



# Summary of Actions of the 2016 Congress of Delegates

September 19-21, 2016 – Orlando, FL

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

Res. No.	Subject	Action of Congress	Recommended Referrals
201	<p><b>Engaging Former Officers and Directors of the AAFP in Ongoing Work After Their Term Expires</b> RESOLVED, That the American Academy of Family Physicians (AAFP) create formal venues for former officers and directors to participate and lead the AAFP including, but not limited to, encouraging former officers and directors to continue to participate as non-voting members of commissions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide former AAFP officers and directors table space with outlets while attending the Congress of Delegates, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) create a mentoring program that connects former AAFP officers and directors with AAFP members who wish to learn from their knowledge and experience.</p> <p><b>Fiscal Impact: \$26,975</b> - Participation on an AAFP commission – The AAFP has 7 commissions. Adding a former officer or director to each would add this cost based upon the reimbursement policy as established by the Commission on Finance and Insurance. See fiscal impact worksheet for details.</p>	Not Adopted	
202	<p><b>Campaign Material in the Congress of Delegates</b> RESOLVED, That beginning in 2017, the American Academy of Family Physicians print a one-page (front and back only) announcement of candidates running for elected office to be placed at all delegates' and alternate delegates' seats prior to the start of the Congress of Delegates on Monday morning only, and be it further</p> <p>RESOLVED, That the only printed campaign material permitted in the Congress of Delegates be the American Academy of Family Physicians (AAFP) one-page announcement (front and back only) of candidates running for elected office, limited to the following information taken from the AAFP's Candidates Website: color photograph, office sought, sponsoring chapter, and link to AAFP's Candidates Website, and be it further</p>	Adopted	<p>EVP for referral to appropriate staff</p> <p>Diane McDaniel <a href="mailto:dmcdanie@aafp.org">dmcdanie@aafp.org</a></p> <p><b>Report as of 2/2017:</b> Referred to the EVP. Candidates running for election in will be announced on a one-page sheet (front/back only) and have been placed on the delegates and alternates tables prior to the start of the Congress of Delegates. Each announcement will include a color photograph, office sought, sponsoring chapter, and link to the</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

	<p>RESOLVED, That also beginning in 2017, the American Academy of Family Physicians (AAFP) project the name, office sought, and sponsoring chapter of all announced candidates for elected office for the following year during the Wednesday morning Congress of Delegates with submission deadlines and projection timing to be determined by the AAFP Speaker and Vice Speaker.</p> <p><b>Fiscal Impact</b> The cost of a one-page announcement of candidates running for elected office to be placed at all delegate and alternate delegate's seats (approximately 250 copies) prior to the start of the Congress of Delegates is \$48. The cost of a one-page announcement of future candidates to be placed at all delegate and alternate's seats (approximately 250 copies) during the fourth session of the COD is \$48.</p>		<p>AAFP's Candidates website. Delegates Candidates running for election the following year will be projected on a screen in the Congress ballroom during the fourth sessions. This information will include candidates' name, photo, office sought and sponsoring chapter.</p>
203	<p><b>Continuous Quality Improvement and the Congress of Delegates</b> <b>Substitute as amended on the floor:</b> RESOLVED, That the American Academy of Family Physicians conduct a quality improvement study on 1) the nomination and election process of the candidates for the Board of Directors, and 2) events to meet the candidates including the candidate hospitality evening, and that there be a report back to the 2017 Congress of Delegates.</p>	<p>Substitute Adopted as Amended on the Floor</p>	<p>EVP for appropriate referral to staff with recommendation back to Board Chair</p> <p>Diane McDaniel <a href="mailto:dmcdanie@aafp.org">dmcdanie@aafp.org</a></p> <p><b>Report as of 2/2017:</b> The AAFP Board Chair approved the creation of a Task Force on Nominations and Election and Candidate Activities to address the issues in this resolution. The task force, composed of representatives from the delegates and alternates, chapter staff, board of directors, and general membership, met January 7, 2107. The task force submitted its report to the Board for discussion at its February 2017 meeting. The board accepted the report for information. A board report will be developed for the 2017 Congress of Delegates with additional information.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
204	<p><b>Degree of Fellow Oath</b> RESOLVED, That the Pledge of Fellowship for the American Academy of Family Physicians (AAFP) Degree of Fellow be changed to the following as drafted by the 2015 AAFP Commission on Membership and Member Services:</p> <p>As a Fellow of the American Academy of Family Physicians I promise to dedicate myself ...to the principles upon which our Academy was founded, ...to providing comprehensive lifelong care to my patients, ...to exemplifying the highest traditions of my profession, and ...to enhancing my professional skills through continuing medical education. I pledge my commitment to improving the health of my patients, their families, and communities and to advancing the specialty of family medicine, now and in the future.</p> <p><b>Fiscal Impact: None</b></p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Diane McDaniel <a href="mailto:dmcddanie@aafp.org">dmcddanie@aafp.org</a></p> <p><b>Report as of 10/2016:</b> All materials have been are revised to reflect the updated oath.</p>
205	<p><b>Nutrition at AAFP Meetings</b> RESOLVED, That the American Academy of Family Physicians make nutrition information available for the food served during official gatherings whenever able to do so.</p> <p><b>Fiscal Impact: None</b></p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Tom Pellet <a href="mailto:tpellet@aafp.org">tpellet@aafp.org</a></p> <p>Update to be provided prior to the 2017 Congress of Delegates</p>
206	<p><b>Expanding Capabilities, AAFP My CME Transcript Website</b> RESOLVED, That the American Academy of Family Physicians adapt its "My CME Transcript" website to allow inclusion of a field that would allow automatic uploading of information about state-specific requirements to assist members in tracking all of their individual continuing medical education requirements, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) allow automatic uploading of continuing medical education (CME) credit to the AAFP "My CME Transcript" for all AAFP-sponsored CME events. <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	No further action necessary

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
	<p><b>Proposed Amendment No. 3C</b> RESOLVED, That the AAFP Bylaws be amended to reflect the following changes in eligibility requirements for Inactive membership.</p> <p style="text-align: center;">Article III - Membership</p> <p>B. Inactive Members.</p> <p>1. Eligibility - Effective January 1, 1989, inactive members shall be members who are:</p> <p>a. Incapacitated by reason of illness, accident, or infirmity or;</p> <p>b. <del>Totally retired with less than twenty (20) years continued membership in the AAFP</del> <b>and not eligible for Life membership</b>; or</p> <p>c. Under extenuating circumstances established by the Board, active members, resident members and family physician supporting members who interrupt their practices or residency training; provided, however, that no person may hold inactive membership who does not hold a current medical license because such license has been revoked as a result of a disciplinary action.</p>	Adopted	Update Bylaws - completed
301	<p><b>Insurance Coverage for Pre-Authorization</b> RESOLVED, That the American Academy of Family Physicians develop and distribute to interested chapters, model state legislation requiring each insurer licensed in a state to pay at the rate of average office-based nursing salary and benefits for any time spent in pre-authorization beyond five minutes for any single patient, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the American Medical Association to develop a CPT time-based code for submission for staff time spent in the pre-authorization process, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the American Medical Association to propagate these and other measures designed to compensate the practices of primary care physicians for work done on behalf of patients where the financial benefit accrues to payors, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians also work with the Centers for Medicare and Medicaid Services (CMS) to enact regulation or policy that Medicare carriers and each state Medicaid program be required to reimburse for the developed CPT code at the rate noted above.</p> <p><b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>1<sup>st</sup> and 4<sup>th</sup> Resolved Clauses – Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that the the 1<sup>st</sup> and 4<sup>th</sup> resolved clauses of this resolution be implemented by collaborating with AAFP chapters and other national medical societies to research and disseminate state examples of proposed and implemented prior authorization programs. The CGA noted that as a practical matter it is difficult to advocate on prior authorization programs. The commission agreed that the AAFP should look for other ways to address this issue as it occurs in every practice and resonates with the members. The commission would like to see prior authorization go away entirely.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

			<p>2<sup>nd</sup> and 3<sup>rd</sup> Resolved Clauses - Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting to accept for information the 2<sup>nd</sup> and 3<sup>rd</sup> resolved clauses of the Resolution No. 301 as there are CPT codes already available. However, the commission knows this doesn't guarantee payment for services under the existing codes.</p>
<p><b>302</b></p>	<p><b>Insurance Coverage for Pre-Authorization</b> RESOLVED, That the American Academy of Family Physicians develop and distribute to interested chapters, model state legislation requiring each insurer licensed in a state to pay a monthly fee to primary care physicians for each enrolled member to cover the cost of administering the required pre-authorization processes for medical services and pharmaceutical therapies associated with insurance benefit plans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the American Medical Association to support a per-member per- month (PMPM) payment for staff time and physician time spent on the pre-authorization process, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the American Medical Association to propagate measures designed to compensate the practices of primary care physicians for non-face-to-face work done on behalf of patients where the financial benefit accrues to payors or pharmacy benefit managers, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services to enact regulation or policy that Medicare carriers and each state's Medicaid program be required to reimburse for the developed per-member per- month (PMPM) payment. <b>Fiscal Impact: None</b></p>	<p>Referred to the Board of Directors</p>	<p>1<sup>st</sup> and 4<sup>th</sup> Resolved Clauses – Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rbhall@aafp.org">rbhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The Commission on Governmental Advocacy and the Board of Directors at its April 2017 meeting accepted the 1<sup>st</sup> and 4<sup>th</sup> resolved clauses of this resolution for information.</p> <p>2<sup>nd</sup> and 3<sup>rd</sup> Resolved Clauses - Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The Commission on Quality and Practice (CQP) recommended, and the Board of Directors approved and agreed at its April 2017 meeting, that the 2<sup>nd</sup> and 3<sup>rd</sup> that the AAFP accept for information both clauses with the knowledge that a per-member per-month payment should be used for care management and care coordination. Furthermore, the AMA CPT Editorial Panel AAFP advisors and staff construct and advocate for CPT codes that represent otherwise non-billable staff time.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
303	<p><b>Helping Family Physicians With Prior Authorization</b> RESOLVED, That the American Academy of Family Physicians develop a policy statement regarding the prior authorization process, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians educate its members as to 1) its ongoing efforts to address the prior authorization burden, and 2) any prior authorization resources currently available for family physicians. <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> In response to this resolution, the commission recommended and the Board approved at its April 2017 meeting the adoption of a new policy statement on “<a href="#">Prior Authorizations</a>” (PA) and educate members on two available resources: 1) “Prior Authorization and Utilization Management Reform Principles” created through an AMA workgroup and adopted by the AAFP, and 2) the FPM article titled, “Beating the PA Blues,” which includes tips for managing prior authorizations.</p>
304	<p><b>Proper Valuation of Family Physicians in the Team and Value-Based Practice Model</b> RESOLVED, That the American Academy of Family Physicians create a subcommittee or workgroup to explore and articulate the extent and impact of consulting firms valuating physician services for contracts and relative value units and their influence on physicians compensations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians appropriate funds as a special project to support thorough valuation of family physicians services under emerging practice models, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with other primary care organizations such as the American Academy of Pediatrics and the American College of Physicians, on the undervaluation of physician services as those specialties share similar compensation challenges, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians appropriate funds to support further research and publications that explore and articulate family physician impact on health care, and that they evaluate and describe primary care physician value as the head of the medical home, beyond compensation based point of care. <b>Fiscal Impact: \$163,000+</b></p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that this resolution be accepted for information. The commission concluded that the AAFP already is addressing much of what is requested and to implement the remaining resolved clauses would take significant resources. Additionally, the commission requested staff to add an annotated bibliography on the value of family medicine to the MACRA portion of the AAFP’s web site and communicate that addition to AAFP members.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
305	<p><b>National Telehealth Companies</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians strongly urges companies to request the name of the patient’s family physician on registration; inform the patient that a record of the visit will be forwarded to the family physician unless the patient “opts out”; and that patients who do not indicate a relationship with a family physician be given information and assistance to establish a family physician relationship, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians strongly encourages telemedicine companies to partner with local family physicians and health systems to ensure that the patient’s family physician is made aware of all the patient’s telemedicine visits, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians strongly encourage all telemedicine companies and payers to adopt models that appropriately triage patients to their family physician when additional evaluation is required to arrive at a diagnosis and treatment plan.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger  <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 that this resolution be implemented by sending a letter to the major payers strongly urging them to require telehealth service organizations to adopt protocols and policies for local family physician involvement, with talking points to be reinforced at annual meetings with private payers only.</p>
306	<p><b>DOT Exam for Diabetics: Family Physicians Completing Application Forms for Federal Diabetes Exemption Program 2016</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians increase advocacy to urge the U.S. Department of Transportation Federal Motor Carrier Safety Administration to allow family physicians to fill out the required assessment form for the Commercial Driver Medical Examination Federal Diabetes Exemption Program.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Robert Bennett  <a href="mailto:rbennett@aafp.org">rbennett@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 meeting implement this resolution by recognizing that the U.S. Department of Transportation has adopted the requested policy. This substitute resolution, adopted by the 2016 COD, asks the AAFP to redouble its efforts urging the U.S. Department of Transportation to allow board/certified eligible family physicians the authorization to examine applicants and complete the evaluation checklist needed for the program (<a href="http://www.fmcsa.dot.gov">www.fmcsa.dot.gov</a>). The AAFP sent a letter to the Department of Transportation and the Federal Motor Carrier Safety Administration because comments were requested regarding Insulin Dependent Motor Vehicle Drivers.</p>

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			In this regulation, the Federal Motor Carrier Safety Administration (FMCSA) requested feedback on their Medical Review Board's report that recommends allowing drivers with stable, well-controlled insulin-treated diabetes mellitus to be qualified to operate commercial motor vehicles in interstate commerce by treating clinicians that are a doctor of medicine, a doctor of osteopathy, a nurse practitioner, or a physician's assistant who prescribed insulin to the driver and is knowledgeable regarding the treatment of diabetes.
307	<p><b>Annual Wellness Visits</b>  <b><u>Substitute as amended on the floor:</u></b>  RESOLVED, That the American Academy of Family Physicians seek (along with other physician groups) a ruling by the Centers for Medicare and Medicaid Services that would only pay for Annual Wellness Visits if they are performed within the patient's primary care practice.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy and Commission on Quality and Practice (CQP to take lead)</p> <p>Jane Krieger  <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p>Robert Bennett  <a href="mailto:rbennett@aafp.org">rbennett@aafp.org</a></p> <p><b>Report as of 4/2017:</b>  The Commission on Quality and Practice and Commission on Governmental Advocacy jointly recommended and the Board of Directors approved at its April 2017 meeting that the AAFP implement this resolution by working in consultation and collaboration with the other physician organizations with which it has worked in the past on this issues, to again approach the Centers for Medicare and Medicaid Services (CMS), both in writing and in person, to express concerns over the practice in question and to ask CMS to only pay for annual wellness visits that are done in the patient's primary care practice. Additionally, the commission recommended that the AAFP approach commercial payers who have Medicare Advantage plans with a similar advocacy message. Finally, the commission agreed that additional member education and service</p>



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			was needed in this area and asked staff to pursue various suggestions, including two proposed actions offered by the Georgia Academy of Family Physicians.
308	<p><b>Direct-to-Consumer Advertising</b>  <b>Amended on the floor:</b>  RESOLVED, That the American Academy of Family Physicians support a regulation up to and including a ban on direct-to- consumer advertising of prescription drugs and medical devices. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors as Amended on the Floor	<p>Commission on Governmental Advocacy</p> <p>Sonya Clay  <a href="mailto:sclay@aafp.org">sclay@aafp.org</a></p> <p><b>Report as of 4/2017:</b>  The Board of Directors approved at its April 2017 meeting that this resolution be accepted for information.</p>
309	<p><b>Primary Care Spending</b>  RESOLVED, That the American Academy of Family Physicians develop strategies and resources to advocate for increasing the percentage of health care spending devoted to primary care applicable at both the national and state levels, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with payers to advocate for increasing the percentage of primary care spending throughout the nation.  <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	No further action necessary
310	<p><b>Strengthening Medicare by Eliminating Wasteful Healthcare Spending</b>  <b>Substitute:</b>  RESOLVED, That the American Academy of Family Physicians advocate for Medicare Advantage plan payment to physicians to be at least at the level of traditional, Medicare fee-for-service or higher.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger  <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b>  In response to this resolution, the commission recommended and the Board of Directors approved at its April 2017 meeting that the policy statement on "<a href="#">Medicare Payment</a>" be revised. The commission considered information that the Affordable Care Act restructured payments to Medicare Advantage plans by setting payments to different percentages of Medicare fee-for-service (FFS) rates, with higher payments for areas with low FFS rates and lower payments (95% of FFS) for areas with high FFS rates. These payment changes were phased-in over three years beginning in 2011 for plans in most areas. The commission determined that AAFP</p>

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			policy and advocacy on this issue should not penalize family physicians who are otherwise benefitting from or being successful under Medicare Advantage. The AAFP will include this payment issue on the agenda for annual meetings with private payers as appropriate.
311	<p><b>Support for Independent Practices</b> RESOLVED, That the American Academy of Family Physicians prepare a policy statement explicitly supporting family physicians in private practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians update and supplement its existing educational materials to support family physicians in private practice, and educate established new physicians about options for developing or joining a viable private practice. <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting a new policy statement on "<a href="#">Independent Practice</a>" in response to this resolution. The commission expressed wide support for members in independent practices. The commission recommends the AAFP implement the resolution by adopting this new policy and updating the existing landing page for solo-small-independent practices with new resources followed by a promotional campaign highlighting these resources for members who own or work in an independent practice and new physician members.</p>

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Res. No.	Subject	Action of Congress	Recommended Referrals
312	<p><b>Recognizing the Value of Physicians in Primary Care</b> RESOLVED, That the American Academy of Family Physicians work with other primary care specialty associations, medical societies, payers, regulators, and legislators to separate physicians from other primary care providers so as to highlight their higher level of training and value to patients and the healthcare system, and to avoid referring to family physicians as generic primary care providers. <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that the AAFP implement this resolution by:</p> <ol style="list-style-type: none"> <li>a. sharing with chapter staff the policy "Provider, Use of the Term" and the related position paper through Chex Mix to encourage implementation at the chapter level; and</li> <li>b. a renewed commitment by staff to comment on the use of the word provider in communications with the Centers for Medicare and Medicaid Services, private payers, and other stakeholders and continue to avoid using the term provider in any communication with the patient/consumer audience.</li> </ol> <p>The commission received information on how the AAFP addresses use of this term. First, the policy "<a href="#">Provider, Use of the Term</a>" states, "the American Academy of Family Physicians (AAFP) opposes the use of the term "provider" when referring to physicians. Third party payers should never use the term "provider" as an inclusive term that lumps physicians with non-physician professionals, institutional providers and other service suppliers. The AAFP supports the use of terms such as "physician" or "primary care physician" to distinguish physicians from other health care professionals. The term "physician" should be reserved for an MD or DO." Second, the AAFP has a "<a href="#">Provider, Use of the Term</a>" position paper that provides more</p>

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			background and substance to the policy. The policy and position paper were last approved by the COD in 2013. The commission determined the AAFP could more broadly share this information and commit to commenting on use of the term provider as opportunities arise.
313	<p><b>CMS and the Coverage of Tdap and Shingles Vaccine Under Medicare Part B</b>  <b><u>Substitute as amended on the floor:</u></b>          RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services and the United States Congress to ensure that Medicare pay for all Advisory Committee on Immunization Practices-recommended vaccines under Medicare Part B and Part D without a co-pay, irrespective of location of administration.  <b>Fiscal Impact: None</b></p>	Substitute Adopted as Amended on the Floor	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>          The commission recommended and the Board of Directors approved at its April 2017 meeting to implement this resolution by continuing to advocate with the Centers for Medicare and Medicaid Services and the U.S. Congress through various means, including, but not limited to, correspondence and meetings, to ask them to make payment for Tdap and Herpes Zoster Vaccine possible under Medicare Part B.</p>
314	<p><b>Insurance Coverage of USPSTF A and B Recommendations</b>  <b><u>Substitute:</u></b>          RESOLVED, That the American Academy of Family Physicians advocate that all health plans, at a minimum, be required to cover United States Preventive Services Task Force “A” and “B” recommendations and vaccinations recommended by the Advisory Committee on Immunization Practices, and be it further          RESOLVED, That the American Academy of Family Physicians advocate that Medicare and Medicaid be amended to be compliant with the Patient Protection and Affordable Care Act with respect to the United States Preventive Services Task Force recommendations.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>1<sup>st</sup> Resolved Clause - Commission on Quality and Practice</p> <p>Jane Krieger  <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b>          The Commission on Quality and Practice recommended and the Board of Directors approved at its April 2017 meeting that the AAFP implement the 1st resolved clause of this resolution by sending a letter to the major commercial payers advocating for coverage of United States Preventive Services Task Force A and B recommendations across all plan types. The commission considered detailed background information on requirements under the Affordable Care Act (ACA). Under Section 2713 of the ACA, private health plans must provide coverage for a range of preventive services and may not impose cost-sharing (such as copayments,</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

			<p>deductibles, or co-insurance) on patients receiving these services. These requirements apply to all private plans – including individual, small group, large group, and self-insured plans in which employers contract administrative services to a third party payer – with the exception of those plans that maintain “grandfathered” status. To be classified as “grandfathered,” plans must have been in existence prior to March 23, 2010, and cannot make significant changes to their coverage. In 2014, 26% of workers covered in employer sponsored plans were still in grandfathered plans, and it is expected that over time almost all plans will lose their grandfathered status.</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The Commission on Governmental Advocacy recommended and the Board of Directors approved at its April 2017 meeting to implement the 2<sup>nd</sup> resolved clause of this resolution by contacting the Centers for Medicare and Medicaid Services to advocate that the Medicare and Medicaid programs be amended to be compliant with the Patient Protection and Affordable Care Act with respect to the United States Preventive Services Task Force recommendations.</p>
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## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
315	<p><b>Autism Coverage</b> RESOLVED, That the American Academy of Family Physicians support coverage by medical insurance policies and health maintenance organization contracts for evidence-based therapies for autism spectrum disorders. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that this resolution be accepted for information due to the significant changes in state and federal law mandated by the Affordable Care Act and given that forty-three states and the District of Columbia have laws that require coverage of autism</p>
316	<p><b>Accessibility of Lab Reports</b> RESOLVED, That the American Academy of Family Physicians advocate for improved physician access to labs ordered for their patients by other physicians. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that this resolution be accepted for information. The commission discussed the intent of the resolution, current issues with accessing laboratory results and other updates from sub-specialists, and barriers to the AAFP being able to effectively impact these challenges. After discussion, the commission concluded the AAFP current policy already emphasizes the need for coordination of care and patient information.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
317	<p><b>Confidence Intervals in Performance Reports</b> RESOLVED, That the American Academy of Family Physicians strongly advocate the Centers for Medicare and Medicaid Services (CMS) that all provider performance reports on quality or cost of care for programs that tie performance to payment include confidence intervals and other indices of validity and reliability, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate strongly to the Centers for Medicare and Medicaid Services (CMS) that provider performance reports provide transparency as to the method of risk stratification.</p> <p><b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that the AAFP implement this resolution by:</p> <ul style="list-style-type: none"> <li>(a) responding to the Centers for Medicare and Medicaid Services (CMS) requests for stakeholder input by identifying staff and members to provide input into the design of Merit-based Incentive Payment System (MIPS) feedback reports and actively participating in discussions of report design as opportunities arise; and</li> <li>(b) sending a letter to CMS in response to the MACRA Final Rule stating the need to include confidence intervals and other indices of validity and reliability, and emphasizing the need for transparency as to risk stratification/risk adjustment for each measure used to evaluate quality and cost of care.</li> </ul> <p>The commission recognized the need for validity, reliability, and greater transparency in performance reporting and the need for the AAFP to advocate for this. There was also recognition that this need will be greater under Medicare's Quality Payment Program, particularly for practices with small sample sizes.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
401	<p><b>Development of a Social Determinants of Health Toolkit</b>            RESOLVED, That the American Academy of Family Physicians develop a social determinants toolkit which includes education and resources to assist with assessing and addressing social determinants of health for our patients.  <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof  <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 meeting that in response to Resolution No. 401 a toolkit be developed after conducting a needs assessment. The AAFP has included social determinants of health as part of its strategic priority on clinical expertise. The AAFP will take a leadership role to address diversity and social determinants of health as they impact individuals, families and communities across the lifespan and to strive for health equity. The AAFP plans to conduct a member needs assessment in order to develop the business case and then commission members will review the data and assist with development of the social determinants of health toolkit.</p>
402	<p><b>Diversity Support</b>  <b>Substitute as amended on the floor:</b>            RESOLVED, That the American Academy of Family Physicians (AAFP) establish an "Office of Diversity" that will serve as the official AAFP repository for policies and information related to discrimination, diversity, and cultural proficiency that will coordinate active promotion of messaging related to same, and that will work to support members and efforts towards non-discrimination in education, training, and practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians reaffirm and proclaim its support for its members through a newly created Office of Diversity though the use of press releases and messaging to members, public, and elected officials restating its strong position against discrimination towards students, residents, members, staff, patients, and community directed at them because of their religious, cultural, ethnic, racial, national, gender, or sexual identity, and be it further</p> <p>RESOLVED, Through the newly created Office of Diversity, that the American Academy of Family Physicians, support the development and</p>	Substitute Referred to the Board of Directors as Amended on the Floor	<p>EVP</p> <p>Doug Henley  <a href="mailto:dhenley@aafp.org">dhenley@aafp.org</a></p> <p><b>Report as of 2/2017:</b>            One of the top four strategic objectives in the AAFP Strategic Plan reads "take a leadership role in addressing diversity and social determinants of health as they impact individuals, families and communities across the lifespan and to strive for health equity." To implement this Board established priority, a new Center for Diversity and Health Equity has been formed.</p> <p>The new Center for Diversity and Health Equity will position the AAFP to exert greater leadership on these important topics as they impact individual and population health. The creation of the new</p>



## Summary of Actions of the 2016 Congress of Delegates, continued

	<p>implementation of anti-discrimination and hate crime laws and public policies that seek to support and protect victims of discrimination targeted at their refugee, immigration, gender-identity, race, color, religion, gender, sexual orientation, or disability status.</p> <p><b>Fiscal Impact: \$138,104</b> - represents salary and benefits for one FTE with a Masters or PhD degree, travel for attending meetings, and the development of promotional material.</p>		<p>Center is also consistent with the work of the Commission on Health of the Public and Science and its subcommittee on health equity as well as recent discussions at the AAFP Congress of Delegates as it relates to this resolution, and National Conference of Constituency Leaders.</p> <p>The new Center addresses an important need for AAFP members, their patients and communities.</p> <p>Establishment of the Center is part of a realignment of staffing within the Division of Health of the Public. Staff has been recruited with specific expertise and skills for the new Center with a proven track record in social epidemiology, policy, health equity, and collaboration with community organizations who can support AAFP members in promoting evidence-based community and policy changes needed to address social determinants of health.</p> <p>Initial activities of the new Center include an assessment to identify AAFP member needs and education as well as a review of current and needed AAFP policy. Additionally, the Center will address workforce diversity, research regarding health equity, and advocacy for a broader set of policies and collaborations that will position the AAFP to better address the social determinants of health.</p>
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## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
403	<p><b>Climate Change and Health</b> RESOLVED, That the American Academy of Family Physicians make available for members continuing medical education and patient education materials regarding the adverse health consequences associated with the changing climate, and the health benefits of implementing climate change solutions, including the health benefits of reducing exposure of people and their environments to carbon pollution, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians endorse U.S. efforts to develop and implement national policies that facilitate U.S. compliance with the 2015 international agreement reached by over 190 countries in Paris, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend to medical schools, the Liaison Committee on Medical Education and the Accreditation Council on Graduate Medical Education (ACGME) that medical education curriculum and core competencies should include the effects of climate change on human health, including on the social determinants of health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide education to its members on methods for achieving environmental sustainability of medical workplaces (e.g. reducing energy use, increasing energy efficiency, etc.), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians express to appropriate entities in writing its support for the prioritization of epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment. <b>Fiscal Impact:</b> Less than \$10,000</p>	Referred to the Board of Directors	<p>1<sup>st</sup> Resolved Clause – Commission on Continuing Professional Development with Commission on Health of the Public and Science (CHPS to take lead)</p> <p>Bellinda Schoof <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p>Mindi McKenna <a href="mailto:mmckenna@aafp.org">mmckenna@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The Commissions on Health of the Public and Science and Continuing Professional Development recommended and the Board of Directors approved at its April 2017 that the 1<sup>st</sup> resolved clause be accepted for information. Regarding the patient education materials portion of the resolved clause, the AAFP is collaborating with other medical specialty societies on the issue of climate change and its effect on health. In addition, the AAFP assembled a multidisciplinary team tasked with implementing the AAFP’s patient education strategy, designed to promote family medicine by providing relevant, evidence-based content that will empower and motivate the public to pursue a lifestyle of healthy mind, body and spirit via a lifelong relationship with their family physician. Content development will be based on relevance to the triple aim, aligns with general public interest, includes the most common conditions treated by family physicians, and is based on leading indicators of mortality, morbidity, and determinants of health. It is unclear how patient education could affect mitigation or adaptation strategies for climate change.</p> <p>In response to the second resolved clause, the AAFP has policy entitled “<a href="#">Climate Change and Air Pollution</a>” on this issue that states, “In recognition of the</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

		<p>numerous and serious adverse health consequences resulting from pollution, climate change and ozone layer depletion, the AAFP recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere and water.” The CHPS recommended and the Board of Directors approved at its April 2017 meeting that the policy statement be revised to include greenhouse emissions from human activities.</p> <p>Regarding the CME portion, data on practice gaps and learning needs assessment does not indicate that climate change is appropriate to be prioritized as a stand-alone topic within the AAFP's CME Curricular Framework, which guides AAFP's provision of CME activities.</p> <p>In response to the fourth resolved clause, information on environmental sustainability is readily available from other sources so the commission felt it would be duplicative for the AAFP to provide this information.</p> <p>In response to the fifth resolved clause, the commission was unable to adequately respond because the request lacked specific details about the entities and the type of research.</p> <p>3<sup>rd</sup> Resolved Clause – Commission on Education</p> <p>Stan Kozakowski <a href="mailto:skozakowski@aafp.org">skozakowski@aafp.org</a></p> <p><b>Report as of 12/2016:</b> The AAFP sent a letter to the <a href="#">ACGME</a> and <a href="#">LCME</a> dated December 23, 2016 in response to the third resolved clause.</p> <p>2<sup>nd</sup>, 4<sup>th</sup>, 5<sup>th</sup> Resolved Clauses - Commission on Health of the Public and Science</p> <p>Bellinda Schoof <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p>
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## Summary of Actions of the 2016 Congress of Delegates, continued

			<p><b>Report as of 4/2017:</b>          The Commission on Health of the Public and Science and the board approved that the 2<sup>nd</sup>, 4<sup>th</sup> and 5<sup>th</sup> resolved clauses be accepted for information. In response to the 2<sup>nd</sup> resolved clause, it was noted the AAFP already has policy on this issue that states, "In recognition of the numerous and serious adverse health consequences resulting from pollution, climate change and ozone layer depletion, the AAFP recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere and water." In response to the 4<sup>th</sup> resolved clause, information on environmental sustainability is readily available from other sources so the executive committee felt it was not a priority for the AAFP to provide this information. The 5<sup>th</sup> resolved clause lacked specific details about the entities and the type of research.</p>
404	<p><b>Climate Policy</b>          RESOLVED, That the American Academy of Family Physicians (AAFP) update their climate change and air pollution policy to specifically include language about "greenhouse emissions from human activities." For example:</p> <p style="padding-left: 40px;">"In recognition of the numerous and serious adverse health consequences resulting from pollution, greenhouse emissions from human activities, climate change, and ozone layer depletion, the AAFP recommends strong action on all public and private levels to limit and correct the pollution of our land, atmosphere and water."</p> <p><b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof  <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 4/2017:</b>          The Commission on Health of the Public and Science recommended and the board approved at its April 2017 meeting, the policy statement on "<a href="#">Climate Change and Air Pollution</a>" be revised to include "greenhouse emissions from human activities."</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
405	<p><b>Gun Violence as a Public Health Issue</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians send a letter to the Secretary of the Department of Health and Human Services calling for a comprehensive report on gun violence detailing the urgency of action to prevent injury and death from firearms in the U.S. using a public health, harm reduction approach. <b>Fiscal Impact:</b> None</p>	Substitute Adopted	<p>EVP for appropriate referral to staff to write a letter</p> <p>Julie Wood <a href="mailto:jwood@aafp.org">jwood@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The AAFP sent a <a href="#">letter</a> to the Secretary of the Department of Health and Human Services dated December 21, 2016 in response to this resolution.</p>
406	<p><b>Remove Sugar-Sweetened Beverages from the Supplemental Nutrition Assistance Program</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians prepare a policy statement and comprehensive letter to deliver to the U.S. Department of Agriculture advocating for alignment of the Supplemental Nutrition Assistance Program policy with the Dietary Guidelines for Americans. <b>Fiscal Impact:</b> None</p>	Substitute Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission will recommend to the Board of Directors in July 2017 a revision to the policy statement on "<a href="#">Healthy Foods</a>" in response to this resolution.</p>
407	<p><b>Oral Health is Good for Overall Health</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians support the identification and treatment of oral health problems by primary care physicians by increasing education and advocacy efforts around oral health as part of overall health. <b>Fiscal Impact:</b> None</p>	Substitute Adopted	<p>Commission on Health of the Public and Science and Commission on Continuing Professional Development ( to take lead)</p> <p>Bellinda Schoof <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p>Mindi McKenna <a href="mailto:mmckenna@aafp.org">mmckenna@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The Commission on Health of the Public and Science recommended and the board approved that a policy statement on the importance of oral health be developed.</p> <p>Regarding the CME aspect, the Commission on Continuing Professional Development indicated that future education on this topic will be offered at FMX 2017: two sessions of Geriatric Oral Health: The Family Physician's Role and two sessions of Recognizing Oral Lesions and Oral Cancers in Family Medicine. In addition, a session on Dental</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

			<p>Emergencies will be offered at the April 2017 National Live Course: Emergency Room and Urgent Care.</p> <p>Additionally, the AAFP has offered many CME activities on various aspects of oral health in recent years. AAFP has also worked with the Society of Teachers in Family Medicine (STFM) to develop a comprehensive curriculum called "Smiles for Life," which includes online courses, downloadable content, and resources for prevention programs by state. Other collaborations include a partnership with the American Dental Association (ADA) on oral health messaging for professionals and patients, as well as the Campaign for Dental Health to help physicians promote dental health by educating patients on the benefits of fluoridated water. One of the AAFP's Member Interest Groups (MIGs) is focused on oral health.</p>
408	<p><b>Death with Dignity</b>          RESOLVED, That the American Academy of Family Physicians remain neutral on state or federal legislation regarding aid-in-dying by means of a patient-directed, patient-administered prescription medication for terminally ill patients who have the capacity to make medical decisions.  <b>Fiscal Impact: None</b></p>	Not Adopted	

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
409	<p><b>Help Family Physicians Educate Their Patients More Effectively</b>            RESOLVED, That the American Academy of Family Physicians invest additional resources to accelerate the production of more patient education videos, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) license appropriate existing videos or create new videos that family physicians can use similar to the written materials AAFP has provided for years without outside organization advertising, and seek partners that have minimal conflict of interest to produce and license these videos, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians make the inculcation of any present or future patient education videos into a format that can be downloaded by any member for use in their waiting rooms and exam rooms, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask the Centers for Medicare and Medicaid Services and commercial payers to accept videos as a physician service and that, as new and cutting-edge physician services, they be compensated to support the infrastructure development and a modest profit for the family physicians providing these services.  <b>Fiscal Impact: \$69,200 (10 videos - \$6,920 per video)</b></p>	Not Adopted	
410	<p><b>Xenophobic Antidiscrimination Statement</b>  <b>Amended on the floor:</b>            RESOLVED, That the American Academy of Family Physicians promote its anti-discrimination policy statements in a more visible and high profile manner.  <b>Fiscal Impact: None</b></p>	Adopted as Amended on the Floor	EVP for appropriate referral to staff Julie Wood <a href="mailto:jwood@aafp.org">jwood@aafp.org</a> <b>Report as of 4/2017:</b> The commission recommended and the board approved at its April 2017 meeting that Resolution No. 410 be implemented by cross referencing and promoting similar policy statements on AAFP web pages and in current and future projects.
411	<p><b>GLBTQ Antidiscrimination Statement</b>            RESOLVED, That the American Academy of Family Physicians issue a strong statement condemning homophobia and transphobia in all its forms and that this statement be circulated through all available media outlets.  <b>Fiscal Impact: None</b></p>	Not Adopted	

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
412	<p><b>Elective Late Term Abortions</b> RESOLVED, That the American Academy of Family Physicians set a policy to not support or endorse elective late term abortions in the United States. <b>Fiscal Impact: None</b></p>	Not Adopted	
413	<p><b>International Decade for People of African Descent</b> RESOLVED, That the American Academy of Family Physicians officially recognize 2015-2024 as the International Decade for People of African Descent, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians continue to seek opportunities to advocate, educate and empower its members to address the health needs of Americans of African Descent. <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the board approved at its April 2017 meeting that Resolution No. 413 be implemented by promoting the health needs of Americans of African descent to AAFP members. The AAFP promotes the highest level of health for all people in its policy, "Health Equity" and adopted the Healthy People 2020 definition of health equity as, "The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." The AAFP included as part of its strategic plan, "Take a leadership role in addressing diversity and social determinants of health as they impact individuals, families and communities across the lifespan and to strive for health equity."</p> <p>The AAFP also promotes National Minority Health Month to help reduce health disparities that affect racial and ethnic minorities, and the AAFP can refer to the International Decade for People of African Descent during National Minority Health Month. The International Decade for People of African Descent will also be referred to on the AAFP's cultural proficiency web page.</p>



## Summary of Actions of the 2016 Congress of Delegates, continued

			Furthermore, the AAFP supports physicians in identifying and addressing social determinants of health to promote good health outcomes for all individuals and populations in its policy, "Social Determinants of Health."
501	<p><b>Endorse Access without Age Restriction to Over-the-Counter Oral Contraceptive Pills</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians write to the U.S. Food and Drug Administration (FDA) to encourage that adolescents, regardless of age, be included in the over-the-counter (OTC) oral contraceptives studies required by the FDA (e.g., label comprehension study, actual use study) to determine whether OTC access is appropriate for this population.</p> <p><b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by writing to the U.S. Food and Drug Administration (FDA) to encourage that adolescents, regardless of age, be included in the over-the-counter (OTC) oral contraceptives studies required by the FDA (e.g., label comprehension study, actual use study) to determine whether OTC access is appropriate for this population.</p>
502	<p><b>Medicaid Coverage of Over-the-Counter Emergency Contraception</b></p> <p>RESOLVED, That the American Academy of Family Physicians advocate that emergency contraception, whether over-the-counter or by prescription, be a covered benefit under all Medicaid programs for all women of reproductive age.</p> <p><b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by recognizing the recent AAFP actions, and continue to work at the state and federal level to encourage Medicaid coverage of over-the-counter emergency contraception.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
503	<p><b>Increase Access to Comprehensive Reproductive Health Care for Incarcerated Women</b>  <b>RESOLVED</b>, That the American Academy of Family Physicians advocate that comprehensive and appropriate health care be provided to incarcerated women in federal detention facilities including but not limited to reproductive health.  <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>  The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by recognizing the actions that have been previously taken, and continue to work at the federal level to encourage comprehensive reproductive health care for incarcerated women. On April 21, 2016, the AAFP sent a <a href="#">letter</a> to Andy Slavitt, then Acting Administrator of the Centers for Medicare &amp; Medicaid Services, to request that CMS review and revise, as necessary, its coverage of contraceptive options to include coverage of all Food and Drug Administration-approved contraceptive options for men and women of reproductive age enrolled in Medicare and Medicaid.</p>
504	<p><b>Medicare Drug Negotiation Powers</b>  <b>Substitute:</b>  <b>RESOLVED</b>, That the American Academy of Family Physicians support legislation allowing Medicare to negotiate drug prices.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>  The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by supporting legislation to allow Medicare to negotiate drug prices and develop a policy statement outlining legislative recommendations. The AAFP has joined the Campaign for Sustainable Rx Pricing (CSRxP) to work on solutions to bring down the rising prices of prescription drugs. In addition, the AAFP continues to monitor Congressional activities closely to support legislation to allow Medicare to negotiate drug prices.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
<b>505</b>	<p><b>Medicare Prescription Drug Price Savings</b> RESOLVED, That the American Academy of Family Physicians advocate for strengthening Medicare by supporting legislation that allows Medicare to negotiate drug prices, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for strengthening Medicare by supporting legislation that allows Medicare to manage formularies, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for strengthening Medicare by supporting legislation that allows Medicare to restore drug rebates for low income beneficiaries, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for strengthening Medicare by supporting legislation that allows Medicare to allow drug importation/re-importation from Canada. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that this resolution be accepted for information. The commission agreed that the intent of this resolution was addressed within Resolution No. 504 to allow Medicare negotiation power and Resolution No. 516 to increase patient access to affordable drugs.</p>
<b>506</b>	<p><b>Medicare Drug Price Savings</b> RESOLVED, That the American Academy of Family Physicians advocate for seniors and the disabled by supporting legislation that empowers Medicare to directly negotiate drug prices with manufacturers with the intent of producing lower drug prices for patients. <b>Fiscal Impact: None</b></p>	Not Adopted	
<b>507</b>	<p><b>Remove the Fifth Vital Sign (The Pain Score)</b> <b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians work to eliminate the classification of pain as the "fifth vital sign" and as a determinate of quality patient care. <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by recognizing that the Medicare final hospital outpatient prospective payment system rule removed the pain score from the Hospital Consumer Assessment of Healthcare Providers and Systems. The commission agreed that the "fifth vital sign" created problems for physicians and patients. CGA members recognized that the Joint Commission refuted the misconceptions about its role in "the Pain Score."</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
508	<p><b>Transgender Use of Public Facilities</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians support state and federal laws that protect people from discrimination based on gender expression and identity, and oppose laws that compromise the safety and health of transgender people by failing to provide this protection, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the ability of transgender people to use the public facilities of the gender with which they identify and oppose any legislation which would infringe upon that ability.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by recognizing that this resolution aligns with current policy and objectives, and that the AAFP continue to work at the federal and state level to oppose discrimination in any form.</p>
509	<p><b>Oppose Discrimination Against Transgender People</b>            RESOLVED, That the American Academy of Family Physicians endorse existing anti-discrimination laws protecting people from discrimination based on gender expression and identity, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose restroom restrictive laws that compromise the safety and health of transgender people, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians supports adding gender expression and gender identity to the protected categories within federal anti-discrimination laws<sup>13</sup>, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose laws that compromise the safety and health of transgender people.  <b>Fiscal Impact: None</b></p>	Not Adopted	
510	<p><b>Study of a National Publicly-Financed, Privately-Delivered Health Care System</b>  <b>Amended on the floor:</b>            RESOLVED, That the AAFP study the effects of a national publicly-financed, privately-delivered health care system for all Americans, the potential effects on individual health care access, public health, health care spending, the family physician workforce, physician burnout, and submit a report of the study to the 2017 Congress of Delegates. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors as amended on the floor	<p>EVP for appropriate referral to staff</p> <p>Shawn Martin  <a href="mailto:smartin@aafp.org">smartin@aafp.org</a></p> <p>A board report will be developed for the 2017 Congress of Delegates.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
511	<p><b>Physician Protection Under Single Payer</b> RESOLVED, That American Academy of Family Physicians only support single payer models that include protections for practicing physicians from unilateral decisions by the payer. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>EVP for appropriate referral to staff</p> <p>Shawn Martin <a href="mailto:smartin@aafp.org">smartin@aafp.org</a></p> <p>A board report will be developed for the 2017 Congress of Delegates.</p>
512	<p><b>Single Payer</b> RESOLVED, That the American Academy of Family Physicians advocate for a single payer health care system in the United States that is financed through taxes to replace the current multiple-payer approach, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for a national single-payer health care system whose rates are set and administrative processes determined by bilateral negotiations between the payer and provider groups, including adequate reimbursement to physicians and eliminating wasteful administrative processes to ensure that physicians are financially stable and able to deliver quality health care. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>EVP for appropriate referral to staff</p> <p>Shawn Martin <a href="mailto:smartin@aafp.org">smartin@aafp.org</a></p> <p>A board report will be developed for the 2017 Congress of Delegates.</p>
513	<p><b>Make the Minimum Wage a Living Wage</b> RESOLVED, That the American Academy of Family Physicians support indexing the federal minimum wage to the Federal Poverty Level as a means of decreasing health disparities, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support providing tax relief or other forms of relief for small businesses to reduce their cost of implementing the minimum wage requirement. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>Commission on Governmental Advocacy</p> <p>Bob Hall <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The commission recommended and the Board of Directors approved at its April 2017 meeting that this resolution be accepted for information as it does not align with current, urgent health care priorities. The commission noted that poverty is an important issue associated with social determinants of health but agreed that this resolution does not align with current, urgent health care priorities.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
514	<p><b>Health Coverage for Nutritional Products for Inborn Errors of Metabolism</b>  <b>Amended on the Floor:</b>            RESOLVED, That the American Academy of Family Physicians advocate with the U.S. Department of Health and Human Services and members of U.S. Congress for the classification of specialized medical foods for the treatment of inborn errors of metabolism as an essential health benefit under the Patient Protection and Affordable Care Act for individuals of all ages diagnosed with these conditions, and that they be categorized as preventive measures not subject to cost sharing.  <b>Fiscal Impact: None</b></p>	Adopted as amended on the floor	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by evaluating opportunities to advocate at the state and federal level in support of health coverage for nutritional products for inborn errors of metabolism.</p>
515	<p><b>National Prescription Drug Monitoring Program</b>  <b>Amended on the floor:</b>            RESOLVED, That the American Academy of Family Physicians advocate for interoperability between prescription drug monitoring programs that will ensure secure data transport between systems and maintain the utmost highest level of privacy for patients' history of controlled substance prescriptions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for creating a secure national database for physicians and pharmacists to review information about patients who have been prescribed drugs that have a high potential for being abused or misused, such as opioid agonists, benzodiazepines, sedative hypnotics, amphetamines and similar agents, and cannabinoids.  <b>Fiscal Impact: None</b></p>	Adopted as amended on the floor	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by advocating with the U.S. Congress and the Administration through correspondence, meetings and other means of communication in support of an interoperable, secure national database to support a robust National Prescription Drug Monitoring Program. The commission noted that there is a need for a robust drug monitoring program to deal with the prescription drug epidemic determining that the Veterans Administration and TriCare prescribers should be added to this program. It was noted that the AAFP sent a <a href="#">letter</a> on May 5, 2016 to the VA urging them to require physicians to participate. There were concerns raised about cannabinoids since they are handled differently by the States. CGA members discussed AAFP policy which encourages rather than mandates PDMP participation</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

			recognizing the reluctance to impose administrative burdens on AAFP members. Some states do not allow physicians to print PDMP pages to be placed in the patient's medical record. It was also stated that if the AAFP advocates for the creation of a national database, physicians and staff in physicians' practices would log the information into the registry as well as be able to print it and put it in the patients' record. The CGA acknowledged that each state has different PDMP rules.
516	<p><b>Patient Access to Pharmaceuticals in Cases of Monopoly</b>  <b>Amended on the Floor:</b>  RESOLVED, That the American Academy of Family Physicians publicly support and advocate for patients to have affordable access to widely-used, life-sustaining or life-saving medications in circumstances in which a pharmaceutical company holds monopoly power over that drug or device, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians call on the U.S. Food and Drug Administration and the U.S. Congress to establish mechanisms to prioritize and fast-track competitive drug or device options for widely used life-saving, or life-sustaining drugs or devices that may be subject to monopoly power.  <b>Fiscal Impact: None</b></p>	Adopted as amended on the floor	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>  The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by supporting federal legislative policies aimed at increasing pharmaceutical accountability and competition in its review of this resolution and that the AAFP also consider supporting physician surveys to gather commentary on the examples of where drug prices have undermined patient health. The commission discussed recent examples of drug price hikes and approved the staff recommendation noting that both policies have the potential to strengthen current law and improve accountability.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
601	<p><b>Developing a Campaign for Medical Students Related to Family Medicine as a Career Path</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians develop and disseminate campaign materials highlighting the breadth and depth of family medicine, and make suggestions of how to effectively use the material available to the chapters, as well as to all medical schools and through social media to reach all high school, college and medical students during their years to study.</p> <p><b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Education</p> <p>Stan Kozakowski <a href="mailto:skozakowski@aafp.org">skozakowski@aafp.org</a></p> <p>The commission will discuss this resolution at its June 2017 meeting.</p>
602	<p><b>Increase Point-of-Care Ultrasound (POCUS) Education in Family Medicine</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians encourage every family medicine residency program to include Point of Care Ultrasound (POCUS) training, and be it further RESOLVED, That the American Academy of Family Physicians offer Point of Care Ultrasound (POCUS) continuing medical education programs, and be it further RESOLVED, That the American Academy of Family Physicians increase continuing professional development opportunities and faculty development programs regarding Point of Care Ultrasound (POCUS) at its annual meeting and continuing medical education courses.</p> <p><b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>1<sup>st</sup> Resolved Clause – Commission on Education</p> <p>Stan Kozakowski <a href="mailto:skozakowski@aafp.org">skozakowski@aafp.org</a></p> <p><b>Report as of 1/2017:</b> The AAFP sent a <a href="#">letter</a> to the Association of Family Medicine Residency Directors on 12/23/16 in response to the first resolved clause of this resolution.</p> <p>2<sup>nd</sup> and 3<sup>rd</sup> Resolved Clauses – Commission on Continuing Professional Development</p> <p>Mindi McKenna <a href="mailto:mmckenna@aafp.org">mmckenna@aafp.org</a></p> <p><b>Report as of 4/2017:</b> The Commission on Continuing Professional Development noted that future education on this topic will be offered at FMX 2017: three 3-hour long Clinical Procedures Workshops (CPWs) entitled Introduction to Musculoskeletal Ultrasound and Guided Injections and three 3-hour simulation activities entitled High Yield Applications of Point-of-Care Ultrasound (POCUS) in Primary Care. In addition, two 3-hour CPWs on Ultrasound will be offered at the June 2017 National Live Course: Family Medicine Update.</p> <p>Additionally, some POCUS training has been offered at national courses on Emergency Medicine, as well as Out &amp; About sessions at FMX. A POCUS workshop was</p>



## Summary of Actions of the 2016 Congress of Delegates, continued

			conducted at the National Conference in 2016. Since 2011, there have been 11 live activities covering topics such as ambulatory ultrasound, introduction to musculoskeletal ultrasound and guided injections, OB/GYN ultrasound at the point of care, and other hands-on ultrasound sessions.
603	<p><b>Physician Burnout</b> RESOLVED, That the American Academy of Family Physicians explore the existence of currently available resources and 24-hour hotlines, and be it further RESOLVED, That the American Academy of Family Physicians appropriately promote current available resources to its members and encourage chapters to do likewise. <b>Fiscal Impact: None</b></p>	Not Adopted	
604	<p><b>Reducing Mental Health Stigma and Promoting Physician, Resident, and Medical Student Wellness</b> RESOLVED, That the American Academy of Family Physicians promote greater member awareness about physician, resident, and medical student depression, burnout, and suicide, with support efforts to reduce the stigma and barriers to seeking mental health, including continued dialogue with the Federation of State Medical Boards, and be it further RESOLVED, That the American Academy of Family Physicians (AAFP) explore the existence of currently available resources and 24-hour hotlines, and expand their resources for active and retired physicians, residents, and medical students experiencing depression and/or burnout, prioritizing prevention and early intervention, by updating its website, offering relevant sessions at AAFP educational and professional development events, and publishing articles in AAFP sponsored journals, and be it further RESOLVED, That the American Academy of Family Physicians update its position paper on physician burnout to promote a more proactive approach to resilience, well-being, and mental health, addressing issues specific to medical students and residents, as well as late career and retired physicians, fostering greater nationwide awareness about physician burnout, depression, and suicide, and be it further RESOLVED, That the American Academy of Family Physicians position paper on physician burnout emphasize, but not be limited to, resilience and mindfulness, prevention of and early intervention for physician burnout, and reducing the stigma and barriers to seeking mental health support, including recommendations for live, online, and printed resources for individuals and health care institutions/systems. <b>Fiscal Impact: None</b></p>	Substitute Adopted as amended on the floor	<p>EVP for appropriate referral to staff</p> <p>Clif Knight <a href="mailto:cknight@aafp.org">cknight@aafp.org</a></p> <p>A board report will be developed for the 2017 Congress of Delegates.</p>

## Summary of Actions of the 2016 Congress of Delegates, continued

<i>Res. No.</i>	<i>Subject</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
605	<p><b>Student Loan Repayment for Primary Care Faculty Physicians</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians work with organizations such as the Society of Teachers of Family Medicine to study the feasibility of pursuing legislation to allow family medicine faculty physicians, both volunteer and employed, to qualify for loan repayment programs.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by investigating the feasibility of pursuing legislation to allow family medicine faculty physicians, both volunteer and employed, to qualify for loan repayment programs at an upcoming meeting of Academic Family Medicine Advocacy Committee (AFMAC).</p>
606	<p><b>Student Loan Forgiveness Post Teaching in a Residency Program</b>            RESOLVED, That the American Academy of Family Physicians, through advocacy efforts, seek student loan forgiveness for family physicians who after completing residency enter into teaching with a residency program in family medicine.  <b>Fiscal Impact: None</b></p>	Not Adopted	
607	<p><b>Student Loan Debt</b>            RESOLVED, That the American Academy of Family Physicians, through advocacy efforts, seek student loan forgiveness for family physicians who meet the following conditions:</p> <ol style="list-style-type: none"> <li>1. work in a designated medically underserved setting, and</li> <li>2. precept medical students and/or family medicine residents on a volunteer basis.</li> </ol> <p><b>Fiscal Impact: None</b></p>	Not Adopted	

## Summary of Actions of the 2016 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
608	<p><b>Reciprocity of Training Licenses</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians advocate directly to the Federation of State Medical Boards to promote reciprocity of training licenses among state medical boards.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall  <a href="mailto:rhall@aafp.org">rhall@aafp.org</a></p> <p><b>Report as of 4/2017:</b>            The commission recommended and the Board of Directors approved at its April 2017 meeting Board of Directors that the AAFP implement this resolution by writing to the Federation of State Medical Boards, urging the FSMB to work with its members to establish a pathway for residents to obtain temporary reciprocity for the limited purpose of training opportunities. In addition, the Board of Directors may also ask AAFP staff to meet with FSMB staff about the role of the FSMB in potentially furthering this goal.</p>
609	<p><b>Opposing PRIME Registry</b>            RESOLVED, That the American Academy of Family Physicians oppose the American Board of Family Medicine's efforts to enrich itself by experimenting on family physicians with constantly changing and questionably useful methods of evaluation, in particular the movement with the PRIME registry toward the invasive collection of patient and provider data without clear safeguards and restrictions on the use of said information.  <b>Fiscal Impact: None</b></p>	Not Adopted	

## Summary of Actions of the 2016 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
<b>610</b>	<p><b>Major Changes Needed in ABFM MOC Process</b>  <b>Substitute:</b>                      RESOLVED, That the American Academy of Family Physicians express immediate changes are needed to the American Board of Family Medicine maintenance of certification process to reduce significantly both the annual expense and the time and work burden to a minimum, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians asks the American Board of Family Medicine to improve significantly (and without punitive measures) the ease of the reentry process for all previous diplomates who have maintained their licensure and lifelong learning through continuing medical education, with the hope that changes will incentivize their return to the maintenance of certification process, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work to change, by both advocacy and direct communication with the American Board of Medical Specialties (ABMS), any ABMS policy which prevents the accomplishment of the objectives described in the above resolved clauses by the American Board of Family Medicine.</p> <p><b>Fiscal Impact: None</b></p>	<p>1<sup>st</sup> Resolved Clause – Referred to the Board of Directors</p> <p>2<sup>nd</sup> and 3<sup>rd</sup> Resolved Clauses – Adopted as amended on the floor</p>	<p>EVP for appropriate referral to staff</p> <p>Clif Knight  <a href="mailto:cknight@aafp.org">cknight@aafp.org</a></p> <p><b>Report as of 5/2017:</b>                      The commission sent <a href="#">letter</a> dated May 1, 2017 to the American Board of Family Medicine and a <a href="#">letter</a> dated May 2, 2017 to the American Board of Medical Specialties respectively.</p> <p>A board report will also be developed to the 2017 Congress of Delegates.</p>

<b>MEMORIAL RESOLUTIONS OF CONDOLENCE:</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>
Kenneth Atkinson, MD (Colorado)	Not Referred	Unanimously Adopted – Communication sent to family
Amos “Pres” Bratrude, MD, FAAFP (Washington)	Not Referred	Unanimously Adopted – Communication sent to family
Forrest W. Calico, MD, MPH, FAAFP (Kentucky)	Not Referred	Unanimously Adopted – Communication sent to family
David C. Eitrheim, MD (Wisconsin)	Not Referred	Unanimously Adopted – Communication sent to family
Robin N. Huff, MD (New Jersey)	Not Referred	Unanimously Adopted – Communication sent to family
Martha Illige, MD (Colorado)	Not Referred	Unanimously Adopted – Communication sent to family
Paul A. Kinsinger, MD (Illinois)	Not Referred	Unanimously Adopted – Communication sent to family
Richard H. Layton, MD, FAAFP (Washington)	Not Referred	Unanimously Adopted – Communication sent to family
Virgilio Licon, MD, FAAFP (Colorado)	Not Referred	Unanimously Adopted – Communication sent to family
Edwin L. Mueller, MD (Texas)	Not Referred	Unanimously Adopted – Communication sent to family
Leslie E. Weber, Jr., MD, FAAFP (Iowa)	Not Referred	Unanimously Adopted – Communication sent to family

<b>OFFICER ADDRESSES</b>				
<b>Handbook Page</b>	<b>Designation and Title</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
286-288	ADDRESS OF THE SPEAKER...	O & F	Filed	No further action necessary

## Summary of Actions of the 2016 Congress of Delegates, continued

289-291	ADDRESS OF THE PRESIDENT	O & F	Filed	No further action necessary
292-298	ADDRESS OF THE PRESIDENT-ELECT.....	O & F	Filed	No further action necessary
299-301	ADDRESS OF THE BOARD OF DIRECTORS CHAIR.....	O & F	Filed	No further action necessary
302-305	ANNUAL REPORT & ADDRESS OF THE EXECUTIVE VICE PRESIDENT.....	O & F	Filed	No further action necessary
<b>Handbook Page</b>	<b>Designation and Title</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
147-151	<b>A – Family Medicine Political Action Committee (FamMedPAC).....</b>	Advocacy	Filed	No further action necessary
152-153	<b>B – Working Group on Rural Health.....</b>	O & F	Filed	No further action necessary
154-155	<b>C – Health Care Reform.....</b>	Advocacy	Filed	No further action necessary
156-162	<b>D – Practice and Payment Transformation.....</b>	Practice Enhancement	Filed	No further action necessary
163-180	<b>E – AAFP Non-Dues Revenue Appendix A, Outside</b>	O & F	Filed	No further action necessary
168-180	<b>Funding Support .....</b>	O & F	Filed	No further action necessary

## Summary of Actions of the 2016 Congress of Delegates, continued

<p>181-305 181</p>	<p><b>F – Policy Statement Review</b>            Para. 3, List of policy statements reaffirmed</p> <ul style="list-style-type: none"> <li>• Adolescent Health Care, Role of the Family Physician</li> <li>• Direct to Consumer Advertising of Prescription Pharmaceuticals, Nonprescription Medications, Health Care Devices, and Health-Related Products and Services</li> <li>• Durable Medical Equipment</li> <li>• Fairness in Federal Programs for All U.S. Citizens</li> <li>• Family Physicians' Creed</li> <li>• Family Physicians Workforce and Residency Education</li> <li>• Fees to Physicians for Referrals to Other Health Care Providers</li> <li>• Fellowship, Definition</li> <li>• Imaging Personnel</li> <li>• Leadership Development</li> <li>• Nuclear, Biological and Chemical (NBC) Warfare</li> <li>• Patient Responsibility for Follow-up of Diagnosis and Treatment</li> <li>• Pre-Medical Student Shadowing</li> <li>• Preferred Unit of Liquid Measurement for Liquid Medications</li> <li>• Procedural Skills, Interspecialty Support in Clinical Procedures</li> <li>• Procedural Skills, Preceptor/Proctor Readiness Course</li> </ul>	<p>O &amp; F  O &amp; F</p>	<p>Filed  Filed</p>	<p>No further action necessary Update policy site</p>
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## Summary of Actions of the 2016 Congress of Delegates, continued

	<ul style="list-style-type: none"> <li>Professional Medical Liability, Lawsuits</li> <li>Quality Health Care in Family Medicine</li> <li>Restricting Physician Licensure</li> <li>Urban/Inner-City Training Program in Family Medicine</li> </ul>			
182	Para. 4, Recommendation to revise the policy on “AAFP Promotions: Print Advertorials” .....	O & F	Adopted	Update policy site
182-183	Para. 5, Recommendation to revise the policy statement on “AAFP/CFPC Reciprocal Agreement” .....	Education	Adopted	Update policy site
184	Para. 6, Recommendation to revise the policy statement on “Assuring Sensitivity to Diversity in AAFP Education Activities” .....	Education	Adopted	Update policy site
184	Para. 7, Recommendation to revise the policy statement on “Certificates of Added Qualification” .....	Education	Adopted	Update policy site
184-186	Para. 8, Recommendation to revise the policy statement on “Expectations of Family Medicine Residency Graduates” .....	Education	Adopted	Update policy site
186-187	Para. 9, Recommendation to revise the policy statement on “Incentives for Increasing Student Choice of Family Medicine” .....	Education	Adopted	Update policy site
187	Para. 10, Recommendation to revise the policy statement on “Medical Student Debt” .....	Education	Adopted	Update policy site
187-188	Para. 11, Recommendation to revise the policy statement on “Medical Student Debt Relief” .....	Education	Adopted	Update policy site
188	Para. 12, Recommendation to revise the policy statement on “Family Physicians Training With Non-Physician Providers” .....	Education	Adopted	Update policy site
189-190	Para. 13, Recommendation to revise the policy statement on “Primary Care” .....	Education	Adopted	Update policy site

## Summary of Actions of the 2016 Congress of Delegates, continued

191-192	Para. 14, Recommendation to revise the policy statement on “Collective Negotiation” ..	Advocacy	Adopted	Update on website
192	Para. 15, Recommendation to revise the policy statement on “Opposition to Mandatory Education for Drug Prescribing” .....	Advocacy	Adopted	Update on website
192 & 216-220	Para. 16, Recommendation to revise the policy statement on “Substance Abuse and Addiction” in Appendix A .....	Advocacy	Adopted	Update on website
192-193	Para. 17, Recommendation to adopt a new policy statement on “Cancer Care” .....	Health of the Public/Science	Adopted	Update on website
194	Para. 19, Recommendation to adopt a new policy statement on “Discriminatory Policing” .....	Health of the Public/Science	Adopted	Update on website
194 & 221-223	Para. 20, Recommendation to delete the position paper on “Excise Taxes on Tobacco Products (OTP)” in Appendix B .....	Health of the Public/Science	Adopted	Update on website
194-195	Para. 21, Recommendation to delete the policy statement on “Fitness” .....	Health of the Public/Science	Adopted	Update on website
195	Para. 22, Recommendation to revise the policy statement on “Health Care Facility Visitation Rights of Patients” .....	Health of the Public/Science	Adopted	Update on website
195-196	Para. 23, Recommendation to adopt a new policy statement on “Health Equity” .....	Health of the Public/Science	Adopted	Update on website
196	Para. 25, Recommendation to adopt a new policy statement on “Immunization Exemptions” .....	Health of the Public/Science	Adopted	Update on website
196-197	Para. 26, Recommendation to revise the policy statement on “Infringement on Patient Physician Relationship” .....	Health of the Public/Science	Adopted	Update on website
197	Para. 27, Recommendation to revise the policy statement on “Marijuana” .....	Health of the Public/Science	Adopted	Update on website
197 & 224-229	Para. 28, Recommendation to revise the position paper on “Media Violence” to “Violence in the Media and Entertainment” in Appendix C .....	Health of the Public/Science	Adopted	Update on website



## Summary of Actions of the 2016 Congress of Delegates, continued

198	Para. 30, Recommendation to adopt a new policy statement on “Needle Exchange Programs”.....	Health of the Public/Science	Adopted	Update on website
198 & 230-254	Para. 32, Recommendation to revise the position paper on “Pain Management and Opioid Abuse: A Public Health Concern” to “Chronic Pain Management and Opioid Misuse: A Public Health Concern” in Appendix D .....	Health of the Public/Science	Adopted	Update on website
198	Para. 33, Recommendation to revise the policy statement on “Patient Education” .....	Health of the Public/Science		
199 & 255-267	Para. 35, Recommendation to adopt a new position paper on “Preconception Care” in Appendix E .....	Health of the Public/Science	Adopted	Update on website
199-200	Para. 36, Recommendation to revise the policy statement on “Prevention and Control of Sexually Transmitted and Blood-borne Infections” .....	Health of the Public/Science	Adopted	Update on website
200	Para. 37, Recommendation to revise the policy statement on “Reparative Therapy” .....	Health of the Public/Science	Adopted	Update on website
201	Para. 39, Recommendation to revise the policy statement on “Research, Family Medicine Journals” .....	Health of the Public/Science	Adopted	Update on website
201	Para. 40, Recommendation to revise the policy statement on “Violence, Harassment and School Bullying Among Children and Adolescents” to “Violence, Harassment and School Bullying” .....	Health of the Public/Science	Adopted	Update on website
201-202	Para. 41, Recommendation to delete the policy statement on “Violence in the Media” .....	Health of the Public/Science	Adopted	Update on website
202-203	Para. 42, Recommendation to revise the policy statement on “Capitation, Primary Care” .....	Practice Enhancement	Adopted	Update on website
203 & 268-269	Para. 43, Recommendation to revise the policy statement on “Care Management Fees” in Appendix F .....	Practice Enhancement	Adopted	Update on website
203 & 270-290	Para. 44, Recommendation to revise the position paper on “Cesarean Delivery in Family Medicine” in Appendix G .....	Practice Enhancement	Adopted	Update on website

## Summary of Actions of the 2016 Congress of Delegates, continued

203-204	Para. 45, Recommendation to revise the policy statement on “Impaired and Clinically Deficient Physicians” .....	Practice Enhancement	Adopted	Update on website
204-205	Para. 47, Recommendation to revise and combine the policy statements on “Coverage for Family Planning Drugs and Supplies,” “Reversible Contraception Methods,” and “Contraceptive Advice” to “Coverage, Patient Education, and Counseling for Family Planning, Contraceptive Methods, and Sterilization Procedures” .....	Practice Enhancement	Adopted	Update on website
206	Para. 49, Recommendation to reaffirm the statement on “Definition of Family Medicine” .....	Practice Enhancement	Adopted	Update on website
206	Para. 50, Recommendation to adopt a new policy statement on “Role Definition of Family Medicine” .....	Practice Enhancement	Adopted	Update on website
296	Para. 51, Recommendation to revise the policy statement on “Electronic Health Records” .....	Practice Enhancement	Adopted	Update on website
207	Para. 52, Recommendation to delete the policy statement on “Emergency Medical Services” .....	Practice Enhancement	Adopted	Update on website
207-208	Para. 53, Recommendation to delete the policy statement on “Family Medicine, Scope and Philosophical Statement” .....	Practice Enhancement	Adopted	Update on website
208 & 291-300	Para. 54, Recommendation to delete the policy statement on “Family Physicians and Physician Assistants: Team-Based Family Medicine” in Appendix H .....	Practice Enhancement	Adopted	Update on website
208-209	Para. 55, Recommendation to revise the policy statement on “Gender Equity on Drug, Testing, Procedure Coverage” .....	Practice Enhancement	Adopted	Update on website
209	Para. 56, Recommendation to revise the policy statement on “Health Care” .....	Practice Enhancement	Adopted	Update on website
209-210	Para. 58, Recommendation to revise the policy statement on “Hospice Care” .....	Practice Enhancement	Adopted	Update on website

## Summary of Actions of the 2016 Congress of Delegates, continued

210-211	Para. 59, Recommendation to revise the policy statement on “Medicare Payment” .....	Practice Enhancement	Adopted	Update on website
211-212	Para. 60, Recommendation to delete the policy statement on “Payment, Care Management Function” .....	Practice Enhancement	Adopted	Update on website
212-213	Para. 61, Recommendation to revise the policy statement on “Peer Review” .....	Practice Enhancement	Adopted	Update on website
213 & 301-302	Para. 62, Recommendation to revise the position paper on “Principles for Physician Payment Reform to Support the Patient-Centered Medical Home” in Appendix I .....	Practice Enhancement	Adopted	Update on website
213-214	Para. 63, Recommendation to delete the policy statement on “Telemedicine, Licensure and Payment” .....	Practice Enhancement	Adopted	Update on website
214-215	Para. 64 Recommendation to revise the policy statement on “Value-Based Insurance Design” .....	Practice Enhancement	Adopted	Update on website
215 & 303-305	Para. 65, Recommendation to revise the policy statement on “Value-Based Purchasing” to “Value-Based Payment” in Appendix J .....	Practice Enhancement	Adopted	Update on website
306-311	<b>G – AAFP Strategic Plan ..</b> Appendix A .....	O & F	Filed	No further action necessary
309-311		O & F	Filed	

<b>REPORTS OF COMMISSIONS AND COMMITTEES</b>				
<b>Handbook Page</b>	<b>Designation and Title</b>	<b>Ref. Com.</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
94-100	<b>COMMISSION ON FINANCE AND INSURANCE.....</b>	ALL to O & F	Filed	
101-126	<b>Audit Report.....</b>	ALL to O & F	Adopted	No further action necessary
128-135	<b>BYLAWS WORK GROUP REPORT .....</b>	ALL TO O & F	Filed	
128-129	Proposed Amendment No. 1, To Amend Sections 2.A.1.c., 2.A.1.d., and 2.A.3.c. of Article III of the Bylaws regarding eligibility and requirements for Active membership .....	O & F	Adopted	Update Bylaws
140	Proposed Amendment No. 2, To amend Section 2.A.2.a. of Article III of the Bylaws regarding requirements for Active membership .....	O & F	Adopted	Update Bylaws
130-131	Proposed Amendment No. 3A, To amend Section 2.C.1. of Article III of the Bylaws regarding eligibility for life membership .....	O & F	Adopted	Update Bylaws

## Summary of Actions of the 2016 Congress of Delegates, continued

131-132	Proposed Amendment No. 3B, To amend Section 2.C.1. of Article III of the Bylaws regarding eligibility for life membership.....	O & F	Not Adopted	
142-143	Proposed Amendment No. 4, To amend Section 2.G. of Article III of the Bylaws regarding eligibility and requirements for supporting membership.....	O & F	Adopted	Update Bylaws
136-141	<b>AAFP AMA DELEGATION REPORT</b> .....	ALL TO O & F	Filed	