
407	<p>Support Housing Access for All RESOLVED, That American Academy of Family Physicians advocate for policies supporting "Housing First" approaches (such as permanent housing with community-based, integrated treatment, rehabilitation and support services), including for policies that encourage Medicaid agencies and Medicaid health plans to use funds for such approaches.</p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to implement this resolution by asking that the AAFP look for opportunities to promote Housing First approaches as called for in the resolution.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
408	<p>Treating Substance Use Disorder in Jails and Prisons Substitute: RESOLVED, That the American Academy of Family Physicians advocate for legislation, standards, policies and funding that increase access to evidence-based treatment of opioid use disorder, including initiation and continuation of medication assisted treatment, in correctional facilities, within the United States, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for legislation, standards, policies and funding that encourage correctional facilities within the United States to work in ongoing collaboration with addiction treatment providers, case managers, social workers, and pharmacies in the communities where patients are released to offer post-incarceration treatment plans for opioid use disorder, including education, medication for addiction treatment, and medication for preventing overdose deaths, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians update its position statement “Incarceration and Health: A Family Medicine Perspective” to include utilization of medication assisted treatment as an evidence-based best practice for inmates with opioid use disorder.</p>	Substitute Adopted	<p>1st and 2nd Resolved Clauses - Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The Commission on Governmental Advocacy recommended and the Board of Directors approved at its February 2018 meeting to implement the first and second resolved clauses of this resolution by expressing to the United States Congress the AAFP’s support for legislation, standards, policies and funding that will increase access to evidence-based treatment of opioid use disorder, including initiation and continuation of medication assisted treatment, in correctional facilities, and encourage correctional facilities within the United States to work in ongoing collaboration with addiction treatment providers, case managers, social workers, and pharmacies in the communities where patients are released to offer post-incarceration treatment plans for opioid use disorder, including education, medication for addiction treatment, and medication for preventing overdose deaths.</p> <p>3rd Resolved Clause – Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>Report as of 4/2018: The commission recommended at the Board of Directors approved at its April 2018 meeting that the position paper on “Incarceration and Health: A Family Medicine Perspective” be revised to include information on evidence-based treatments for substance use disorder.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
409	<p>Opposing Policies and Procedures Compelling Individuals Involved in the Justice System to Seek Specific Medications or Medical Procedures</p> <p>RESOLVED, That the American Academy of Family Physicians advocate against policies and practices of incentivizing individuals involved in the justice system to seek family planning services including sterilization, contraception, and abortion, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate against policies and practices incentivizing individuals involved in the justice system to choose one form of Medication-Assisted Treatment over another. Fiscal Impact: \$16,341</p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors at its February 2018 meeting that the AAFP implement this resolution by communicating with (1) the Federal Bureau of Prisons' Health Services Division, and (2) the National Association of Attorneys General outlining the AAFP's opposition to policies that allow plea agreements and sentencing incentivizing individuals to undergo certain medical treatments. The AAFP may wish to communicate with the U.S. Congress on this issue and seek legislative vehicles that will codify the prohibition of these types of plea agreements and sentences. A letter was sent to the Federal Bureau of Prisons' Health Service Division and the National Association of Attorneys General dated April 24, 2018 in response to this resolution.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
410	<p>Maternity and Reproductive Health Care are Essential Benefits RESOLVED, That the American Academy of Family Physicians oppose legislation that allows insurers to opt out of maternity and reproductive health coverage, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians issue a formal statement affirming that maternity and reproductive health services are essential to general health care and should be covered under all insurance plans.</p>	Adopted	<p>1st Resolved Clause – Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to implement the first resolved clause of this resolution by recognizing it as current AAFP policy.</p> <p>2nd Resolved Clause – Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended at the Board of Directors approved at its April 2018 meeting that the policy statement on “Reproductive Health Services” be revised in response to the second resolved clause and inform appropriate stakeholders.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
411	<p>Endorse Restriction of Antibiotic Use in Food Animals RESOLVED, That the American Academy of Family Physicians support legislation restricting the use of antibiotics in food animal production to the treatment of animals with active disease, equivalent to the use in humans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians urge the Food and Drug Administration and the United States Department of Agriculture to restrict use of antibiotics in food animal production to the treatment of animals with active disease, equivalent to the use in humans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians create educational content for family physicians, in the form of journal reviews, continuing professional education programs or educational materials, that focus on comprehensive antibiotic stewardship and specifically include education about the role of the food animal production system in the development of antibiotic resistance in humans.</p>	Referred to the Board of Directors	<p>1st and 2nd Resolved Clauses – Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to accept the 1st and 2nd resolved clauses of this resolution for information.</p> <p>3rd Resolved Clause – Commission on Continuing Professional Development</p> <p>Mindi McKenna mmckenna@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting to accept the third resolved clause of this resolution for information. The AAFP currently offers education on comprehensive antibiotic stewardship. In addition, the COCPD felt the specific topic focus of food animal production system in the development of antibiotic resistance in humans has been addressed through previous non-CME education, Doctors on the Ranch at the 2017 FMX and the current AAFP policy "Antibiotic Resistance, Food Production and Human Health."</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
412	<p>Round Up Our Troops – Beware of Glyphosate RESOLVED, That the American Academy of Family Physicians educate its members about the potential health hazards of human exposure to glyphosate, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with other agencies and organizations, in addition to the American Academy of Pediatrics, to increase the awareness of the general public about the health hazards of glyphosate to humans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for labeling of products containing Glyphosate as “probably carcinogenic in humans,” and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the Environmental Protection Agency to revise its current position on glyphosate based on the latest evidence, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with other organizations and agencies to encourage restricted use of Glyphosate in the U.S. until the concerns about its health hazards are resolved.</p>	Referred to the Board of Directors	<p>1st, 2nd, 4th and 5th Resolved Clauses – Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>3rd Resolved Clauses – Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to accept the 3rd resolved clause of this resolution for information.</p>
413	<p>AAFP Statement Against Limiting Transgender Troops in the US Military RESOLVED, That the American Academy of Family Physicians issue a statement opposing the ban on transgender persons serving in the United States Armed Forces.</p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Shannon Scott</p>
501	<p>Repeal the Hyde Amendment RESOLVED, That the American Academy of Family Physicians endorse the principle that women receiving health care paid for through health plans funded by state or federal governments who have coverage for continuing a pregnancy also should have coverage for ending a pregnancy, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians engage in advocacy and lobbying efforts to overturn the Hyde Amendment, which bans federal funding for abortions.</p>	Referred to the Board of Directors	<p>Board of Directors</p> <p>Shawn Martin</p> <p>Report as of 12/2017: The Board of Directors, at its December 2017 meeting, approved adopting as policy the first resolved clause of this resolution entitled Coverage for Reproductive Decisions. The Board of Directors accepted for information the second resolved clause of this resolution.</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
502	<p>Oppose Non-Evidence-Based Restrictions to Telemedicine Abortion RESOLVED, That the American Academy of Family Physicians oppose legislation that would prohibit telemedicine access to medication abortion or impose restrictions on access to medication abortion using telemedicine that are not placed on other medical services, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose singling out medication abortion services as a service to ban from telemedicine care, or impose restrictions on that are not placed on other telemedicine services.</p>	Referred to the Board of Directors	<p>1st Resolved Clause - Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to accept for information the first resolved clause of this resolution.</p> <p>2nd Resolved Clause – Commission on Quality and Practice</p> <p>Jane Krieger jkrieger@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that the second resolved clause be accepted for information. Given current AAFP policies, “Reproductive Health Services” and “Telehealth and Telemedicine,” the commission recommended to accept the second resolved clause for information.</p>
503	<p>Health Care is a Right <u>Amended on the Floor:</u> RESOLVED, That the American Academy of Family Physicians recognizes that health is a basic human right for every person, and be it further</p> <p>RESOLVED, That the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.</p>	Adopted as Amended on the Floor	<p>Include as policy statement on the AAFP policy website</p> <p>Report as of 10/2017: Added policy on “Health Care is a Right” to the AAFP policy site.</p>
504	<p>Recognize Health Care as a Human Right RESOLVED, That the American Academy of Family Physicians recognize that health care is a human right for every person, not a privilege.</p>	Not Adopted	
505	<p>Recognize Health Care as a Human Right RESOLVED, That the American Academy of Family Physicians recognize that health care is a human right for every person, not a privilege.</p>	Not Adopted	

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
506	<p>Loser Pays Tort Reform RESOLVED, That the American Academy of Family Physicians support “loser pays” tort reform for medical malpractice and personal liability cases, whereby the plaintiff and plaintiff’s attorney shall be jointly and severally liable for the costs of defendant’s legal and related fees, up to a cap established by legislation, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians seek sponsors for legislation that establishes “loser pays” tort reform for medical malpractice and personal liability cases, whereby the plaintiff and plaintiff’s attorney shall be jointly and separately liable for the costs of defendant’s legal and related fees, up to a cap established by legislation, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians seek collaboration with other medical societies, hospital associations, municipalities and their associations, and other stakeholders to pursue “loser pays” tort reform for medical malpractice and personal liability cases, whereby the plaintiff and plaintiff’s attorney shall be jointly and separately liable for the costs of defendant’s legal and related fees, up to a cap established by legislation.</p> <p>Fiscal Impact: Less than \$10,000</p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to accept this resolution for information.</p>
507	<p>Change the Centers for Medicare and Medicaid Services (CMS) “Three-Midnight” Rule Substitute: RESOLVED, That the American Academy of Family Physicians advocate for the elimination of the “three-day” rule in cases where the patient requires discharge to sub-acute or skilled nursing care but does not require additional hospitalization.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to implement this resolution via further advocacy with the U.S. Congress, public, and private payers.</p>
508	<p>Encourage Completion of a Health Impact Assessment (HIA) as Part of All Commercial/Industrial/Agricultural Project Proposals that Require an Environmental Review RESOLVED, That the American Academy of Family Physicians support the requirement that all federal environmental impact statements be required to include a comprehensive and independently produced Health Impact Assessment.</p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors at its February 2018 meeting approved that this resolution be accepted for information.</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
509	<p>Stop the Blame the Doctors Game: Evidence Says Physicians are not the Cause of Opiate Crisis RESOLVED, That the American Academy of Family Physicians support appropriate and individualized pain treatment by physicians as essential to quality medical care and continue their efforts to encourage physicians to prescribe opiates responsibly, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians educate family physicians in evidence-based approaches to opiate prescribing and pain treatment, such as use of prescription monitoring programs, urine drug screens, cognitive behavioral therapy, and appropriate multi-modalities of pharmacologic treatment and therapy, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians engage in professional public relations efforts to improve the public's current perception of physicians and dispel the myth that places the blame on physicians for the current opiate epidemic, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians attempt to educate government officials, law enforcement and the public that Medicated Assisted Therapy is an important aspect of solving the opiate epidemic and that the "stigma" associated with it needs to be removed, both for patients receiving it as well as for physicians prescribing it, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians attempt to educate government officials, law enforcement that a balanced approach to the opiate crisis is needed which focuses on prevention responses that aim to reduce the rates of nonmedical use and overdose while maintaining access to prescription opioids when medically indicated. Fiscal Impact: \$551,250</p>	Referred to the Board of Directors	<p>1st and 2nd - Resolved Clauses – Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>3rd Resolved Clause – EVP for appropriate referral to staff</p> <p>Shannon Scott sscott@aafp.org</p> <p>Report as of 12/2017: The Board of Directors at its December 2017 meeting accepted for information the third resolve clause of this resolution. The Board also adopted a recommendation that the AAFP continue to address the opioid misuse crisis in the media at every opportunity, both proactively and reactively.</p> <p>4th and 5th Resolved Clauses – Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Director approved at its February 2018 meeting to recognize the fourth and fifth resolved clauses of this resolution as current AAFP policy detailed in the Chronic Pain Management and Opioid Misuse position paper.</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
510	<p>Unsolicited Requests for Compound Topical Medications Substitute: RESOLVED, That the American Academy of Family Physicians develop policy describing best practices pertaining to compounded medications including cost transparency.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall Rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to implement this resolution by adding a new fourth bullet to the AAFP policy on “Direct-to-Consumer Advertising of Prescription Pharmaceuticals, Nonprescription Medications, Health Care Devices, and Health-Related Products and Services” to add a condition that “Patients must be provided with clear and accurate cost information on products, including compounded medications.”</p>
511	<p>Pharmaceutical Drug Pricing Substitute: RESOLVED, That the American Academy of Family Physicians advocate for marketplace solutions, including public health programs, such as Medicare and Medicaid, ability to negotiate with manufacturers of pharmaceutical, biologic, and medical device products.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall Rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to recognize this resolution as current policy.</p>
512	<p>Immigration Policy RESOLVED, That the American Academy of Family Physicians actively oppose the current administration’s immigration policies and the building of a wall along the southern border of the United States given its detrimental effect on the economic, ecological, and community health of the border region. Fiscal Impact: \$16,341</p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to accept this resolution for information.</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
513	<p>Support a Publicly Funded Universal Primary Care Program RESOLVED, That the American Academy of Family Physicians develop a policy statement in support of a publicly funded universal primary care system in states who pursue this model, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians survey chapters about the feasibility of a legislative approach to promoting a universal primary care system in their state.</p>	Adopted	<p>1st Resolved Clause - Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: Tabled until July 2018 Board meeting.</p> <p>2nd Resolved Clause – EVP for appropriate referral to staff</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: In response to the 2nd resolved clause, the AAFP conducted a survey which requested chapter feedback on the feasibility of a legislative approach to promoting a universal primary care system in the chapter’s respective state.</p>
514	<p>Universal Health Insurance RESOLVED, That the American Academy of Family Physicians endorse a national single payer health care system, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system that is paid for with general revenues of government and which might include co-pays, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which services are delivered by private health care providers pursuant to peer reviewed standards of care developed by each category of provider, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system that is administered by an existing government agency such as the Centers for Medicaid and Medicare Services, or by a new public benefit corporation whose board of directors would be independently selected by the provider community and consumer representatives, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which payment for services and development of administrative rules and procedures are established through collective negotiation with provider representatives, with separate bargaining agents for each category of provider and which include</p>	Referred to the Board of Directors	<p>Board of Directors</p> <p>Shawn Martin smartin@aafp.org</p> <p>Report as of 12/2017: The Board of Directors, at its December 2017 meeting, held a focus discussion on the topic of current and future AAFP policy regarding health care coverage for all. In addition, the Board discussed these issues in the context of health care coverage for all and will continue discussions at a future Board of Directors meeting. A final Board report will be prepared for the 2018 Congress of Delegates.</p>

Summary of Actions of the 2017 Congress of Delegates, continued

	<p>consideration of provider operating costs and geographic and demographic factors, and that such negotiations include an appeals process for providers whose particular operating circumstances may warrant separate consideration, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which compensation for providers includes a specified rate of profit to permit providers to form capital for expansion and innovation and to maintain economic viability, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system that financially incentivizes appropriate use of primary and specialty care services by differential cost-sharing, such as co-pay waivers, tiered co-pays, or similar mechanisms, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which collective negotiations between providers and the single payer entity are completely transparent.</p>		
515	<p>The Medicare and Medicaid Funding Shortage – Impact on Puerto Rico Substitute: RESOLVED, That the American Academy of Family Physicians support equal funding for Medicare and Medicaid in Puerto Rico and the U.S. territories similar to the 50 states and District of Columbia.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall rhall@aafp.org</p> <p>Report as of 2/2018: The commission recommended and the Board of Directors approved at its February 2018 meeting to recognize this resolution as consistent with AAFP Medicaid policy.</p>
516	<p>AAFP Statement in Support of DACA Substitute: RESOLVED, That the American Academy of Family Physicians shall issue a statement strongly supporting protections afforded by the Deferred Action for Childhood Arrivals (DACA).</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Shannon Scott scott@aafp.org</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
601	<p>Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory on the AAFP Website</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) survey various AAFP constituencies including Member Interest Groups, commission members, the National Conference of Constituency Leaders, and National Conference of Family Medicine Residents and Medical Students to recommend searchable program characteristics that may be included in the AAFP residency directory, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) direct AAFP staff to identify a feasible process for adding searchable topics to the AAFP residency directory.</p> <p>Fiscal Impact: Less than \$10,000</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Jay Fetter jfetter@aafp.org</p>
602	<p>Increasing Diversity in Family Medicine</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians recommend that the Accreditation Council for Graduate Medical Education study the impact of the effect of American Board of Family Medicine initial certification exam pass rates on diversity (underrepresented minority residents) in family medicine relative to other specialties, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend policy to achieve greater rates of diversity in family medicine.</p>	Substitute Adopted	<p>Commission on Education</p> <p>Jay Fetter jfetter@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that the AAFP write a letter to the ACGME asking them to seek ways to obtain Board exam results to conduct research around the impact of the ACGME Board pass requirement on diversity in the workforce. In addition, the commission recommended and the Board approved that a position paper be created to capture the AAFP's position on the current state of diversity as it relates to patient experiences, health outcomes and societal advancement. It will also include evidence-based strategies for increasing the representation of those currently underrepresented in medicine, as well as address concerns about the reliance on exam performance for admission to medical school, residency and board certification, and its negative impact on diversity.</p> <p>The ACGME RC-FM currently requires a 95% take rate and a</p>

Summary of Actions of the 2017 Congress of Delegates, continued

			<p>90% first-time pass rate for family medicine graduates on the Board certification exam. Initially, this applied only to the ABFM certification exam but more recently, the ACGME has allowed for taking and passing the AOBFP certification exam to fulfill this requirement. For small programs especially, only one failure can have a significant impact on that pass rate. Students have the perception that programs rely on USMLE or COMLEX test scores to screen and rank students applying to their programs. While programs consistently use a variety of criteria for resident selection, they cannot ignore low test scores or multiple attempts to pass. In order to better serve a diverse patient population, it is important to have a diverse workforce. The resolved clause asks for research to determine if the pass rate requirement has an impact on the diversity of students choosing family medicine. The ACGME has the most access to data on resident demographics. The question is whether they can obtain Board exam scores for each individual resident from the ABFM or ACOFP to relate demographics to performance on the exam. In the past, the ABFM has provided deidentified data to programs and to the ACGME. Without individual scores from the ABFM or ACOFP, there will be no way for the ACGME to conduct the research being sought.</p>
603	<p>ABFM and Licensure RESOLVED, That the American Academy of Family Physicians study the national impact of American Board of Family Medicine (ABFM) removal of board certification based on state licensure actions and engage with the ABFM to arrive at a fair and rational approach to these issues that is in the best interest of the public and fair to family physicians.</p>	Adopted	<p>Task Force on Board Certification</p> <p>Clif Knight cknight@aafp.org</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
604	<p>CMS Funding for Graduate Medical Education RESOLVED, That the American Academy of Family Physicians dedicate resources to engage the Centers for Medicare and Medicaid Services in requiring that a specified proportion of Graduate Medical Education funding be dedicated to the training of family medicine physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians further dedicate resources to ensure reporting on the use of Graduate Medical Education funding and patient outcomes be required and standardized across all institutions to which the Centers for Medicare and Medicaid Services funding is granted.</p>	Referred to the Board of Directors	<p>Referral to EVP as part of staff work on current GME policy</p> <p>Clif Knight/Shawn Martin cknight@aafp.org</p>
605	<p>Structural Vulnerability RESOLVED, That the American Academy of Family Physicians officially recognize structural vulnerability in medical education, graduate medical education, and physician practice as a significant contributor to physician burnout, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians study the concept of structural vulnerability in reference to medical culture and its contribution to physician burnout, attrition, and suicide.</p>	Not Adopted	
606	<p>Addressing Physician Burnout Through Support of Clinical Efficiency Training that Reduces Work After Clinic (WAC) RESOLVED, That the American Academy of Family Physicians address member burnout from work after clinic (WAC) by studying strategies that improve individual clinical efficiency of family physicians in the outpatient clinical setting, and developing toolkits, education at conferences such as the Family Medicine Experience (FMX), and other means of training practicing family physicians to improve member clinical efficiencies in their patient encounters.</p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Clif Knight cknight@aafp.org</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
607	<p>Medical Aid-in-Dying is Not “Assisted Suicide” RESOLVED, That the American Academy of Family Physicians reject the term “assisted suicide” to describe the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death should their suffering become unbearable, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians acknowledge that use of medical aid-in-dying is an ethical, personal end-of-life decision that should be made in the context of the doctor-patient relationship, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians submit a resolution to the American Medical Association House of Delegates that calls on that organization to:</p> <ol style="list-style-type: none"> 1. reject use of the term “assisted suicide” when referring to the practice of medical aid-in-dying, and 2. modify its current policy with language that recognizes medical aid-in-dying as an ethical end-of-life option when practiced where authorized and according to prescribed law. 	Referred to the Board of Directors	<p>Commission on Health of the Public and Science with request for recommendations to the Board</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>Report as of 4/2018: The commission recommended and the Board of Directors approved at its April 2018 meeting that this resolution be accepted for information. The commission discussed the intent of the resolution. Information was provided by members who were present for discussion at the Congress of Delegates meeting which acknowledged the complexity of the issue and the feelings of the membership. While “medical aid in dying” or “physician-assisted suicide” is legal in several states, the AAFP does not have an official position and neither term is used in current policies or position papers. Some members felt that determining consistent terminology would be beneficial for potential future communications with members and the public. However, acknowledging a set terminology could also be viewed as taking a position on the issue. The AMA recently updated its Code of Medical Ethics, and despite many groups advocating for a change in terminology, it elected to maintain “physician assisted suicide” as the preferred term. Due to the lack of current terminology and official stance for the AAFP, the commission decided and the Board of Directors approved to accept the resolution for information.</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
608	<p>Integrative Medicine in Family Medicine RESOLVED, That the American Academy of Family Physicians evaluate the evidence behind integrative medicine as an approach to improve patient care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) explore engaging integrative medicine subject matter experts to work with the Commission on Continuing Professional Development to improve AAFP members' understanding of the potential value of integrative medicine through development or promotion of educational activities.</p>	Reaffirmed as Current Policy	
609	<p>Physician Resiliency Added into ABFM Process RESOLVED, That the American Academy of Family Physicians formally ask the American Board of Family Medicine (ABFM) to include fostering physician resiliency in its assessment of certification, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask the American Board of Family Medicine (ABFM) to include the option of Knowledge Self-Assessment in physician resiliency as a points-earning component of Maintenance of Certification (MOC), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask the American Board of Family Medicine (ABFM) to develop a performance improvement activity assisting family physicians who self-identify as burned out, and to improve their care of patients by engaging in addressing burnout, and that this option be a points-earning component of Maintenance of Certification (MOC).</p>	Referred to the Board of Directors	EVP for appropriate referral to staff Clif Knight