



# Summary of Actions of the 2018 Congress of Delegates

October 8-10, 2018 – New Orleans, LA

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

Res. No.	Subject	Action of Congress	Recommended Referrals
201	<p><b>Candidate Hospitality Event</b> <b>Substitute:</b> RESOLVED, That each AAFP chapter running a candidate for Director or Officer continue to contribute \$2,500 to the AAFP for each candidate to cover room and food costs at the Hospitality Event, and be it further</p> <p>RESOLVED, That the AAFP staff work directly with the Chapter Executive Advisory Committee to develop more specific rules for chapters including potential spending limits on, but not limited to, parties, stickers, decorations, clothing, and give-aways. <b>Fiscal Impact: Less than \$10,000</b></p>	<p>1<sup>st</sup> Resolved Clause – Adopted</p> <p>2<sup>nd</sup> Resolved Clause – Referred to the Board of Directors</p>	<p>EVP for referral to appropriate staff</p> <p><b>Report as of 12/2018:</b> Chapters running a candidate contribute \$2,500 to the Monday night hospitality event with the AAFP contributing \$10,000 to help pay for the food and beverage.</p> <p>The second resolved clause was referred to the Board of Directors. The Board at its December 2018 meeting adopted a recommendation from staff in consultation with the Chapter Executive Advisory Committee that the 2019 Congress of Delegates' Hospitality Event continue as it currently exists with the Board of Directors urging chapters running candidates to meet at the 2019 Annual Chapter Leader Forum (ACLF) to discuss and agree on guidelines each chapter will abide by in running their candidate in 2019. Chapters running candidates met during the 2019 ACLF and reached an agreement. See <a href="#">Board Report A</a> to the 2019 Congress of Delegates for additional information.</p>
202	<p><b>Obtaining Social Network Services Information on AAFP Members</b> RESOLVED, That the AAFP gather information during membership updates as to all Social Network Services (SNS) to which members belong, and be it further</p> <p>RESOLVED, That the AAFP forward Social Network Services (SNS) contact information collected from members to chapters, and be it further</p> <p>RESOLVED, That the AAFP chapters use Social Network Services (SNS) information collected from its members for communication purposes and not for economic gain. <b>Fiscal Impact: Less than \$10,000</b></p>	Not Adopted	

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
203	<p><b>Recognition of Physicians as Physicians Across all Health Care Entities</b>  <b>Substitute as Amended on the Floor:</b>                      RESOLVED, That we, as physicians, should uphold our honorable professions and be recognized as such and not be categorized, generalized, or confused with other doctoral degree professions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians always refer to our membership as family physicians which is distinctive for our patients, our healthcare systems, and above all for ourselves, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage our chapters to standardize terminology and only refer to our specialty as family medicine and refer to each other as family physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage other physician groups to standardize how we refer to our profession, and to send a resolution from our delegation to the American Medical Association’s House of Delegates.  <b>Fiscal Impact: None</b></p>	Adopted as amended	<p>EVP for appropriate referral to staff</p> <p>1<sup>st</sup> and 2<sup>nd</sup> resolved clauses – Shannon Scott</p> <p>3<sup>rd</sup> resolved clause – Shannon Scott with letter to chapters</p> <p><b>Report as of 7/2019:</b>                      The AAFP consciously and consistently refers to family physicians as physicians in official capacities and references. The AAFP makes every effort to avoid generalizing the work family physicians do with the work of other allied health professionals, and it regularly distinguishes family physicians from other doctoral degree professionals, as necessary and for context. In addition, when the intention is to refer to physicians, the AAFP specifically avoids the use of the general term “provider” in any of our work including letters to government agencies or legislative bodies, in any reports, in testimony, documents shared with private insurers, and in any of our member-facing communications. The AAFP may, on occasion, use other terms such as “family doctor” in marketing or communication materials purely for stylistic choices and to avoid redundancy and stilted language when speaking to a consumer audience. AAFP’s brand guidelines specifically dictate use of the term “family physician” with internal audiences or an external audience of health care professionals.</p> <p>On June 11, 2019 the AMA House of Delegates passed a resolution defining the term “physician” and directing the AMA to aggressively advocate for the use of the term physician, as defined, in any federal or state law or regulation that references physicians; by any state or federal agency; by any accrediting body or deeming authority that defines the term physician. The resolution further urged all physicians to insist on being identified as physicians to the exclusion of non-physician providers. The AAFP supported this resolution and advocated for its passage. A brief write-up of this new AMA policy will be provided to Chapters, along with encouragement for them to share it with their members and as a reminder to always refer to our respective members as family physicians. Chapters will be further</p>

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			<p>encouraged to avoid using the term “provider” in all communications when the intent is to refer to physicians. This will appear in a July 2019 edition of Chex Mix.</p> <p>4<sup>th</sup> resolved clause – Julie Wood</p> <p><b>Report as of 5/2019:</b> The AMA has existing policy addressing this issue, therefore a resolution from the AAFP to the AMA is not needed. In addition, the AMA uses the term “Family Medicine” when referring to the specialty of Family Medicine. Clarification of the Title "Doctor" in the Hospital Environment <a href="https://policysearch.ama-assn.org/policyfinder/detail/D-405.991?uri=%2FAMADoc%2Fdirectives.xml-0-1399.xml">https://policysearch.ama-assn.org/policyfinder/detail/D-405.991?uri=%2FAMADoc%2Fdirectives.xml-0-1399.xml</a>. "Doctor" as a Title H-405.992 <a href="https://policysearch.ama-assn.org/policyfinder/detail/H-405.992?uri=2FAMADoc%2FHOD.xml-0-3612.xml">https://policysearch.ama-assn.org/policyfinder/detail/H-405.992?uri=2FAMADoc%2FHOD.xml-0-3612.xml</a> Protection of the Titles "Doctor," "Resident" and "Residency" H-275.925 <a href="https://policysearch.ama-assn.org/policyfinder/detail/H-275-925?uri=%FAMADoc%2FHOD.xml-0-1903.xml">https://policysearch.ama-assn.org/policyfinder/detail/H-275-925?uri=%FAMADoc%2FHOD.xml-0-1903.xml</a></p>
204	<p><b>AAFP Affiliate Membership for Clinical Managers</b> RESOLVED, That the American Academy of Family Physicians (AAFP) request the study of the creation of an AAFP Affiliate Membership category for family medicine clinic managers and administrators. <b>Fiscal Impact: Less than \$10,000</b></p>	Not Adopted	
205	<p><b>Non-Physician Faculty Membership</b> RESOLVED, That the American Academy of Family Physicians create a nonvoting membership category for non-physician faculty of family medicine training programs, and be it further</p> <p>RESOLVED, That upon creation of a nonvoting membership category for non-physician faculty of family medicine residency training programs, the American Academy of Family Physicians (AAFP) allow access to the AAFP resources that would be beneficial to resident education, such as the <i>Metric</i>, The EveryOne Project, the <i>American Family Physician</i>, and <i>Family Practice Management</i>. <b>Fiscal Impact:</b> TBD – unable to estimate costs with an exploration of the market</p>	Not Adopted	

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
206	<p><b>Clean Energy Challenge: Take Action Amended on the Floor:</b> RESOLVED, That the AAFP establish a specific and measurable clean energy goal and share timelines and progress toward the goal with members and encourage chapters to do the same. <b>Fiscal Impact:</b> Not Determinable at this Time</p>	Adopted as amended on the floor	<p>EVP for appropriate referral to staff</p> <p>Dale Culver</p> <p><b>Report as of 7/2019:</b> Please see <a href="#">Board Report E</a> for information on action taken on this resolution.</p>
207	<p><b>Coordination of Efforts with State Chapters Substitute as Amended on the Floor:</b> RESOLVED, That the American Academy of Family Physicians consult with an impacted chapter prior to entering into an agreement with an organization or entity based in that specific geographic region, except under extenuating circumstances, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians and its political action committee inform chapters in a timely manner prior to providing contributions, awards or developing political alliances in that geographic area. <b>Fiscal Impact:</b> None</p>	Substitute Adopted as Amended on the Floor	<p>EVP for appropriate referral to staff</p> <p>Doug Henley Shawn Martin</p> <p><b>Report as of 7/2019:</b> The AAFP remains committed to engaging with the state chapters on issues impacting family medicine and family physicians. An enhanced level of communication with chapters impacted by AAFP activities prior to entering into an agreement is ideal. When not possible due to extenuating circumstances, the intent is to keep impacted chapters informed about such activities.</p>
208	<p><b>Pharmacy Chain Investors Should Not Set National Policy</b> RESOLVED, That the American Academy of Family Physicians request the Robert Graham Center to study the issue of proposed mergers between major health care insurance corporations and large pharmacy retailers as regards to the health of the public and our members' ability to practice patient centered care. <b>Fiscal Impact:</b> \$977,834</p>	Referred to the Board of Directors	<p>EVP for appropriate referral to staff</p> <p>Shawn Martin <a href="mailto:smartin@aaafp.org">smartin@aaafp.org</a></p> <p><b>Report as of 8/2019:</b> The Board Chair, during at the August 2019 conference call, approved a recommendation to accept this resolution for information. Based on internal discussions and consultations with external experts, it is not believed the AAFP is positioned to achieve the intent of the resolution, at the present time. There are several factors that have contributed to this conclusion. Those are:</p> <p><b>Data:</b> While relevant data likely exists, it is our estimation that the acquisition of such data would cost greater than \$500,000 and would likely push well above that threshold as the project proceeded. Even though we believe we could acquire some data that would allow for an evaluation as requested by the authors of the Resolution, we do not believe that access exists to the combination of data needed to address the requests made by the authors. Access to these types of data are usually limited to regulatory agencies and are not readily available to external researchers.</p>

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		<p><b>Scope:</b> The resolution requests that the AAFP examine proposed mergers “as regards to the health of the public and our members ability to practice patient centered care.” While both are worthwhile pursuits, the lack of a standard definition for both “health of the public” and “patient centered care” would make the foundational research questions difficult to define. Additionally, the evaluation of mergers tend to focus on potential impacts at the community or population levels versus the impact on a single discipline of medicine or subset of health care entities.</p> <p><b>Staff:</b> In the event that the AAFP were able to secure the necessary data to initiate a credible study as requested by the authors, it is our opinion that we do not have the necessary expertise on staff at the Robert Graham Center to conduct an analysis. This means that we would need to either hire additional staff or sub-contract for such expertise. This would add additional expenses to the cost of the project that likely would exceed \$300,000 per year.</p> <p><b>Advocacy:</b> The AAFP has, in recent years, expressed significant concerns regarding consolidation broadly to the Department of Justice (DOJ) and the Federal Trade Commission (FTC). In addition, we have engaged in direct communications with both agencies regarding proposed mergers between national insurance companies and proposed mergers between hospitals. Our advocacy work has included communications regarding several mergers between insurers and pharmaceutical benefit management companies. We have not, to date, expressed concerns regarding other types of cross-industry consolidations – i.e insurers and health systems.</p> <p><b>Conclusion:</b> it is our opinion that the scope of work requested in the resolution would be challenging for the AAFP to accomplish for the reasons outlined. Furthermore, the costs of such a project would approach or exceed \$1 million. Given the AAFP’s ability to communicate concerns to the DOJ and FTC on these matters, the Board Chair accepted this resolution for information and the AAFP continue to engage in advocacy activities aimed at the underlying objectives of the resolution.</p>
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Res. No.	Subject	Action of Congress	Recommended Referrals
209	<p><b>Supporting Personal Health Records for Patients</b>            RESOLVED, That the American Academy of Family Physicians support the concept of each patient having their own lifetime, unified, comprehensive health record that can be made available to physicians, family members, and research organizations with their consent.  <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
210	<p><b>Address the Growing Loss of Rural Obstetrical Services</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians work with the National Rural Health Association (NRHA), the American College of Obstetricians and Gynecologists (ACOG), and other engaged groups to address the growing loss of rural obstetrical services which could include:</p> <ul style="list-style-type: none"> <li>• Working with the Centers for Medicare and Medicaid Services to provide adequate Medicaid reimbursement for obstetrical services.</li> <li>• Working with the NRHA and the American Hospital Association to assist in providing educational and training opportunities to maintain obstetrical knowledge and skills of hospital staff.</li> <li>• Working with the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine, and the Association of Family Medicine Residency Directors, to assure basic and advanced obstetrical education is available to those seeking to provide obstetrical services.</li> <li>• Working with health systems and educational centers to support family physicians, with advanced skills (such as performing cesarean sections) in low volume settings, maintaining these skills through strategies such as spending time at high-volume centers, and participating in obstetrical care to maintain assessment and procedural competency.</li> </ul> <p><b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Julie Wood, MD (see also Resolution No. 408)  <a href="mailto:jwood@aafp.org">jwood@aafp.org</a></p> <p><b>Report as of 7/2019:</b>            See <a href="#">Board Report H</a> to the 2019 Congress of Delegates for information and action taken on this resolution.</p>

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<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
301	<p><b>Protect the Future of Family Physicians and Our Patients</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians develop a policy to promote the appropriate compensation of physicians for oversight of nurse practitioners and physician assistants.  <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	Commission on Quality and Practice  Jane Krieger, JD <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a>  <b>Report as of 4/2019:</b> The commission recommended, and the Board of Directors approved at its April 2019 meeting a new policy statement on “ <a href="#">Physician Compensation for Nurse Practitioner and Physician Assistant Oversight</a> ” in response to this resolution.
302	<p><b>Big Data and Family Medicine</b>            RESOLVED, That the American Academy of Family Physicians study All Payer Claims Databases (APCDs) and their application to family physicians, including, but not limited to:</p> <ul style="list-style-type: none"> <li>• how APCDs can assist family physicians in clinical practice;</li> <li>• how APCDs can be used to advocate for family physicians by demonstrating the value of family medicine in achieving lower costs/higher quality;</li> <li>• how APCDs can assist in evaluating the effectiveness of extant primary care value-based payment pilots;</li> <li>• how APCDs can assist in quantifying the overall current spending on family medicine in the current system;</li> <li>• what APCD governance structures (independently governed and constituted not-for profits, stakeholder collaborations, government institutions, or others) can best serve family physicians; and</li> <li>• possible models for legislation to create APCDs at the state level.</li> </ul> <p><b>Fiscal Impact: Less than \$10,000</b></p>	Adopted	Commission on Quality and Practice  Jane Krieger, JD <a href="mailto:jkrieger@aafp.org">jkrieger@aafp.org</a>  <b>Report as of 4/2019:</b> The commission recommended, and the Board of Directors approved at its April 2019 meeting that the AAFP develop and disseminate a two-page frequently asked questions (FAQ) document that addresses the first five bulleted items in response to this resolution. The document was developed and disseminated to chapters and via other channels like <i>AAFP News</i> earlier this year.
303	<p><b>Reimbursement Rates as it Relates to Immunizations</b>            RESOLVED, That the American Academy of Family Physicians reach out to America’s Health Insurance Plans and the Centers for Medicare and Medicaid Services to ask them to cover immunizations at a reimbursement rate that covers the full purchase price of the vaccine.  <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	

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Res. No.	Subject	Action of Congress	Recommended Referrals
304	<p><b>PCP Modifiers to Increase Student Choice in Family Medicine</b>            RESOLVED, That the American Academy of Family Physicians convene a meeting with the Current Procedural Terminology Editorial Panel, Relative Value Scale Update Committee, Medicare Payment Advisory Commission, Centers for Medicare and Medicaid Services, and other appropriate organizations to create and implement a primary care physicians modifier that will increase payment to PCPs by 30-50% over existing evaluation and management codes, with an annual report back to the Congress of Delegates until fully implemented, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians convene a meeting with the Current Procedural Terminology Editorial Panel, Relative Value Scale Update Committee, Medicare Payment Advisory Commission, Centers for Medicare and Medicaid Services, and other appropriate organizations to create and implement a modifier that will increase payment to new primary care physicians by 60-80% over 2018 evaluation and management codes for their first seven years in practice to support start-up costs, with an annual report back to the Congress of Delegates until fully implemented, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians convene a meeting with the Current Procedural Terminology Editorial Panel, Relative Value Scale Update Committee, Medicare Payment Advisory Commission, Centers for Medicare and Medicaid Services, and other appropriate organizations to create and implement a modifier that will increase payment indefinitely by an additional 60-80% over 2018 evaluation and management codes for primary care physicians practicing in a designated health professional shortage area, with an annual report back to the Congress of Delegates until fully implemented.  <b>Fiscal Impact: \$120,047</b></p>	Referred to the Board of Directors	Commission on Quality and Practice  Jane Krieger, JD <a href="mailto:jkrieger@aaafp.org">jkrieger@aaafp.org</a>  <b>Report as of 4/2019:</b> The commission recommended, and the Board of Directors approved at its April 2019 meeting that this resolution be accepted for information. The commission discussed the resolution and noted that the AAFP was already addressing its intent through exiting efforts in place (e.g. bonus payments for physicians who furnish medical care services in geographic areas that are designated as primary medical care health professional shortage areas) or planned (e.g. creation of an add-on code to provide extra payment under Medicare for primary care office/outpatient visits) that meet the intent of the resolution to increase payment for services provided by PCPs.



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<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
<b>305</b>	<p><b>All PCP Services are Preventive</b> RESOLVED, That the American Academy of Family Physicians convene a meeting with the Relative Value Scale Update Committee, Medicare Payment Advisory Commission, Centers for Medicare and Medicaid Services, United States Preventive Services Task Force, and other appropriate organizations to deem all primary care physicians evaluation and management services as preventive and to have them covered without co-pay or deductible, with an annual report back to the Congress of Delegates until fully implemented. <b>Fiscal Impact:</b> \$122,756</p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger, JD <a href="mailto:jkrieger@aaafp.org">jkrieger@aaafp.org</a></p> <p><b>Report as of 4/2019:</b> The commission recommended, and the Board of Directors approved at its April 2019 meeting that this resolution be accepted for information. It was noted that other than the USPSTF, none of the entities referenced have the authority to deem all PCPs' E/M services as preventive. AAFP policy already promotes the E/M services should be covered without deductibles and co-pays if the services are provided by the patient's designated PCP, and the AAFP advocates that position with public and private payers and lawmakers.</p>
<b>306</b>	<p><b>Reimburse Family Physicians for Mental Health Care Services</b> RESOLVED, That the American Academy of Family Physicians convene a meeting with the Relative Value Scale Update Committee, Medicare Payment Advisory Commission, Centers for Medicare and Medicaid Services, National Health Plans, and other appropriate organizations to mandate full and adequate reimbursement of primary care physician-directed and supervised mental health care services, with an annual report back to the Congress of Delegates until fully implemented. <b>Fiscal Impact:</b> \$107,708</p>	Referred to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Jane Krieger, JD <a href="mailto:jkrieger@aaafp.org">jkrieger@aaafp.org</a></p> <p><b>Report as of 4/2019:</b> The commission recommended, and the Board of Directors approved at its April 2019 meeting that this resolution be accepted for information. The AAFP already has policy supporting the position espoused in the resolution, and the AAFP advocates that position with public and private payers.</p>
<b>307</b>	<p><b>Payer Acceptance of Supplemental Data in Value-Based Contracts</b> <b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians develop educational materials for payers and physician members discussing the limitations of claims data, the importance of accurate quality reporting, the importance of supplemental data in assuring accurate quality reporting, and the impact to physicians and patients of not accepting supplemental data, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians increase public visibility on the issue of supplemental data by sharing, with state chapters and members via a listing on the AAFP website or other appropriate vehicle, the information on supplemental data they collect from the top national payers with whom they meet (to be updated annually) and</p>	Substitute Adopted	<p>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Resolved Clauses - Commission on Quality and Practice</p> <p>Jane Krieger, JD <a href="mailto:jkrieger@aaafp.org">jkrieger@aaafp.org</a></p> <p><b>Report as of 4/2019:</b> The Commission on Quality and Practice recommended, and the Board of Directors approved at its April 2019 meeting that the first four resolved clauses of this resolution were implemented by:</p> <ol style="list-style-type: none"> <li>Adopting the policy statement on "<a href="#">Payer Acceptance of Supplemental Data</a>" and requesting that AAFP news outlet(s) communicate the importance of supplemental data in value-based care to members and the top five payers with whom the AAFP has relationships.</li> <li>Developing a template stored on the</li> </ol>

## Summary of Actions of the 2018 Congress of Delegates, continued

	<p>provide a framework for chapters to collect and share similar information for their regional payers, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians increase targeted advocacy to those payers not currently accepting supplemental data or accepting it on a limited basis, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop model language regarding acceptance of supplemental data for use by members in negotiating value-based contracts, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians enhance advocacy with the United States Congress for passage of legislation to mandate the acceptance of supplemental data in value-based arrangements. <b>Fiscal Impact: \$214,392</b></p>		<p>AAFP website to incorporate and update annually payer acceptance of supplemental data for the top five payers with whom the AAFP has relationships.</p> <p>c. Advocate with those payers not currently accepting supplemental data in future payer meetings.</p> <p>d. Developing guidance regarding payer acceptance of supplemental data members could use negotiating value-based contracts and share the guidance with AAFP members.</p> <p>5<sup>th</sup> Resolved Clause – Commission on Governmental Advocacy</p> <p>Teresa Baker <a href="mailto:tbaker@aaafp.org">tbaker@aaafp.org</a></p> <p><b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, that the fifth resolved clause be implemented by promoting advocacy efforts to monitor this issue.</p>
308	<p><b>Credentialing Deemed Status</b> <b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians bring forth a resolution to the AMA House of Delegates to streamline and standardize credentialing. <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Julie Wood, MD <a href="mailto:jwood@aaafp.org">jwood@aaafp.org</a></p> <p><b>Report as of 7/2019:</b> The AMA has current policy advocating for standardized and streamlined credentialing:</p> <p>Verifying Physicians' Credentials H-275.977 <a href="https://policysearch.ama-assn.org/policyfinder/detail/H-275.977?uri=%2FAMADoc%2FHOD.xml-0-1955.xml">https://policysearch.ama-assn.org/policyfinder/detail/H-275.977?uri=%2FAMADoc%2FHOD.xml-0-1955.xml</a></p> <p>Credentialing Issues D-275.989 <a href="https://policysearch.ama-assn.org/policyfinder/detail/D-275.989?uri=%2FAMADoc%2Fdirectives.xml-0-718.xml">https://policysearch.ama-assn.org/policyfinder/detail/D-275.989?uri=%2FAMADoc%2Fdirectives.xml-0-718.xml</a></p> <p>Facilitating Credentialing for State Licensure D-275.994 <a href="https://policysearch.ama-assn.org/policyfinder/detail/D-275.994?uri=%2FAMADoc%2Fdirectives.xml-0-723.xml">https://policysearch.ama-assn.org/policyfinder/detail/D-275.994?uri=%2FAMADoc%2Fdirectives.xml-0-723.xml</a></p> <p>Licensure and Credentialing Issues D-275.995 <a href="https://policysearch.ama-assn.org/policyfinder/detail/D-275-995?uri=%2FAMADoc%2Fdirectives.xml-0-724.xml">https://policysearch.ama-assn.org/policyfinder/detail/D-275-995?uri=%2FAMADoc%2Fdirectives.xml-0-724.xml</a></p>

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			<p>In addition, the AMA offers credentialing services <a href="http://info.commerce.ama-assn.org/ama-physician-profiles">http://info.commerce.ama-assn.org/ama-physician-profiles</a>, therefore a resolution from the AAFP to the AMA is not needed.</p> <p>Independent of the AMA, CAQH is a :non-profit alliance of health plans and related associations working together to achieve the shared goal of streamlining the business of healthcare.”  <a href="https://www.caqh.org/sites/default/files/about/marketing/caqh-overview-fact-sheet.pdf?token=lePz1QNd">https://www.caqh.org/sites/default/files/about/marketing/caqh-overview-fact-sheet.pdf?token=lePz1QNd</a></p>
309	<p><b>Prior Authorization Reimbursement</b>  RESOLVED, That the American Academy of Family Physicians work with the American Medical Association to further research and establish time-based Current Procedural Terminology codes that are specific to and are only for compensation for completing prior authorizations by physicians and their staff, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advise the Centers for Medicare and Medicaid Services, and if necessary, the U.S. Congress, to require insurance companies to pay physicians or their staff for time spent completing all prior authorization requests, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage and support chapters to advise the Centers for Medicare and Medicaid Services, and if necessary, the state congresses to pay physicians or their staff for time spent completing all prior authorization requests.  <b>Fiscal Impact: None</b></p>	<p>Referred to the Board of Directors</p>	<p>Commission on Quality and Practice</p> <p>Jane Krieger, JD  <a href="mailto:jkrieger@aaafp.org">jkrieger@aaafp.org</a></p> <p><b>Report as of 4/2019:</b>  The Commission on Quality and Practice recommended, and the Board of Directors approved at its April 2019 to accept the resolution for information because:</p> <ol style="list-style-type: none"> <li>A CPT code already exists</li> <li>CMS does not have the authority to require private payers to pay physicians for time spent on completing prior authorizations, and</li> <li>The AAFP Center for State Policy currently monitors state legislation on prior authorizations and provides technical assistance and model legislation to chapters.</li> </ol>
310	<p><b>Medicare HCC Amnesia</b>  RESOLVED, That the American Academy of Family Physicians petition the Centers for Medicare and Medicaid Services to redesign documentation requirements that take into account the historical relative risk in order to ensure that family physicians are truly being paid on the severity of patient illness rather than a physician’s ability to document.  <b>Fiscal Impact: None</b></p>	<p>Referred to the Board of Directors</p>	<p>Commission on Quality and Practice</p> <p>Jane Krieger, JD  <a href="mailto:jkrieger@aaafp.org">jkrieger@aaafp.org</a></p> <p><b>Report as of 4/2019:</b>  The Commission on Quality and Practice recommended, and the Board of Directors approved at its April 2019 to implement this resolution by asking CMS to work with the AAFP to identify and, if possible, implement technical solutions that would obviate the need for physicians to annually re-code permanent conditions for purposes of hierarchical condition category scoring.</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
311	<p><b>Annual Wellness Exclusivity</b> RESOLVED, That the American Academy of Family Physicians petition the Centers for Medicare and Medicaid Services to limit Medicare Annual Wellness Visits to primary care physicians, such as family physicians and general internists and their practice teams that devote their specialty to primary care and have the resources and the training to address the issues found on an annual wellness exam. <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
312	<p><b>Medicare and Medicaid Parity for Primary Care</b> RESOLVED, That the American Academy of Family Physicians support the concept of each patient having their own lifetime, unified, comprehensive health record that can be made available to physicians, family members, and research organizations with their consent. <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
313	<p><b>HEDIS Audit Reduction</b> <b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians advocate for the reduction and/or elimination of Health Care Effectiveness Data and Information Set (HEDIS) audits by Medicaid and their managed care plans. <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Jane Krieger, JD <a href="mailto:jkrieger@aaafp.org">jkrieger@aaafp.org</a></p> <p><b>Report as of 4/2019:</b> The Commission on Quality and Practice recommended, and the Board of Directors approved at its April 2019 to implement the resolution by contacting, through letter and/or other means, the National Committee for Quality Assurance (NCQA) advocating for a reevaluation of their Health Care Effectiveness Data and Information Set (HEDIS) audits, specifically asking that audits not require data submission by physicians and their practices.</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
401	<p><b>Institutional Racism in the Health Care System</b> RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy opposing segregation of patient care within the health care system and within health care institutions by race, insurance status, or other demographics, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians Center for Diversity and Health Equity develop materials and provide education to increase awareness of how racism is manifested through institutional policies and how segregated care within the health care system is a cause of racial disparities in health outcomes. <b>Fiscal Impact: Less than \$10,000</b></p>	Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof, MHA, CPHQ <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 7/2019:</b> The commission recommended, and the Board of Directors approved at its July 2019 meeting, a new policy statement on "<a href="#">Institutional Racism in the Health Care System.</a>"</p>
402	<p><b>Medical Aid in Dying</b> <b><u>Substitute as amended on the floor:</u></b> RESOLVED, That the American Academy of Family Physicians adopt a position of engaged neutrality toward medical-aid-in-dying as a personal end-of-life decision in the context of the physician-patient relationship, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians reject the use of the phrase "assisted suicide" or "physician-assisted-suicide" in formal statements or documents and direct the AAFP's American Medical Association (AMA) delegation to promote the same in the AMA House of Delegates. <b>Fiscal Impact: None</b></p>	Substitute Adopted as Amended on the Floor by a 2/3 vote	<p>1<sup>st</sup> Resolved Clause - Commission on Health of the Public and Science</p> <p>Bellinda Schoof, MHA, CPHQ <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p>2<sup>nd</sup> Resolved Clause – EVP for referral to staff</p> <p>Julie Wood, MD <a href="mailto:jwood@aafp.org">jwood@aafp.org</a></p> <p><b>Report as of 6/2019:</b> The AAFP AMA Delegation provided testimony at the 2018 meeting AMA Interim which emphasized the AAFP's position of engaged neutrality and the use of the Medical Aid in Dying (MAID) terminology. The AMA voted for the AMA Council on Judicial Affairs to continue work on its policy regarding physician assisted suicide. The AAFP AMA Delegation will continue to monitor their work and provide input and testimony consistent with AAFP policy.</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
403	<p><b>Medical Aid-in-Dying is an Ethical End-of-Life Option</b></p> <p>RESOLVED, That the American Academy of Family Physicians acknowledge that use of medical aid-in-dying is an ethical, personal end-of-life decision that should be made in the context of the doctor-patient relationship, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians seek to modify the current American Medical Association (AMA) policy on end-of-life care with language that recognizes medical aid-in-dying as an ethical end-of-life option when practiced where authorized and according to prescribed law.</p> <p><b>Fiscal Impact: None</b></p>	Not Adopted	
404	<p><b>Adopting an Independent AAFP Policy on Medical Aid in Dying</b></p> <p>RESOLVED, That the American Academy of Family Physicians adopt a position of engaged neutrality toward medical aid in dying, which is the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death as this position would be independent of the American Medical Association's Code of Ethics, which continues to strongly oppose legalization of medical aid in dying, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians use a more contemporary term such as medical aid in dying or physician aid in dying within its formal statements or documents on the topic and no longer use the term "assisted suicide," and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians direct its delegates to the American Medical Association's (AMA) house of delegates to advocate that the AMA adopt a position of engaged neutrality regarding medical aid in dying, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians direct its delegates to the American Medical Association's (AMA) house of delegates to advocate that the AMA discontinue use of the term "assisted suicide" to describe medical aid in dying and instead adopt a more contemporary term such as medical aid in dying or physician aid in dying.</p> <p><b>Fiscal Impact: None</b></p>	Not Adopted	

## Summary of Actions of the 2018 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
405	<p><b>Reject “Assisted Suicide” Terminology in Aid-in-Dying</b> RESOLVED, That the American Academy of Family Physicians reject the term “assisted suicide” to describe the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death should their suffering become unbearable, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians urge the American Medical Association (AMA) and its CEJA to reject use of the term “assisted suicide” when referring to the practice of medical aid-in-dying. <b>Fiscal Impact: None</b></p>	Not Adopted	
406	<p><b>Treating Opioid Use Disorder in Hospitals and Drug Treatment Facilities</b> RESOLVED, That the American Academy of Family Physicians endorse a position that hospitals should treat opioid use disorder as a chronic disease, including identifying patients with this condition; providing multiple evidence-based treatment options in the inpatient, obstetric, peri-operative, and emergency department settings; establishing appropriate discharge plans; and participating in community-wide systems of care for patients affected by this chronic disease, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for legislation that eliminates barriers to, increases funding for, and requires access to opioid agonist or partial agonist therapy at all state-certified drug treatment facilities and hospitals, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with relevant organizations to encourage hospitals in the United States to treat opioid use disorder as a chronic disease, including evidence-based inpatient, obstetric, peri-operative and emergency department settings; establishing appropriate discharge plans; and participating in the development of community-wide systems of care for patients affected by this chronic disease. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>1<sup>st</sup> and 3<sup>rd</sup> Resolved Clauses - Commission on Health of the Public and Science</p> <p>Bellinda Schoof, MHA, CPHQ <a href="mailto:bschoof@aaafp.org">bschoof@aaafp.org</a></p> <p><b>Report as of 7/2019:</b> The commission recommended, and the Board of Directors approved at its July 2019 revision to the policy statement on “<a href="#">Substance Use Disorders</a>” in response to this resolution.</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Governmental Advocacy</p> <p>Teresa Baker <a href="mailto:tbaker@aaafp.org">tbaker@aaafp.org</a></p> <p><b>Report as of 7/2019:</b> The commission recommended, and the Board of Directors approved at its July 2019 meeting, that the language of the 2<sup>nd</sup> resolved clause be modified and implemented through advocacy to read as follows:</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for legislation that requires access to opioid agonist or partial agonist therapy at hospitals and all state-certified drug treatment facilities and hospitals.</p> <p>The AAFP has a long-standing commitment to advocate for policies that will promote evidence-based and patient-centered treatment of pain while preventing the</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

			<p>misuse of prescription drugs. Family physicians are deeply aware of the devastation caused by prescription drug abuse and diversion. The AAFP has actively promoted increased awareness among members to ensure the delivery of responsible and effective patient care when it comes to prescribing and dispensing controlled substances.</p>
407	<p><b>Safe Injection Facilities</b> RESOLVED, That the American Academy of Family Physicians support efforts to establish, and study the outcomes, of pilot safe injection facilities in the United States, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians call for leadership of pilot safe injection facilities (SIF) programs by state or federal authorities to examine the remediation of obstacles to a pilot such as, but not limited to, the legal protection of medical personnel being in the presence of illicit substances, protection of licensure of medical personnel working at a SIF, and the provision of medical liability coverage to such personnel. <b>Fiscal Impact: None</b></p>	Adopted	<p>1<sup>st</sup> Resolved Clause - Commission on Health of the Public and Science</p> <p>Bellinda Schoof, MHA, CPHQ <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 7/2019:</b> The commission recommended, and the Board of Directors approved at its July 2019 revision to the policy statement on "<a href="#">Substance Use Disorders</a>" in response to this resolution.</p> <p><b>Report as of 3/2019:</b> The Commission on Health of the Public and Science recommended, and the Board of Directors approved at its March 2019 meeting, that the 1<sup>st</sup> resolved clause be implemented by modifying the "<a href="#">Needle Exchange Programs</a>" policy statement.</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Governmental Advocacy</p> <p>Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, that the second resolved clause of this resolution be implemented by preparing and making available information on safe injection facilities.</p>



## Summary of Actions of the 2018 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
408	<p><b>Support Measures to Decrease Maternal Mortality in the United States</b>  <b>Amended on the floor:</b>            RESOLVED, That the American Academy of Family Physicians supports state and federal level review of maternal morbidity and mortality, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop a task force to report back to the 2019 AAFP COD, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Evidence-based methods to decrease maternal morbidity and mortality</li> <li>• Methods to increase recognition of implicit bias and reduce disparities in maternal morbidity and mortality</li> <li>• Strategies to improve resident education and support practicing family physicians in providing full scope reproductive and maternity care.</li> </ul> <p><b>Fiscal Impact: Less than \$10,000</b></p>	Adopted as Amended on the Floor	<p>1<sup>st</sup> Resolved Clause – Commission on Governmental Advocacy</p> <p>Teresa Baker  <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 4/2019:</b>            The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement the first resolved clause of this resolution by communicating AAFP support to appropriate governmental entities on the implementation of the Preventing Maternal Deaths Act.</p> <p>2<sup>nd</sup> Resolved Clause – Julie Wood (see also Resolution No. 210)</p> <p><b>Report as of 7:2019:</b>            See <a href="#">Board Report "H"</a> to the 2019 Congress of Delegates for information and action taken on this resolution.</p>
409	<p><b>Opposing Policies and Procedures Compelling Establishment of a Routine Immunization Platform Visit at 16 Years of Age to Enhance the Well-being of Older Adolescents</b></p> <p>RESOLVED, That the American Academy of Family Physicians promote the establishment of a Routine Immunization Platform Visit at 16 Years of Age by conducting an outreach campaign to educate health care providers about the platform and the resources available to facilitate its implementation in family medicine practices.</p> <p><b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	

## Summary of Actions of the 2018 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
410	<p><b>National Immunization Registry</b> RESOLVED, That the American Academy of Family Physicians advocate for a national immunization registry for children and adults that is web-based accessible, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request the U.S. Department of Health and Human Services to monitor a national immunization registry for children and adults that is web-based to assure compliance among all who offer immunizations to patients.</p> <p><b>Fiscal Impact: None</b></p>	<p>1<sup>st</sup> Resolved Clause Adopted</p> <p>2<sup>nd</sup> Resolved Clause – Referred to the Board of Directors</p>	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof, MHA, CPHQ <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 3/2019:</b> The Commission on Health of the Public and Science recommended, and the Board of Directors approved at its March 2019 meeting, that the resolution be implemented by continued participation in the CDC's Immunization Information System IIS.</p> <p>The AAFP is currently partnering with the CDC, the AAP, the Association of Immunization Managers (AIM), American Immunization Registry Association (AIRA) and Scientific Technologies Corporation (STC) Public Health Division, on a project to help increase the use of the Immunization Information Systems (IIS) nationwide. The commission determined that the AAFP should continue to collaborate with the CDC and emphasize that a national web-based immunization registry system be developed.</p> <p>The Academy has developed a <a href="#">web-based map</a> that displays immunization rates and exemption laws in all 50 states, D.C., Puerto Rico, the Virgin Islands, and Guam. In addition, a searchable IIS Registry database provides state-by-state regulations for immunization registries across the U.S. These tools provide immunization data that can help family physicians identify populations that may be at risk of vaccine-preventable diseases like measles and pertussis (whooping cough), determine what additional resources and/or programs are needed to increase immunization rates, determine how immunization exemptions affect their state immunization rates, and advocate for stronger immunization legislation in their communities.</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
411	<p><b>FDA and Low-Nicotine Products</b></p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) revoke its support of the Food and Drug Administration standard of low-nicotine to minimally or non-addictive levels, while the AAFP reviews more studies on the effects of low-nicotine on the health of teens and adults, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose the efforts of the Food and Drug Administration to work with the tobacco industry to approve low nicotine products, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide to the 2019 Congress of Delegates a report on the investigation of its review of studies into the effects of low-nicotine on the health of teens and adults.</p> <p><b>Fiscal Impact: None</b></p>	Adopted	<p>EVP for appropriate referral to staff.</p> <p>Bellinda Schoof, MHA, CPHQ  <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 4/2019:</b>            The AAFP sent a <a href="#">letter</a> to the FDA on May 8, 2019 in response to this resolution. See <a href="#">Board Report D</a> to the 2019 Congress of Delegates for additional information.</p>
412	<p><b>Non-pharmacologic Interventions, Pain and Opioids</b></p> <p><b>Substitute:</b></p> <p>RESOLVED, That the American Academy of Family Physicians provide education to assist its members in the use of evidence-based non-pharmacologic interventions for the treatment of pain.</p> <p><b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Continuing Professional Development</p> <p>Stephen Eilert  <a href="mailto:seilert@aafp.org">seilert@aafp.org</a></p> <p><b>Report as of 7/2019:</b>            The commission recommended, and the Board of Directors approved at its July 2019 meeting, that this resolution be implemented by adding the following CME sessions to educate members on evidence-based non-pharmacologic interventions:</p> <ul style="list-style-type: none"> <li>• 2019 Family Medical Experience (FMX) and FMX On Demand               <ul style="list-style-type: none"> <li>o <i>Acute Pain Management: Evaluating and Treating Acute Pain</i></li> <li>o <i>Chronic Pain Management: Taming the Dragon Lecture.</i></li> <li>o Acupuncture and Manipulation Techniques for Pain Management (hands-on procedural workshop – Live Only). *Note this was already a planned session.</li> </ul> </li> <li>• 2019 Musculoskeletal and Sports Care Conference and Self-Study Package will include non-pharmacologic treatment alternatives in 16 of its 22 chapters in which treatment of pain is addressed. Note this is a significant increase from the previous version.</li> </ul>

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
413	<p><b>Two Percent Tax on Gun and Gun Ammunition Sales to Fund Mental Health Support Services and Education at Public Schools</b></p> <p>RESOLVED: That the American Academy of Family Physicians encourage lawmakers to add a two per cent tax on gun and gun ammunition sales to fund mental health support services and education at public schools to:</p> <ul style="list-style-type: none"> <li>• Increase the availability of behavioral health therapists at schools;</li> <li>• Develop strategies for educators and administrators to identify at risk children;</li> <li>• Provide parenting support services and parenting classes;</li> <li>• Provide post-incident support services for students affected by any gun violence; and</li> <li>• Develop curriculum for life skills and stress management including conflict resolution, mindful meditation, and anger management that would be offered to all students.</li> </ul> <p><b>Fiscal Impact: None</b></p>	Not Adopted	
414	<p><b>Preventing Gun Violence</b></p> <p>RESOLVED, That the American Academy of Family Physicians work to champion the federal re-authorization of research on the causes and impact of gun violence on the health and well-being of children and adults in this country.</p> <p><b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
415	<p><b>Reducing Gun Violence</b></p> <p>RESOLVED, That the American Academy of Family Physicians support sensible restrictions on gun ownership at a state level, support enforcement of existing gun laws, and support state laws that would protect children from dangerous or unsupervised gun use.</p> <p><b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
416	<p><b>Gun Violence, Education and Trauma-Informed Care</b></p> <p>RESOLVED, That the American Academy of Family Physicians work with appropriate federal agencies to develop public health initiatives addressing the effects of gun violence and access to health services for all medical personnel, first responders, and the general public.</p> <p><b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
417	<p><b>Pre-Exposure Prophylaxis (PrEP) Related Life and Disability Insurance Denials</b>  <b>Substitute:</b>            RESOLVED, that the American Academy of Family Physicians advocate for ending insurers' practice of denying life and disability insurance to HIV-negative patients who choose to protect themselves with pre-exposure prophylaxis (PrEP).  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy and Commission on Health of the Public and Science (GGA to take lead)</p> <p>Teresa Baker  <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 4/2019:</b>            The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement this resolution by communicating concerns to appropriate government entities. The AAFP supports the use of Pre-exposure Prophylaxis (PrEP) for HIV as an effective method of preventing HIV infection in people who are HIV-negative but at substantial risk of contracting it. The AAFP recommends that family physicians counsel and when appropriate prescribe PrEP as a routine part of STI prevention as noted in its policy statement on "<a href="#">Prevention and Control of Sexually Transmitted and Blood Borne Infections.</a>"</p>
418	<p><b>Medication Assisted Treatment (MAT) Programs</b>            RESOLVED, That the American Academy of Family Physicians use the Substance Abuse and Mental Health Services Administration reference "TIP 63: Medications for Opioid Use Disorder" to craft policy supporting an individualized and personally tailored maintenance phase when undergoing a medication assisted treatment program for which the duration may be indefinite.  <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
419	<p><b>If accepted by COD - Elimination of Known and Probable Carcinogens from School Meals</b>            RESOLVED, That the American Academy of Family Physicians adopt a policy in support of the elimination of cured and/or processed meats from school cafeterias, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians convey its support of the elimination of cured and/or processed meats from school cafeterias to the American Academy of Pediatrics for consideration of a similar policy.  <b>Fiscal Impact: None</b></p>	Not Adopted	

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
420	<p><b>Natural Disaster Contingency Plan</b> RESOLVED, That the American Academy of Family Physicians (AAFP) help create a natural disaster contingency plan that involves the logistics of the continuation of primary care services during, before, and after a natural disaster in consortium with each AAFP chapter.</p>	Referred to the Board of Directors	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof, MHA, CPHQ <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a></p> <p><b>Report as of 3/2019:</b> The Commission on Health of the Public and Science recommended, and the Board of Directors approved at its March 2019 meeting, that the resolution be reaffirmed as current policy.</p> <p>The AAFP provides guidance in its robust “<a href="#">AAFP Preparedness Guide for Disasters and Emergencies</a>” which includes links to articles in the Family Practice Management journal on medical emergencies during a disaster and what clinical items are recommended for an offsite necessity toolkit. Staff will ensure that the guide includes a link to state chapter contact information and that the guide is promoted to chapters via the AAFP ChexMix communications tool to chapter executives to highlight the need for members to engage with their chapters and state disaster preparedness efforts.</p>
501	<p><b>Our Current Pluralistic System of Health is Not Fair, Equitable, or Universal</b> RESOLVED, That the American Academy of Family Physicians support a fair, equitable universal system of health care. <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
502	<p><b>Single Payer as a Viable Option to America’s Health Care Crisis and the Need to Educate Physicians about Single Payer Substitute:</b> RESOLVED, That the American Academy of Family Physicians (AAFP) make available the data and conclusions of 2017 Board Report F on Single Payer Health Care System and 2018 Board Report G on Health Care for All in AAFP education and policy programs in the areas of health-care policy, health-care economics and health-care systems. <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Board of Directors</p> <p>Shawn Martin <a href="mailto:smartin@aafp.org">smartin@aafp.org</a></p> <p><b>Report as of 4/2019:</b> The Board of Directors, at its April 2019 meeting, approved an Executive Committee action to adopt the <a href="#">Health Care Financing Primer</a>.</p> <p><b>Report as of 12/2018:</b> The Board of Directors, at its December 2018 meeting, adopted a recommendation to approve entering into a contract with CapView Strategies for writing, publication and distribution of a “Primer on AAFP Policies Related to Health Care Coverage and Financing” in response to this resolution.</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
503	<p><b>Educational Programs for Evidence-Based Health Care Finance Systems</b> RESOLVED, That the American Academy of Family Physicians strive to educate its members about other universal health care finance system options, using the findings from Board Report F. <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
504	<p><b>Health Care Payment Reform</b> <b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians support tax relief for those individuals purchasing direct primary care services similar to those tax benefits provided to employers. <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 4/2019:</b> The commission recommended, and the Board of Directors approved at its April 2019 meeting, to implement this resolution by communicating with appropriate government authorities.</p>
505	<p><b>Removing Risk Evaluation and Mitigation Strategy (REMS) Categorization on Mifepristone</b> RESOLVED, That the American Academy of Family Physicians endorse the principle that the Risk Evaluation and Mitigation Strategies classification on mifepristone is not based on scientific evidence and limits access to abortion care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians engage in advocacy and lobbying efforts to overturn the Risk Evaluation and Mitigation Strategies classification on mifepristone. <b>Fiscal Impact: \$10,114</b></p>	Not Adopted	
506	<p><b>Removing Risk Evaluation and Mitigation Strategy (REMS) Categorization on Mifepristone</b> RESOLVED, That the American Academy of Family Physicians engage in efforts to overturn the Risk Evaluation and Mitigation Strategies (REMS) classification on mifepristone. <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement this resolution by communicating concerns to the appropriate governmental entities.</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
507	<p><b>Oppose the Criminalization of Self-Induced Abortion</b> RESOLVED, That the American Academy of Family Physicians advocate against any legislative efforts to criminalize self-induced abortion. <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement this resolution by monitoring legislative developments in Congress and communicating the AAFP position to appropriate government entities.</p>
508	<p><b>Elective Abortions</b> RESOLVED, That the American Academy of Family Physicians oppose the performance of elective abortions in the United States at and after 20 weeks gestational age. <b>Fiscal Impact: None</b></p>	Not Adopted	
509	<p><b>Oppose Fetal Personhood Terminology in Governmental Policies and Legislation</b> RESOLVED, That the American Academy of Family Physicians oppose the use of non-scientific language in the domain of reproductive health in governmental policies and legislative initiatives. <b>Fiscal Impact: None</b></p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 8/2019:</b> The term “fetal personhood” represents a set of policies, research, laws, and cultural norms aimed at promoting 14<sup>th</sup> Amendment Constitutional protections for a fertilized egg and through all stages of gestation until birth.</p> <p>In recent years, the AAFP has supported access to evidence-based reproductive health care and opposed efforts to interfere with the doctor-patient relationship. The following are recent examples.</p> <ul style="list-style-type: none"> <li>• 2018, the AAFP submitted a letter expressing concerns about HR 490, the <i>Heartbeat Protection Act</i>, a bill which would restrict abortion to as early as six weeks.</li> <li>• 2017, the AAFP submitted a <a href="#">letter</a> on the Affordable Care Act replacement bill that included concerns about legislative interference policies that would undermine reproductive health care access.</li> <li>• 2017, the AAFP signed a <a href="#">letter</a> urging policymakers to protect women’s health. The letter included the AAFP, along with the American College of Obstetricians and</li> </ul>



## Summary of Actions of the 2018 Congress of Delegates, continued

			<p>Gynecologists, the American College of Physicians, and the American Academy of Pediatrics. The groups expressed strong support for women’s right to access evidence-based health care services.</p> <ul style="list-style-type: none"> <li>• 2017, the AAFP <a href="#">opposed</a> legislation that would codify the Hyde amendment into law and require unnecessary insurance coverage and reporting requirements.</li> <li>• 2015, the AAFP supported <a href="#">legislation</a> to improve over-the-counter contraceptive access.</li> <li>• 2012, ACP, AAFP, ACOG, American Academy of Pediatrics, and American College of Surgeons wrote a joint editorial in the New England Journal of Medicine condemning laws that interfere with the doctor-patient relationship (<a href="#">2012;367:1557-9</a>).</li> </ul> <p>The AAFP continues to support women’s health care.</p>
510	<p><b>Prevent Closing of the National Guidelines Clearinghouse</b></p> <p>RESOLVED, That the American Academy of Family Physicians send a letter to the Agency for Healthcare Research and Quality and the Department of Health and Human Services calling for the restoration and permanent funding of the National Guidelines Clearinghouse, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for legislation to make permanent funding for the National Guidelines Clearinghouse, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) Executive Vice President immediately following the conclusion of the 2018 AAFP Congress of Delegates request a joint press conference and press statement addressing the closing of the National Guidelines Clearinghouse (NGC) and its perceived impact on the care of patients and calling for restoration and making permanent the funding of the NGC.</p> <p><b>Fiscal Impact: None</b></p>	Not Adopted	

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
511	<p><b>National Guidelines Clearinghouse and Evidence-based Resources for Family Physicians</b>  <b>Substitute:</b>                      RESOLVED, That the American Academy of Family Physicians, as part of its ongoing efforts to provide family physicians with peer-reviewed, high-quality evidence to make treatment decisions for and with their patients at the point-of-care, join with the Agency for Healthcare Research and Quality to advocate for reinstatement of funds to support the National Guidelines Clearinghouse website, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians, as part of the efforts with the Agency for Healthcare Research and Quality to advocate for reinstatement of funds to support the National Guidelines Clearinghouse website, advocate for federal legislation to make that funding permanent.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	Commission on Governmental Advocacy  Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a>  <b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement this resolution by communicating interest to appropriate government entities the necessity of providing science-based guidelines for practice.
512	<p><b>Assistant Physician Licensure</b>  <b>Substitute:</b>                      RESOLVED, That the American Academy of Family Physicians create and deploy a chapter toolkit regarding assistant physician licensure within six months.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	Commission on Governmental Advocacy  Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a>  <b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement this resolution by promoting available resources to chapters to inform them about the scope of practice implications of such licensure.
513	<p><b>Immigration Policy</b>                      RESOLVED, That the American Academy of Family Physicians support a progressive immigration policy that would recognize the human rights of migrants and immigrants and that would allow them access to health care.  <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
514	<p><b>Program Benefit Managers</b>                      RESOLVED, That the American Academy of Family Physicians encourage the federal government to do a deep analysis of Program Benefit Managers effect on drug pricing, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support federal legislation that ban practices like the gag clause, rebates and fees to manufacturers by Program Benefit</p>	Reaffirmed as Current Policy	

## Summary of Actions of the 2018 Congress of Delegates, continued

	<p>Managers, and unregulated overpricing to insurance companies, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the federal government to enforce antitrust laws preventing acquisition between Program Benefit Managers, insurance companies, and pharmacies.</p> <p><b>Fiscal Impact: None</b></p>		
515	<p><b>Prescription Drug Prices</b></p> <p>RESOLVED, That the American Academy of Family Physicians strongly support efforts to lower prescription medication prices for the American public.</p> <p><b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
516	<p><b>Primary Care Spending Rate</b></p> <p><b>Substitute:</b></p> <p>RESOLVED, That the American Academy of Family Physicians update and expand its Primary-Care-Spend Advocacy toolkit to include all payers, refine its legislative template, and add guidelines on how to determine primary care spending rates.</p> <p><b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Teresa Baker  <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a></p> <p><b>Report as of 4/2019:</b>                      The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement this resolution by updating and promoting the Primary Care Spend Advocacy toolkit to chapters.</p>
601	<p><b>AAFP Board Certification</b></p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) commit to, by the year 2020, the development and implementation of a AAFP Board Certification in Family Medicine; and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians commit to, by the year 2020, the development and implementation of an AAFP Board Certification in Family Medicine be consistent with the following:</p> <ol style="list-style-type: none"> <li>1. the initial AAFP Board Certification be obtained through a secure exam, and</li> <li>2. the AAFP Maintenance of Board Certification be achieved by participating in flexible and price-competitive Accreditation Council for Continuing Medical Education-accredited courses provided by a variety of institutions and medical specialty organizations as well as a set number of verifiable credits obtained thru AAFP provided activities like the American Board of Family Medicine (ABFM) Knowledge Self-Assessment activities or the American Board of Obstetrics and Gynecology yearly Lifelong Learning and Self-</li> </ol>	Not Adopted	

## Summary of Actions of the 2018 Congress of Delegates, continued

	<p>Assessment components, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) commitment to the development and implementation of an AAFP Board Certification in Family Medicine by 2020, expand the board certification process by 2021 to include the Certificates of Added Qualifications (Adolescent, Geriatric, Hospice and Palliative, Pain, Sleep and Sports).  <b>Fiscal Impact: Not Determinable at this Time</b></p>		
602	<p><b>Worrisome Letter from ABFM Warning of Alleged Professional Lapses</b></p> <p>RESOLVED, That the American Academy of Family Physicians work with our partners at the American Board of Family Medicine to remove voluntary surrender of a license or practice privileges or voluntary limitations as cause for revoking Board Certification.  <b>Fiscal Impact: None</b></p>	<p>Referred to the Board of Directors</p>	<p>Commission on Continuing Professional Development</p> <p>Stephen Eilert  <a href="mailto:seilert@aafp.org">seilert@aafp.org</a></p> <p><b>Report as of 4/2019:</b>  The commission recommended, and the Board of Directors approved at its April 2019 meeting that this resolution be accepted for information. As directed by membership, the AAFP has voiced concerns to both the American Board of Medical Specialties (ABMS) and the American Board of Family Medicine (ABFM), as summarized in <a href="#">Board Report G to the 2017 Congress of Delegates</a> (pg. 193 –195). Additionally, the COCPD regularly meets with representatives from ABFM and ABMS to discuss opportunities for synergy in establishing and upholding professional responsibilities of physicians and supporting physicians to meet those responsibilities through CME and ongoing certification. The COCPD and the AAFP Task Force on Board Certification in Family Medicine have conveyed to ABFM our members' concerns not only about the need for improvement in the relevance, efficiency, and affordability of maintaining ABFM certification; but how board certification has become a de facto requirement for inclusion on the majority of hospital medical staff and insurance panels.</p> <p>It was acknowledged that voluntary surrender of a license outside of the state the physician currently practices or voluntary forfeit of privileges due to a voluntary reduction in scope of practice is different from involuntary surrender or acceptance of restrictions on a license in the state the physician practices. Further study is required</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

			<p>to properly define what constitutes revocation of certification.</p> <p>The ABFM's <a href="#">Guidelines for Professionalism, Licensure, and Personal Conduct</a> do not specify the actions required of a physician to notify ABFM if they have voluntarily surrendered their license. The ABFM guidelines do specify that the removal of certification is not automatic to the surrender of license, and that the ABFM determines such action after investigation of the cause of the surrender. Based on this information, the COCPD determined that the ABFM should clarify communication on the existing process that they have for physicians to follow and notify them if such volunteer forfeitures have occurred rather than remove voluntary surrender of a license or practice privileges or voluntary limitations as cause for revoking Board Certification.</p>
603	<p><b>Increase Opioid/Pain Management CME to Help Members Meet State Prescribing Requirements</b> RESOLVED, That the American Academy of Family Physicians create and make available continuing medical education (CME) in various forums (such as online video modules and written) that can help fulfill state opiate prescribing CME requirements for its members.</p>	Not Adopted	
604	<p><b>Increase Continuing Medical Education Credit Requirement to a Maximum of 50 Percent</b> RESOLVED, That the American Academy of Family Physicians increase the allowable continuing medical education (CME) credit provided for teaching to a maximum of 50 percent of the CME hours required over a 3-year cycle [up to 75 hours of the presently required 150 hours]. <b>Fiscal Impact: None</b></p>	Referred to the Board of Directors	<p>Commission on Continuing Professional Development</p> <p>Stephen Eilert <a href="mailto:seilert@aafp.org">seilert@aafp.org</a></p> <p><b>Report as of 4/2019:</b> The commission recommended, and the Board of Directors approved at its April 2019 meeting that this resolution be accepted for information. Members may earn CME credit via a wide range of educational opportunities within two types of categories, formal and informal. Formal CME includes CME activities that have been certified by the AAFP and have met the AAFP Credit System's <a href="#">Eligibility Requirements</a> to be certified for Prescribed or Elective credit. Informal CME includes self-directed learning activities (such as teaching) that are not formally certified for credit by the AAFP Credit System. The AAFP recognizes the importance of teaching/instructing health care professional learners in formal or live educational formats. Hence, members can</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

		<p>self-report up to 60 Prescribed credits per re-election cycle for teaching as is specified in our <a href="#">CME requirements policy</a> (last reviewed by the COCPD in 2015) for AAFP membership.</p> <p>These 60 Prescribed credits can be used toward the AAFP's CME membership requirement of 150 credits per three-year re-election cycle, 25 of which must be in a live format, and 75 of which must be Prescribed. Remaining credits may be Prescribed, Elective, or a combination of both. This is in comparison to the <a href="#">American Board of Family Medicine's CME requirement</a> that allows for a maximum of 50% of the total required CME to come from teaching. Whereas the <a href="#">American Medical Association's (AMA) Physician Recognition Award</a> limits teaching to 10 of the 50 AMA PRA Category 1 credits required per year.</p> <p><a href="#">Continuing Medical Education Definition (CME)</a>: AAFP defines CME as the process that family physicians and other health professionals engage in activities designed to support their continuing professional development. Activities are derived from multiple instructional domains, are learner centered, and support the ability of those professionals to provide high-quality, comprehensive, and continuous patient care and service to the public and their profession.</p> <p>The COCPD determined that important learning occurs through teaching and instructing health care professional learners in various educational formats and that this type of learning is currently recognized with AAFP credit. The COCPD also determined that through teaching, learners often reaffirm their own knowledge, and may not necessarily address their diverse learning gaps that other CME accredited activities and formats may be designed to address, therefore recommending this COD resolution be accepted for information.</p>
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## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
605	<p><b>Increased Percentage of Women's Reproductive Health Topics at FMX and at the NCFMR/NCSM</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians seek opportunities to optimize women's reproductive health topics in future CME events while balancing the other educational needs in the full spectrum of family medicine.</p> <p><b>Fiscal Impact: Less than \$10,000</b></p>	Substitute Adopted	<p>Commission on Continuing Professional Development</p> <p>Stephen Eilert <a href="mailto:seilert@aafp.org">seilert@aafp.org</a></p> <p><b>Report as of 7/2019:</b> The commission recommended, and the Board of Directors approved at its July 2019 meeting, that this resolution be implemented by adding the following CME sessions to optimize women's reproductive health topics in future CME events:</p> <ul style="list-style-type: none"> <li>• Increasing the number of Advanced Life Support in Obstetrics (ALSO) programs worldwide.</li> <li>• 2019 FMX and FMX On Demand <ul style="list-style-type: none"> <li>o <i>Advanced Concepts: First Trimester Pregnancy Complications - Managing Ectopic, Gestational Trophoblastic Disease, and Spontaneous Abortion Diagnostic Challenges</i></li> <li>o <i>Advanced Concepts: Preconception Counseling</i></li> <li>o <i>Safe Medical Abortion Care (Live only)</i></li> </ul> </li> </ul>
606	<p><b>Increase Percentage of Women's Reproductive Health Topics at the AAFP FMX and at the NCFPR/NCSM</b></p> <p>RESOLVED, That the American Academy of Family Physicians Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) increase the weight of women's reproductive health topics at future FMX events, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) increase the representation of women's reproductive health topics among future AAFP CME events.</p> <p><b>Fiscal Impact: Less than \$10,000</b></p>	Not Adopted	
607	<p><b>Climate CME and Public Health</b></p> <p><b>Substitute:</b> RESOLVED, That the American Academy of Family Physicians proactively expand its continuing medical education offerings that prepare physicians to identify, manage, and prevent health conditions related to climate change.</p> <p><b>Fiscal Impact: Less than \$10,000</b></p>	Substitute Adopted	<p>Commission on Continuing Professional Development</p> <p>Stephen Eilert <a href="mailto:seilert@aafp.org">seilert@aafp.org</a></p> <p><b>Report as of 7/2019:</b> The commission recommended, and the Board of Directors approved at its July 2019 meeting, that this resolution be implemented by creating resources for members on the patient care section of the AAFP website that will discuss environmental health topics such as; air quality, water related illnesses, vector</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

			<p>borne illnesses, temperature related death and illness. Additionally, AAFP will add the following CME session:</p> <ul style="list-style-type: none"> <li>• 2019 FMX and FMX On Demand - <i>Climate Change: Managing Health Impacts in Your Practice</i></li> </ul> <p>The AAFP plans to add the following educational opportunities to the CME program to optimize women's reproductive health topics in future CME events while balancing the other educational needs in the full spectrum of family medicine:</p> <ul style="list-style-type: none"> <li>• Increase the number of Advanced Life Support in Obstetrics (ALSO) programs worldwide.</li> <li>• FMX will add three more educational sessions; two of which will be recorded and available On Demand.             <ul style="list-style-type: none"> <li>- Advanced Concepts: First Trimester Pregnancy Complications- Managing Ectopic, Gestational Trophoblastic Disease, and Spontaneous Abortion Diagnostic Challenges</li> <li>- Advanced Concepts: Preconception Counseling</li> <li>- Safe Medical Abortion Care (Live only)</li> </ul> </li> </ul>
608	<p><b>Removal of Language from ACGME Program Requirements</b>  <b>Substitute:</b>          RESOLVED, That the American Academy of Family Physicians recommend to the Accreditation Council for Graduate Medical Education that language in the Common Program Requirements promote the concept of physician self-care and physician well-being as an important component of professional obligation in order to provide optimal patient care. <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Education</p> <p>Karen Mitchell, MD  <a href="mailto:kmitchell@aaafp.org">kmitchell@aaafp.org</a></p> <p><b>Report as of 7/2019:</b>          The commission recommended, and the Board of Directors approved at its July 2019 meeting to send a letter to the ACGME in response to this resolution. The resolution centers on a discrepancy of language in the ACGME Common Program Requirements between well-being and providing care that supersedes self-interest. The AAFP expressed concern that concepts of physician well-being and self-care should be consistently stated and agreed to send a letter to the ACGME.</p>



## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
609	<p><b>Support National Paid Family Leave</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians support a comprehensive national paid family and medical leave program that guarantees at least 12 weeks of paid family leave after the birth or adoption of a child in accordance with the employer standards of the Family Medical Leave Act (FMLA).  <b>Fiscal Impact: None</b></p>	Substitute Referred to the Board of Directors	Commission on Governmental Advocacy  Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a>  <b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to accept this resolution for information.
610	<p><b>Vacating Marijuana-Related Offenses</b>            RESOLVED, That the American Academy of Family Physicians support the Marijuana Justice Act and other similar legislation that would expunge marijuana-related offenses as a matter of health equity and justice.  <b>Fiscal Impact: None</b></p>	Reaffirmed as Current Policy	
611	<p><b>Increased Research for Preventing and Diagnosing Tick-Borne Diseases</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians support greater federal and private-sector funding that will reduce the risk of tick-borne diseases/infections through prevention and environmental measures, and be it further,             RESOLVED, That the American Academy of Family Physicians support greater federal and private-sector funding to develop reliable diagnostic tests for tick-borne diseases, and be it further             RESOLVED, That the American Academy of Family Physicians support greater federal and private-sector funding to research and produce a hold-harmless vaccine that will block a tick's ability to transmit disease, and meet appropriate standards regarding efficacy, cost, and safety including safety for children and adults.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	1 <sup>st</sup> and 2 <sup>nd</sup> Resolved Clauses - Commission on Governmental Advocacy  Teresa Baker <a href="mailto:tbaker@aafp.org">tbaker@aafp.org</a>  <b>Report as of 4/2019:</b> The Commission on Governmental Advocacy recommended, and the Board of Directors approved at its April 2019 meeting, to implement the first and second resolved clauses of this resolution by communicating AAFP support to appropriate government entities.  3 <sup>rd</sup> Resolved Clause – Commission on Health of the Public and Science  Bellinda Schoof, MHA, CPHQ <a href="mailto:bschoof@aafp.org">bschoof@aafp.org</a>  <b>Report as of 8/2019:</b> The AAFP will send a letter to the Centers for Disease Control and Prevention in response to this resolved clause.

## Summary of Actions of the 2018 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
612	<p><b>Medical History of Applicants for New Mexico Licensure</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians work with our colleague organizations and other stakeholders to support and suggest new language for medical board applications that ask about only current medical or mental impairment.  <b>Fiscal Impact: None</b></p>	Substitute Adopted	<p>Commission on Continuing Professional Development</p> <p>Stephen Eilert  <a href="mailto:sielert@aafp.org">sielert@aafp.org</a></p> <p><b>Report as of 2/2019:</b>            In February 2019, AAFP notified AAFP state chapters, via Chex Mix, of the Federation of State Medical Board's report: <i>Physician Wellness and Burnout</i>. This FSMB report includes recommended language for state medical boards regarding applicants current medical or mental impairment.</p>
613	<p><b>ABFM Knowledge Skills Assessment (KSA) on Health Equity</b>  <b>Substitute:</b>            RESOLVED, That the American Academy of Family Physicians develop additional education on health equity and convey to the American Board of Family Medicine that the AAFP's Congress of Delegates requests that the ABFM consider developing a Knowledge Self-Assessment (KSA) offering on Health Equity.</p>	Substitute Adopted	<p>Commission on Continuing Professional Development</p> <p>Stephen Eilert  <a href="mailto:seilert@aafp.org">seilert@aafp.org</a></p> <p><b>Report as of 7/2019:</b>            The commission recommended, and the Board of Directors approved, at its July 2019 meeting, that this resolution be implemented by adding the following education on health equity, with plans to create more in the future:</p> <ul style="list-style-type: none"> <li>• 2019 FMX and FMX On Demand - <i>Mitigating Bias in Reproductive Health Conversations</i></li> <li>• Advanced Life Support Obstetrics Course – <i>Implicit Bias</i></li> <li>• Course to Limit Implicit Bias (CLIMB)</li> </ul> <p>In addition, on December 3, 2018, the AAFP sent a <a href="#">letter</a> to Dr. Newton, ABFM President and CEO, requesting that the ABFM consider development of a KSA focused on health equity and that the AAFP be allowed to partner with the ABFM in such a project.</p>

## Summary of Actions of the 2018 Congress of Delegates, continued

<b>Res. No.</b>	<b>Subject</b>	<b>Action of Congress</b>	<b>Recommended Referrals</b>
614	<p><b>AAFP as a Supporting Member of the National Physician Suicide Awareness Day</b> RESOLVED, That the American Academy of Family Physicians become a supporting member of the National Physician Suicide Awareness Day.</p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Julie Wood, MD <a href="mailto:jwood@aafp.org">jwood@aafp.org</a></p> <p><b>Report as of 12/2018:</b> The AAFP officially became a supporting member of the National Physician Suicide Awareness Day by signing up and uploading the AAFP logo to the Council of Emergency Medicine Residency Directors (CORD) website at <a href="http://www.cordem.org/npsa">www.cordem.org/npsa</a>.</p>
615	<p><b>Puerto Rico's Primary Care Physician Exodus</b> RESOLVED, That the American Academy of Family Physicians, in coordination with the Puerto Rico Academy of Family Physicians chapter, study the causes of primary care physician exodus, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with the Puerto Rico Academy of Family Physicians chapter to find possible solutions to address the physician shortage in Puerto Rico.</p>	Referred to the Board of Directors	<p>Commission on Education</p> <p>Karen Mitchell, MD <a href="mailto:kmitchell@aafp.org">kmitchell@aafp.org</a></p> <p><b>Report as of 4/2019:</b> The Commission on Education recommended, and the Board of Directors approved at its April 2019 meeting to accept this resolution for information. The commission discussed that the known factors influencing workforce exodus already are well documented. Furthermore, based on a review of efforts to address the problem, solutions already are being implemented by local government and island officials. In order to study the physician exodus (1st resolved), and find possible solutions to address the physician shortage (2nd resolved), a large fiscal note would need to be approved. Therefore, the commission recommended to accept this resolution for information.</p>

<b>MEMORIAL RESOLUTIONS OF CONDOLENCE:</b>	<b>Ref. Comm.</b>	<b>Action of Congress</b>
Robert E. Chapman, MD (Texas)	Not Referred	Unanimously Adopted – Communication sent to family
Jack Winfield Cope, MD (Kentucky)	Not Referred	Unanimously Adopted – Communication sent to family
James F. Kurfees, MD, M.Th., PhD, FAAFP (Kentucky)	Not Referred	Unanimously Adopted – Communication sent to family
Robert "Bob" Charles Wells, MD (North Dakota)	Not Referred	Unanimously Adopted – Communication sent to family

## Summary of Actions of the 2018 Congress of Delegates, continued

<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>
356-358	ADDRESS OF THE SPEAKER	O & F	Filed	No further action necessary
359-362	ADDRESS OF THE PRESIDENT	O & F	Filed	No further action necessary
363-364	ADDRESS OF THE PRESIDENT-ELECT	O & F	Filed	No further action necessary
365-369	ADDRESS OF THE BOARD OF DIRECTORS CHAIR	O & F	Filed	No further action necessary
370-375	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>
152-165 155	<b>A – Voice of the Patient within the AAFP ....</b> Appendix A – 2017 Congress of Delegates Resolution No. 201 – Voice of the Patient within the AAFP .....	Organization and Finance Organization and Finance	Filed Filed	No further action necessary No further action necessary
156-163	Appendix B – Overview and Issue Brief of AAFP NRN Patient Engagement Conference.....	Organization and Finance	Filed	No further action necessary
164-165	Appendix C – AFP “Close Ups” Department Story Focusing on and Promoting the Voice of the Patient .....	Organization and Finance	Filed	No further action necessary
166-186 169-184	<b>B –Task Force on Nominations and Elections and Candidate Activities.....</b> Appendix A – Board Report A to the 2017 Congress of Delegates – Task Force on Nominations and Elections and Candidate Activities.....	Organization and Finance Organization and Finance	Filed Filed	No further action necessary No further action necessary
185-186	Appendix B – May 20, 2018 Speakers Letter.....	Organization and Finance	Filed	No further action necessary
187-191 189-191	<b>C – Political Action Committee (PAC) Dues Check Off .....</b> Appendix A, Resolution No. 203 from the 2017 Congress of Delegates.....	Organization and Finance Organization and Finance	Filed Filed	No further action necessary No further action necessary
192-195	<b>D – Family Medicine Political Action (FamMedPAC).....</b>	Advocacy	Filed	No further action necessary

## Summary of Actions of the 2018 Congress of Delegates, continued

196-218	<b>E – Board Certification in Family Medicine Update</b> .....	Education	Filed	No further action necessary
1997-198	Para. 10, Recommendation to adopt a new policy statement on “Professional Self-Regulation, Competence, and Certification of Physicians”.....	Education	Adopted	Update policy site
198-200	Para. 12, Recommendation to adopt a new policy statement on “Guiding Principles for the Evaluation of Family Medicine Specialty Certifying Boards”.....	Education	Adopted	Update policy site
204-213	Appendix A, Report of the Task Force on Board Certification in Family Medicine, April 2018.....	Education	Filed	No further action necessary
214	Appendix B, Correspondence from AAFP’s President, Michael Munger, MD to ABFM’s Board Chair, Elizabeth Baxley, MD.....	Education	Filed	No further action necessary
215-218	Appendix C, Correspondence from Board Chair John Meigs, MD to Christopher Colenda, MD and William Scanlon, PhD of the Vision Commission for Continuing Board Certification.....	Education	Filed	No further action necessary
219-222	<b>F – Graduate Medical Education Financing Policy Revision</b> .....	Education	Filed	No further action necessary
220-222	Para. 7, Recommendation to adopt the six principles on GME funding reform.....	Education	Adopted	Update policy site
23-232	<b>G –Health Care for All: Framework for Moving to a Primary Care-Based Health Care System in the United States</b> .....	Advocacy	Filed	No further action necessary
224	Para. 7, Recommendation to adopt the policy on “Health Care for All: Framework for Moving to a Primary Care-Based Health Care System in the United States”.....	Advocacy	Adopted	Update policy site
224	Para. 9, Recommendation to delete the policy on “Health Care Delivery Systems”.	Advocacy	Adopted	Update policy site
225-232	Appendix A, Policy on “Health Care for All: Framework for Moving to a Primary Care-Based Health Care System in the United States”.....	Advocacy	Adopted	Update policy site

## Summary of Actions of the 2018 Congress of Delegates, continued

233-338	<b>H – AAFP Policy Statement Review....</b>	Organization and Finance	Filed	No further action necessary
234	Para. 4, Recommendation to revise the policy on “Specialist in Family Medicine”.....	Organization and Finance	Adopted	Update policy site
234-235	Para. 5, Recommendation to revise the policy on “CME Mandatory for Relicensure”.....	Education	Adopted	Update policy site
235	Para. 6, Recommendation to revise the policy on “CME Remediation Statement” to “Physician Remediation Education”.....	Education	Adopted	Update policy site
236 & 272-287	Para. 7, Recommendation to revise the position paper on “Family Physicians Delivering Emergency Medical Care – Critical Challenges and Opportunities”.....	Education	Adopted	Update policy site
236	Para. 8, Recommendation to revise the policy on “Preceptorships”.....	Education	Adopted	Update policy site
236-237	Para. 9, Recommendation to revise the policy on “Student-Run Free Clinics”.....	Education	Adopted	Update policy site
237-238	Para. 10, Recommendation to revise the policy on “Undergraduate Training in Family Medicine” to “Family Medicine’s Role in Undergraduate Medical Education”.....	Education	Adopted	Update policy site
238	Para. 11, Recommendation to revise the policy on “Visa (J-1) Waiver Program”.....	Education	Adopted	Update policy site
238	Para. 12, Recommendation to delete the policy on “Antisubstitution Laws”.....	Advocacy	Adopted	Update policy site
238-239	Para. 13, Recommendation to revise the policy on “Culturally Sensitive Interpretive Services”.....	Advocacy	Adopted	Update policy site
239	Para. 14, Recommendation to revise the policy on “Drugs – Therapeutic Substitution”.....	Advocacy	Adopted	Update policy site
239-240	Para. 15, Recommendation to revise the policy on “Medicaid Services”.....	Advocacy	Adopted	Update policy site
240	Para. 16, Recommendation to revise the policy on “National Health Service Corps”.....	Advocacy	Adopted	Update policy site
240-241	Para. 17, Recommendation to revise the policy on “Political Action”.....	Advocacy	Adopted	Update policy site
241-242	Para. 18, Recommendation to revise the policy on “Prevention of Gun Violence”.....	Advocacy	Adopted	Update policy site
242	Para. 19, Recommendation to delete the policy on “Safe Prescribing Act”.....	Advocacy	Adopted	Update policy site
242-243	Para. 20, Recommendation to revise the policy statement on “Adolescent Health Care, Confidentiality” .....	Health of the Public/Science	Adopted	Update policy site
243-244	Para. 21, Recommendation to revise the policy statement on “Athletic Performance Enhancing Drugs” .....	Health of the Public/Science	Adopted	Update policy site
244	Para. 22, Recommendation to delete the policy statement on “Backpack Safety”...	Health of the Public/Science	Adopted	Update policy site
244	Para. 23, Recommendation to revise the policy statement on “Chelation Therapy”..	Health of the Public/Science	Adopted	Update policy site
244-245	Para. 24, Recommendation to revise the policy statement o “Climate Change and Air Pollution” to “Environmental Health and Climate Change”.....	Health of the Public/Science	Adopted	Update policy site

## Summary of Actions of the 2018 Congress of Delegates, continued

245-246	Para. 25, Recommendation to revise and combine the policy statement on “Joint Development of Clinical Practice Guidelines with Other Organizations” and “Clinical Practice Guidelines” to “Clinical Practice Guidelines”.....	Health of the Public/Science	Adopted	Update policy site
246-247	Para. 26, Recommendation to revise the policy statement on “Culturally Proficient Health Care”.....	Health of the Public/Science	Adopted	Update policy site
247	Para. 28, Recommendation to adopt a new policy statement on “Discipline in Schools”.....	Health of the Public/Science	Adopted	Update policy site
247-248	Para. 29, Recommendation to revise the policy statement on “Don’t Test and Drive Initiative” to “Distracted Driving”.....	Health of the Public/Science	Adopted	Update policy site
248	Para. 30, Recommendation to revise the policy statement on “Drug Testing and Selection” to “Medication, Device, and Biologic Agents Drug Testing and Selection”.....	Health of the Public/Science	Adopted	Update policy site
248-249	Para. 32, Recommendation to adopt a new policy statement on “Genital Surgeries in Intersex Children”.....	Health of the Public/Science	Adopted	Update policy site
249	Para. 33, Recommendation to revise the policy statement on “Hearing Loss, Deafness, and the Hard of Hearing”.....	Health of the Public/Science	Adopted	Update policy site
250	Para. 34, Recommendation to revise the policy statement on “Homelessness”.....	Health of the Public/Science	Adopted	Update policy site
251	Para. 36, Recommendation to adopt a new policy statement on “Implicit Bias”.....	Health of the Public/Science	Adopted	Update policy site
251	Para. 37, Recommendation to revise the policy statement on “Linguistically Appropriate Health Care”.....	Health of the Public/Science	Adopted	Update policy site
251-252	Para. 39, Recommendation to adopt a new policy statement on “Maximizing Representation of Racial and Ethnic Subpopulations in Data”.....	Health of the Public/Science	Adopted	Update policy site
252 & 288-295	Para. 40, Recommendation to revise the position paper on “Mental Health Care Services by Family Physicians” in Appendix B.....	Health of the Public/Science	Adopted	Update policy site
252-253	Para. 42, Recommendation to adopt a new policy statement on “Oral Health”.....	Health of the Public/Science	Adopted	Update policy site
253	Para. 44, Recommendation to adopt a new policy statement on “Paid Sick Leave”....	Health of the Public/Science	Adopted	Update policy site
253-254	Para. 45, Recommendation to revise the policy statement on “Physical Activity in Children”.....	Health of the Public/Science	Adopted	Update policy site
254 & 296-305	Para. 48, Recommendation to adopt a new position paper on “Prevention of Gun Violence” in Appendix C.....	Health of the Public/Science	Adopted	Update policy site
254-255	Para. 49, Recommendation to revise and combine the policy statements on “Screening” and “Unsupported Screening and Diagnosis Testing” to “Screening”.....	Health of the Public/Science	Adopted	Update policy site

## Summary of Actions of the 2018 Congress of Delegates, continued

255	Para. 51, Recommendation to adopt a new policy statement on “Separation of Families”.....	Health of the Public/Science	Adopted	Update policy site
256	Para. 53, Recommendation to adopt a new policy statement on “Solitary Confinement of Youth”.....	Health of the Public/Science	Adopted	Update policy site
256	Para. 54, Recommendation to delete the policy statement on “Ancillary Medical Personnel”.....	Practice Enhancement	Adopted	Update policy site
256 & 306-316	Para. 55, Recommendation to revise the position paper on “Colonoscopy” in Appendix D.....	Practice Enhancement	Adopted	Update policy site
256 & 317-318	Para. 56, Recommendation to delete the position paper on “Disease Management” in Appendix E.....	Practice Enhancement	Adopted	Update policy site
257	Para. 57, Recommendation to revise the policy statement on “Direct Primary Care”.....	Practice Enhancement	Adopted	Update policy site
258 & 319-324	Para. 58, Recommendation to revise the position paper on “Family Physicians Interpretation of Electrocardiograms” in Appendix F.....	Practice Enhancement	Adopted	Update policy site
258	Para. 59, Recommendation to reaffirm the policy statement on “Electronic Health Records” with an editorial change.....	Practice Enhancement	Adopted	Update policy site
258-259	Para. 60, Recommendation to revise the policy statement on “e-Visits” to “Virtual Visits”.....	Practice Enhancement	Adopted	Update policy site
259	Para. 61, Recommendation to delete the policy statement on “Fees for Patient Education”.....	Practice Enhancement	Adopted	Update policy site
259-260	Para. 62, Recommendation to revise the policy statement on “Gender Equity on Drug Testing, Procedure, and Preventive Coverage” to “Coverage Equity for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies”.....	Practice Enhancement	Adopted	Update policy site
260-262	Para. 63, Recommendation to revise the policy statement on “Guidelines on the Supervision of Certified Nurse Midwives, Nurse Practitioners and Physician Assistants”.....	Practice Enhancement	Adopted	Update policy site
262	Para. 64, Recommendation to delete the policy statement on “Health Workforce Credentialing”.....	Practice Enhancement	Adopted	Update policy site
262-263	Para. 65, Recommendation to revise the policy statement on “Laboratories, Physician Office”.....	Practice Enhancement	Adopted	Update policy site



## Summary of Actions of the 2018 Congress of Delegates, continued

263	Para. 66, Recommendation to delete the policy statement on “Laboratory Technicians”.....	Practice Enhancement	Adopted	Update policy site
263	Para. 67, Recommendation to revise the policy statement on “Liaison Between Governing Boards and Hospital Medical Staff”.....	Practice Enhancement	Adopted	Update policy site
263-264	Para. 68, Recommendation to revise the policy statement on “Continuity and Coordination of Long Term Care Facilities”.....	Practice Enhancement	Adopted	Update policy site
264	Para. 69, Recommendation to delete the policy statement on “Long Term Care, Criteria for Medical Directors”.....	Practice Enhancement	Adopted	Update policy site
264	Para. 70, Recommendation to revise the policy statement on “Mental Health, Parity in Coverage for Patients”.....	Practice Enhancement	Adopted	Update policy site
264 & 325-333	Para. 71, Recommendation to revise the position paper on “OB Ultrasound” in Appendix G.....	Practice Enhancement	Adopted	Update policy site
265	Para. 72, Recommendation to delete the policy statement on “Patient Self-Referral”.....	Practice Enhancement	Adopted	Update policy site
265 & 334-335	Para. 73, Recommendation to revise the position paper on “Pharmacists” in Appendix H.....	Practice Enhancement	Adopted	Update policy site
265	Para. 74, Recommendation to revise the policy statement on “Pre- and Post-Operative Care”.....	Practice Enhancement	Adopted	Update policy site
266 & 336-338	Para. 76, Recommendation to adopt a new policy statement on “Principles for Administrative Simplification” in Appendix I.....	Practice Enhancement	Adopted	Update policy site
266	Para. 77, Recommendation to delete the policy statement on “Privileges”.....	Practice Enhancement	Adopted	Update policy site
266	Para. 78, Recommendation to delete the policy statement on “Privileges Assignment in Departmentalized Hospitals”.....	Practice Enhancement	Adopted	Update policy site
266-267	Para. 79, Recommendation to revise the policy statement on “Privileges, Surgical Assistant”.....	Practice Enhancement	Adopted	Update policy site
267-268	Para. 80, Recommendation to revise the policy statement on “Privileges in Family Medicine Departments”.....	Practice Enhancement	Adopted	Update policy site
268	Para. 81, Recommendation to delete the policy statement on “Privileges Independent of Department Structure”.....	Practice Enhancement	Adopted	Update policy site
268-269	Para. 82, Recommendation to revise the policy statement on “Privileging Policy Statements”.....	Practice Enhancement	Adopted	Update policy site
269	Para. 83, Recommendation to revise the policy statement on “Professional Competence Evaluation”.....	Practice Enhancement	Adopted	Update policy site
269	Para. 84, Recommendation to delete the policy statement on “Provider, Use of Term”.....	Practice Enhancement	Adopted	Update policy site

## Summary of Actions of the 2018 Congress of Delegates, continued

270	Para. 85, Recommendation to revise the policy statement on “Reproductive Health Services” .....	Practice Enhancement	Adopted	Update policy site
270	Para. 86, Recommendation to revise the policy statement on “Shared Medical Appointments/Group Visits” .....	Practice Enhancement	Adopted	Update policy site
271	Para. 88, Recommendation to adopt a new policy statement on “Transparency and Equity in Physician Compensation” .....	Practice Enhancement	Adopted	Update policy site
272-287	Appendix A, Position paper on “Family Physicians Delivering Emergency Medical Care – Critical Challenges and Opportunities” .....	Education	Adopted	Update policy site
288-295	Appendix B, Position paper on “Mental Health Care Services by Family Physicians” .....	Health of the Public/Science	Adopted	Update policy site
296-305	Appendix C, Position paper on Prevention of Gun Violence” .....	Health of the Public/Science	Adopted	Update policy site
306-316	Appendix D, Position paper on “Colonoscopy” .....	Practice Enhancement	Adopted	Update policy site
317-318	Appendix E, Position paper on “Disease Management” .....	Practice Enhancement	Adopted	Update policy site
319-324	Appendix F, Position paper on “Family Physicians Interpretation of Electrocardiograms” .....	Practice Enhancement	Adopted	Update policy site
325-333	Appendix G, Position paper on “OB Ultrasound” .....	Practice Enhancement	Adopted	Update policy site
334-335	Appendix H, Position paper on “Pharmacists” .....	Practice Enhancement	Adopted	Update policy site
336-338	Appendix I, Policy statement on “Principles for Administrative Simplification” .....	Practice Enhancement	Adopted	Update policy site
339-347	<b>I – Payment Issues</b> .....	Practice Enhancement	Filed	No further action necessary
348-350	<b>Supplemental I – Payment Issues</b> .....	Practice Enhancement	Filed	No further action necessary
351-355	<b>J – AAFP Non-Dues Revenue</b> .....	Organization & Finance	Filed	No further action necessary

<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>
91-98	<b>COMMISSION ON FINANCE AND INSURANCE</b> .....	ALL to O & F	Filed	
99-126	<b>Audit Report</b> .....	ALL to O & F	Adopted	No further action necessary
129-139	<b>BYLAWS WORKGROUP REPORT</b> .....	ALL TO O & F		
129-130	Proposed Amendment No. 1, To Amend Section 2.A.2. of Article III of the Bylaws regarding applications for active membership .....	Organization & Finance	Adopted	Update Bylaws
130	Proposed Amendment No. 2, To amend Section 2.E.2. of Article III of the Bylaws regarding applications for resident membership .....	Organization & Finance	Adopted	Update Bylaws
131	Proposed Amendment No. 3, To amend Section 2.F.2. of Article III of the Bylaws regarding applications for student membership .....	Organization & Finance	Adopted	Update Bylaws

## Summary of Actions of the 2018 Congress of Delegates, continued

131	Proposed Amendment No. 4, To amend Section 2.G.2. of Article III of the Bylaws regarding applications for supporting membership.....	Organization & Finance	Adopted	Update Bylaws
132	Proposed Amendment No. 5, To amend Section 2.H.2. of Article III of the Bylaws regarding applications for international membership.....	Organization & Finance	Adopted	Update Bylaws
132-133	Proposed Amendment No. 6, To amend Section 2.B.2. of Article III of the Bylaws regarding applications for inactive membership.....	Organization & Finance	Adopted	Update Bylaws
133-135	Proposed Amendment No. 7, To amend Section 2.F. of Article III of the Bylaws regarding eligibility and requirements for student membership.....	Organization & Finance	Adopted, effective 12/18/18	Update Bylaws
135-136	Proposed Amendment No. 8, To amend Section 2.H. of Article III of the Bylaws regarding eligibility and requirements for international members.....	Organization & Finance	Adopted, effective 12/18/18	Update Bylaws
136	Proposed Amendment No. 9, To add Section 2.I. of Article III of the Bylaws by adding a category of transitional membership.....	Organization & Finance	Adopted, effective 12/18/18	Update Bylaws
136-137	Proposed Amendment No. 10, To amend Section 3. of Article III of the Bylaws regarding good standing requirements.....	Organization & Finance	Adopted	Update Bylaws
137-138	Proposed Amendment No. 11, To amend Section 2.B.2. of Article III of the Bylaws regarding requirements for inactive membership.....	Organization & Finance	Adopted	Update Bylaws
138	Proposed Amendment No. 12, To delete Section 2.C.3. of Article III of the Bylaws regarding requirements for life members.....	Organization & Finance	Adopted	Update Bylaws
138-139	Proposed Amendment No. 13, To amend Section 3.B. of Article V of the Bylaws regarding unified membership.....	Organization & Finance	Adopted	Update Bylaws
139	Recommendation that Proposed Amendment Nos. 7, 8 and 9 be adopted effective December 18, 2018.....	Organization & Finance	Adopted	Update Bylaws
140-144	<b>AAFP AMA DELEGATION REPORT</b> .....	ALL TO O & F	Filed	