



Summary of Actions of the 2019 Congress of Delegates

September 23-25, 2019 – Philadelphia, PA

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>Survey AAFP Members on Legislative and Regulatory Issues RESOLVED, That the American Academy of Family Physicians survey its active members every 3 years on advocacy and regulatory issues to allow for a comprehensive assessment of member opinions to guide and direct the strategic plan and efforts of the AAFP with this survey to complement the existing member satisfaction survey. Fiscal Impact: None</p>	Not Adopted	
202	<p>Executive Membership Category RESOLVED, That the American Academy of Family Physicians (AAFP) create a membership category for family physicians in executive leadership positions with no patient care duties considering the following eligibility, requirements, and privileges:</p> <ul style="list-style-type: none"> • Eligibility requirements include the Active member requirements of licensure and completion of a family medicine residency program and also require at least 7 years of prior Active membership in good standing and an attestation that they are in executive leadership position without direct patient care responsibilities. • Executive members would have no continuing medical education requirement • Executive members would have all the privileges of membership except the ability to hold office in the AAFP. <p>Fiscal Impact: TBD – unable to estimate costs with an exploration of the market</p>	Not Adopted	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
203	<p>Allying with Osteopathic Family Physicians RESOLVED, That the American Academy of Family Physicians (AAFP) and American College of Osteopathic Family Physicians (ACOF) partner around a common pathway to AAFP state chapter membership for ACOFP members in those states without a constituent state ACOFP chapter. Fiscal Impact: Less than \$10,000</p>	Not Adopted	
204	<p>Electronic Voting and Appropriate Transparency to Each State or Constituency RESOLVED, That the American Academy of Family Physicians (AAFP) utilize electronic voting for all resolutions brought before the AAFP Congress of Delegates not considered on a consent calendar beginning with the 2020 Congress of Delegates, and be it further RESOLVED, That, in an effort to provide appropriate transparency to each state or constituency that beginning with the 2020 American Academy of Family Physicians Congress of Delegates a report be provided to each state or constituency of the recorded votes cast electronically by their delegates, and be it further RESOLVED, That, if the current electronic voting tools utilized in the American Academy of Family Physicians (AAFP) Congress of Delegates (COD) do not allow for reporting of aggregate and/or individual data for delegates and alternate delegates, the AAFP explore other systems that would allow for such reporting beginning with the 2020 AAFP COD. Fiscal Impact: Less than \$10,000</p>	Not Adopted	
205	<p>Adopt a “No Policy” Policy RESOLVED, That the American Academy of Family Physicians (AAFP) put member unity ahead of taking sides by developing a process for chapters or membership to bring forth to the Congress of Delegates (COD) resolutions, topics, or policies that they consider to be based on personal opinions, customs, beliefs, values, or religion that the AAFP should consider having a no policy position on, thereby respecting and including ALL members and remaining true to the Mission, Value, and Vision Statements and allow the COD to vote on a no policy position. Fiscal Impact: None</p>	Not Adopted	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
206	<p>AAFP Committee on Ethics RESOLVED, That the American Academy of Family Physicians (AAFP) create a Committee on Ethics that can be both consultative and proactive in assisting the organization to understand the ethical and moral underpinnings of decisions facing the AAFP, and be it further</p> <p>RESOLVED, That the size, composition, meeting frequency, reporting structure, leadership, and other details of the American Academy of Family Physicians (AAFP) Committee on Ethics be determined by an appropriate AAFP commission, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) commission that establishes the AAFP Committee on Ethics use at least the following minimum membership composition: At least one member of the AAFP Board of Directors, at least one member from the AAFP Executive Leadership team, at least one At-Large member who is a practicing family physician seeing patients in a clinical practice full time, and at least two members who are formally trained Medical Ethicists (be they a family physician or not), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) explore ways for the AAFP Committee on Ethics to take an active role in the deliberations of the AAFP Congress of Delegates and also the work of the Board of Directors and its commissions and committees, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians expand and highlight educational opportunities regarding medical ethics in its various CME events, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate in all ways within its jurisdiction for expanded education in medical ethics for medical students and family medicine residents.</p>	Refer to the Board of Directors	<p>EVP for appropriate referral to staff</p> <p>Doug Henley dhenley@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
207	<p>Requiring Gender Pronouns on Nametags at all AAFP Events RESOLVED, That the American Academy of Family Physicians (AAFP) require all individuals to identify their preferred pronouns upon event registration, with the option to opt-out, to be printed on name badges at all AAFP-sponsored events and conferences starting in 2020. Fiscal Impact: None</p>	Not Adopted	
208	<p>Making Space for Gender Pronouns on Nametags at all AAFP Events RESOLVED, That the American Academy of Family Physicians (AAFP) include gender pronouns in all AAFP-sponsored event and conference registrations starting in 2020, with an opt-out option for individuals who do not wish to have gender pronouns included on their name badges. Fiscal Impact: None</p>	Not Adopted	
209	<p>Facilitating Gender Pronouns on Name Tags and Electronic Registration at All AAFP Events Substitute as amended: RESOLVED, That the American Academy of Family Physicians (AAFP) ask registrants for AAFP-sponsored events and conferences how they want their gender to be identified on printed name badges with the option not to include gender pronouns. Fiscal Impact: None</p>	Substitute Adopted as amended on the floor	EVP for appropriate referral to staff Shannon Scott sscott@aafp.org
210	<p>Non-Physician Faculty Membership RESOLVED, That the American Academy of Family Physicians create a non-voting membership category for non-physician faculty of family medicine training programs, and be it further</p> <p>RESOLVED, That upon creation of a non-voting 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>. Fiscal Impact: TBD – unable to estimate costs with an exploration of the market</p>	Referred to the Board of Directors	Commission on Membership and Member Services Elaine Conrad econrad@aafp.org

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
211	<p>AAFP Call to Action RESOLVED, That the American Academy of Family Physicians (AAFP) devote the time and financial resources necessary to develop a campaign and formally address these concerning and misleading advertisements, to include AAFP media presence in print, online, social media, and television outlets similar to those employed by nurse practitioner organizations, such advertising should highlight the differences in education and standardized clinical training, the importance of physician-led healthcare, the benefits of the patient centered medical home, and data to highlight the differences in family physicians and nurse practitioner quality scores, and cost savings/spend. Fiscal Impact: \$12, 629,983</p>	Referred to the Board of Directors	EVP for appropriate referral to staff Shannon Scott sscott@aafp.org
212	<p>Divestment from Companies Producing Fossil Fuels RESOLVED, That the American Academy of Family Physicians (AAFP) work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to reach a <i>de minimis</i> level of financial investment and/or relationship (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels; and encourage the AAFP Foundation, chapters, and any affiliated organizations to do the same. Fiscal Impact: Undeterminable at this time</p>	Referred to the Board of Directors	EVP for appropriate referral to staff Charlotte Kerner, CFO ckerner@aafp.org
213	<p>Increasing Family-Centeredness at AAFP Meetings RESOLVED, That the American Academy of Family Physicians (AAFP) adjust its recommendations regarding children at AAFP meetings from “out of consideration for others, please do not bring children to CME events” to “AAFP supports families. Please use your best judgment regarding bringing children to CME events,” and be it further RESOLVED, That the American Academy of Family Physicians (AAFP) explore providing an on-site play area for children and their caregivers at the AAFP Family Medicine Experience and Congress of Delegates, and be it further</p>	Not Adopted	

Summary of Actions of the 2019 Congress of Delegates, continued

	<p>RESOLVED, That the American Academy of Family Physicians (AAFP) enhance efforts to accommodate breastfeeding parents at AAFP meetings by providing a lactation lounge with basic services including privacy, running water, and other amenities.</p> <p>Fiscal Impact: None</p>		
214	<p>Increasing Family-Centeredness at AAFP Meetings Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) adjusts its recommendation regarding children at AAFP meetings from “Out of consideration for others, please do not bring children to CME events” to “AAFP supports families. Please use your best judgment regarding bringing children to CME events;” and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide an on-site play area for children and their caregivers at AAFP Family Medicine Experience and Congress of Delegates, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) consider providing on-site child care services at AAFP Family Medicine Experience and Congress of Delegates, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) enhance efforts to accommodate lactating parents at AAFP Family Medicine Experience and Congress of Delegates by providing a lactation lounge, not located in a restroom, with basic services including privacy, running water, refrigerated milk storage, and opportunities to donate excess breast milk.</p> <p>Fiscal Impact: Undeterminable at this time</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Shannon Scott sscott@aafp.org</p>
215	<p>Increasing Family-Centeredness at Meetings RESOLVED, That the American Academy of Family Physicians (AAFP) adjust its recommendations regarding children at AAFP meetings from “Out of consideration for others, please do not bring children to CME events” to “AAFP supports families. Please use your best judgment regarding bringing children to CME events”, and be it further</p> <p>RESOLVED, That the American Academy</p>	Not Adopted	

Summary of Actions of the 2019 Congress of Delegates, continued

	<p>of Family Physicians (AAFP) provide an on-site play area for children and their caregivers at AAFP Family Medicine Experience and Congress of Delegates, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide on-site child care services at AAFP Family Medicine Experience and Congress of Delegates, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) provide a lactation lounge at the AAFP Family Medicine Experience and Congress of Delegates conference with basic services including privacy, running water, refrigerated milk storage, and opportunities to donate excess breast milk, and that is not located in a restroom.</p> <p>Fiscal Impact: Undeterminable at this time</p>		
216	<p>Native Cultural Blessing at Annual AAFP COD Amended: RESOLVED, That the American Academy of Family Physicians, in collaboration with the host chapter, consider when possible a native welcome or blessing from an indigenous culture of the local area where the Congress of Delegates (COD) will be held.</p> <p>Fiscal Impact: None</p>	Adopted as amended on the floor	<p>Speakers of the Congress of Delegates</p> <p>Diane McDaniel dmcdanie@aafp.org</p>
217	<p>Hospitality Financing for AAFP Candidates RESOLVED, That chapter contribution of \$2,500 for the Candidates' Hospitality Event be borne by the American Academy of Family Physicians and not by individual chapters running candidates.</p> <p>Fiscal Impact: \$25,000</p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Diane McDaniel dmcdanie@aafp.org</p>
301	<p>Reducing the Administration Burden and Misuse of Medication Refill Requests from Chain Pharmacies RESOLVED, That the American Academy of Family Physicians request regional and national pharmacy chains to do the following:</p> <ul style="list-style-type: none"> • Allow local pharmacists to make permanent changes to their corporate database and not be overwritten by the main servers that continually change back to erroneous information the next day; • De-program their computer systems from requesting a ninety-day supply 	Refer to the Board of Directors	<p>Commission on Quality and Practice</p> <p>Heidy Robertson-Cooper hrobertsoncooper@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

	<p>when a new chronic medication is prescribed since frequently the dose needs to be adjusted at the next visit;</p> <ul style="list-style-type: none"> • Make easily available the corporate phone number or allow local pharmacist to stop their computer systems from sending automatic refill messages to patients and physicians for expired medications; • Make easily available the corporate phone number or allow local pharmacist to make the changes to stop receiving refill requests for doctors who are not in their practice; and • Assist in offering alternative covered medication options with various insurance plans which are covered when a prior authorization is requested. <p>Fiscal Impact: None</p>		
302	<p>Contraception Coverage as Part of Minimum Benefits Package RESOLVED, That the American Academy of Family Physicians support ensuring coverage of all Food and Drug Administration-approved contraceptive drugs, devices, and products as well as voluntary sterilization procedures by private and public entities as part of a minimum benefits plan.</p> <p>Fiscal Impact: None</p>	Reaffirmed as current policy	
303	<p>Insurance Coverage for Acupuncture Treatment for Chronic Pain <u>Substitute as amended:</u> RESOLVED, That the American Academy of Family Physicians create policy supporting insurance coverage of acupuncture for pain control when ordered by a licensed physician or licensed collaborating advanced clinician on their practice team.</p> <p>Fiscal Impact: None</p>	Substitute adopted as amended on the floor	Commission on Quality and Practice Heidy Robertson-Cooper hrobertsoncooper@aafp.org
304	<p>Insurance Plan Participation Linked to Hospital Privileges <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians create a policy against health insurance companies privileging physicians based solely on their hospital privileges and hospital credentials, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians engage the major national health insurance companies to develop methods to credential physicians that do not depend on hospital privileges.</p>	Substitute Adopted	Commission on Quality and Practice Heidy Robertson-Cooper hrobertsoncooper@aafp.org

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Fiscal Impact: None Subject	Action of Congress	Recommended Referrals
305	<p>Scope of Care in the Hospital Setting Substitute: RESOLVED, That the American Academy of Family Physicians collaborate with The Joint Commission and other appropriate entities to create policy stating that hospitals remove undue barriers and restriction of privileges to hospitals and intensive care units for qualified family physicians who practice hospital medicine. Fiscal Impact: None</p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Heidy Robertson-Cooper hrobertsoncooper@aafp.org</p>
306	<p>EMR as a Condition of ACO Participation RESOLVED, That the American Academy of Family Physicians oppose a requirement to use a specific electronic medical record as a condition of Accountable Care Organizations' participation, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians will send an open letter to the Centers for Medicare and Medicaid Services and Accountable Care Organizations (ACO) regarding this issue, recommending instead the development of interoperability technology to share data between the private practice and the ACO. Fiscal Impact: None</p>	Not Adopted	
307	<p>Engage the AARP Regarding its APRN Initiatives Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) develop strategies to engage the AARP to promote the role of family medicine in quality, cost-effective patient care. Fiscal Impact: Less than \$10,000</p>	Substitute Adopted	<p>Commission on Quality and Practice</p> <p>Heidy Robertson-Cooper hrobertsoncooper@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
308	<p>Relationship of Non-Physician Practitioners to Physician Credentialing and Consultation Amended: RESOLVED, That the American Academy of Family Physicians create a policy to oppose non-physician practitioners independently making credentialing or privileging decisions regarding family physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose the designation of independently practicing non-physician practitioners as specialty-specific consultants Fiscal Impact: None</p>	Referred to the Board of Directors as amended on the floor	Commission on Quality and Practice and Commission on Federal and State Policy (with CQP to take lead) Heidi Robertson-Cooper hrobertsoncooper@aafp.org Stephanie Quinn squinn@aafp.org
401	<p>Tar Wars and Vaping RESOLVED, That the American Academy of Family Physicians expand the anti-vaping and e-cigarette information included in the Tar Wars program to prevent vaping from erasing years of progress Tar Wars has made in curbing youth tobacco use, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians annually update their Tar Wars curriculum by July, so chapters and other anti-tobacco/vaping advocates have access to the updated information prior to the start of the school year that can start as early as August 5 in some states. Fiscal Impact: None</p>	Reaffirm as current policy	
402	<p>The Environment and Human Health Substitute: RESOLVED, That the American Academy of Family Physicians investigate the public health effects of environmental toxins and educate members of the health effects. Fiscal Impact: None</p>	Substitute Adopted	Commission on Health of the Public and Science Bellinda Schoof bschoof@aafp.org

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
403	<p>Health in All Policy Development RESOLVED, That the American Academy of Family Physicians develop a formal policy entitled “Health in All Policies” (HiAP), where Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across all sectors and policy areas, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the recommendation that Health in All Policies can best be accomplished by using health impact assessments in the federal review of environmental impact statements and environmental assessments. Fiscal Impact: None</p>	Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p>
404	<p>Mifepristone Use in Early Pregnancy Loss Management Substitute: RESOLVED, That the American Academy of Family Physicians support the safety and efficacy of mifepristone by continuing advocacy efforts with the FDA to remove the risk evaluation and mitigation strategies (REMS) classification on mifepristone to conform with current evidence, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians consider providing education, as appropriate, on early pregnancy loss management in relevant programming at FMX, maternity care conference, and women’s health conference on a rotational basis. Fiscal Impact: None</p>	Substitute Adopted	<p>1st Resolved Clause – Commission on Federal and State Policy</p> <p>Stephanie Quinn squinn@aafp.org</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p> <p>Vince Loffredo vloffredo@aafp.org</p>
405	<p>Mifepristone Use in Early Pregnancy Loss (EPL) Management RESOLVED, That the American Academy of Family Physicians reaffirms its efforts to overturn restrictions on the prescribing of mifepristone, especially in light of data supporting its use in early pregnancy loss, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend that education regarding early pregnancy loss management be included in the Family Medicine Experience, Maternity Care Conference, and the Women’s Health Conference on a rotational basis. Fiscal Impact: Less than \$10,000</p>	Reaffirmed as current policy	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
406	<p>Mifepristone Use in Management of Early Pregnancy Loss RESOLVED, That the American Academy of Family Physicians support the safety and efficacy of mifepristone as the most evidence-based care for medical management of early pregnancy loss, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians reaffirm its efforts to overturn restrictions on the prescribing of mifepristone, especially in light of data supporting that mifepristone use with misoprostol is more effective than misoprostol alone for early pregnancy loss, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians propose that early pregnancy loss management be included in programming at Family Medicine Experience, Maternity Care Conference, and Women's Health Conference on a rotational basis.</p> <p>Fiscal Impact: Less than \$10,000</p>	Not Adopted	
407	<p>Family Separation <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians oppose any U.S. policy that separates families seeking asylum, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support providing any individuals in detention facilities with age appropriate food, water, personal hygiene, and health care.</p> <p>Fiscal Impact: None</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Shawn Martin smartin@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	
408	<p>Stigma and Bias Experienced by People with Obesity RESOLVED, That the American Academy of Family Physicians support local, state and national policies that prohibit weight discrimination, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians make available to its members educational materials to reduce the experience of weight stigma and bias for patients, including but not limited to:</p> <ul style="list-style-type: none"> • Ways to reduce weight stigma in the office practice environment • Patient-centered communication strategies that reduce weight stigma and bias • Community advocacy opportunities to reduce weight bias in schools, communities and the media. <p>Fiscal Impact: None</p>	Adopted	<p>1st Resolved Clause – Commission on Federal and State Policy</p> <p>Stephanie Quinn squinn@aafp.org</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p> <p>Vince Loffredo vloffredo@aafp.org</p>
409	<p>Impact of Social Media <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians study the current research on the relationship between youth utilization of social media and mood disorders, and be if further</p> <p>RESOLVED, That the American Academy of Family Physicians make available educational materials for well-child visits where evidence-based recommendations regarding utilization of social media can be discussed.</p> <p>Fiscal Impact: Less than \$10,000</p>	Substitute Adopted	<p>1st Resolved Clause – Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p> <p>Vince Loffredo vloffredo@aafp.org</p>
410	<p>Promoting Access to Abortion Care by Supporting Skilled Providers <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians support family physicians who have the training, experience, and demonstrated competence in providing medication and first trimester aspiration terminations.</p> <p>Fiscal Impact: None</p>	Substitute Adopted	<p>Place on policy website as a policy statement:</p> <p>“The AAFP supports family physicians who have the training, experience, and demonstrated competence in providing medication and first trimester aspiration terminations.”</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
411	<p>Assuring the Availability of Abortion RESOLVED, That the American Academy of Family Physicians release a policy statement protecting a person’s ability to access abortion services as demonstrated by Roe vs. Wade and their decision to have an abortion between themselves and their provider, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians partner with other medical organizations, such as the American College of Obstetrics and Gynecology, in defending people’s access to abortion services without restrictions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide resources and information to support chapters in their work to protect the availability of abortion services within the bounds of their state laws.</p> <p>Fiscal Impact: None</p>	Reaffirmed as current policy	
412	<p>Affirming the Safety and Legality of Abortion RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe v. Wade and issue a policy statement so declaring, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians attempt to partner with related stakeholders in position papers to defend access to safe and legal abortion services across the U.S., and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the right of family physicians to provide abortion care, not exclusive to but including medication abortions with mifepristone, in the primary care setting.</p> <p>Fiscal Impact: None</p>	Reaffirmed as current policy	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
413	<p>Affirming the Safety and Legality of Abortion RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe vs. Wade in the form of a policy statement, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians partner with the American College of Obstetrics and Gynecology in position papers to defend access to safe and legal abortion across the US, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians publicly support the right of family physicians to provide abortions in their general family practices. Fiscal Impact: None</p>	Reaffirmed as current policy	
414	<p>Affirming the Safety and Legality of Abortion RESOLVED, That the American Academy of Family Physicians affirm the legality of Roe vs. Wade in the form of a policy statement; and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians stand in support of the legality of medical abortion in front of the Supreme Court of the United States, if necessary, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians partner with American College of Obstetricians and Gynecologists in position papers to preserve access to safe and legal abortion across the United States, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the right of family physicians to provide medical abortions with mifepristone in their general family practices. Fiscal Impact: None</p>	Reaffirmed as current policy	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
415	<p>Affirming the Safety and Legality of Abort RESOLVED, That the American Academy of Family Physicians endorse the American College of Obstetricians and Gynecologists position paper of 2014 to defend access to safe and legal abortion across the U.S., and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians contribute to increased access to first trimester abortion by supporting family physicians who wish to provide medication abortions with mifepristone. Fiscal Impact: None</p>	Reaffirmed as current policy	
416	<p>Oppose Criminalization of Physicians Providing Abortion Care RESOLVED, That the American Academy of Family Physicians publicly oppose any law which would criminalize physicians for providing abortion care. Fiscal Impact: None</p>	Reaffirmed as current policy	
417	<p>Oppose Criminalization of Physicians Providing Abortion Care RESOLVED, That the American Academy of Family Physicians publicly oppose any law which would criminalize physicians for providing abortion care. Fiscal Impact: None</p>	Reaffirmed as current policy	
418	<p>Oppose Criminalization of Physicians Providing Abortion Care RESOLVED, That the American Academy of Family Physicians publicly oppose any law which would criminalize physicians for providing abortion care. Fiscal Impact: None</p>	Reaffirmed as current policy	
419	<p>Oppose Criminalization of Physicians Providing Abortion Care RESOLVED, That the American Academy of Family Physicians will publicly and actively oppose any law that would criminalize physicians for providing abortion care. Fiscal Impact: None</p>	Reaffirmed as current policy	
420	<p>Decriminalization of Abortion Provision RESOLVED, That the American Academy of Family Physicians oppose legislation that targets family doctors who provide abortion services, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians issue a position paper against the practice of criminalizing physicians for providing abortion care. Fiscal Impact: None</p>	Reaffirmed as current policy	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
421	<p>Decriminalization of Abortion Provision RESOLVED, That the American Academy of Family Physicians adopt policy opposing the criminalization of physicians providing abortion care. Fiscal Impact: None</p>	Reaffirmed as current policy	
422	<p>Improve Access to Health Care for Formerly Incarcerated Persons RESOLVED, That the American Academy of Family Physicians support efforts to improve access to health care for formerly incarcerated persons following their release, and be it further</p> <p>RESOLVED, That the American Academy of Family Physician support increased funding for evidence-based programs designed to meet the needs of people recently released from incarceration. Fiscal Impact: None</p>	Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p>
423	<p>End the Corporal Punishment of Children Substitute: RESOLVED, That the American Academy of Family Physicians discourages the use of corporal punishment of children, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians gather and make available on their website, patient education materials for family physicians to provide to parents that show alternatives to corporal punishment for the discipline of children. Fiscal Impact: None</p>	Substitute Adopted	<p>1st Resolved Clause - Place on policy website as a policy statement:</p> <p>“The AAFP discourages the use of corporal punishment of children.”</p> <p>2nd Resolved Clause – Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p>
424	<p>Family Medicine's Role in Addressing and Preventing Sexual Harassment Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) develop resources to raise awareness of family medicine's role in addressing and preventing sexual harassment, including resources for the AAFP members affected by sexual harassment and resources to advocate and assist our patients and the public. Fiscal Impact: None</p>	Substitute Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
425	<p>Addressing “Stealth” as a Form of Sexual Assault RESOLVED, That the American Academy of Family Physicians develop a policy defining sexual assault and include non-consensual condom removal as part of that definition, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support legislative efforts that include non-consensual condom removal as a form of sexual assault. Fiscal Impact: None</p>	Adopted	<p>1st Resolved Clause - Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p> <p>2nd Resolved Clause – Commission on Federal and State Policy</p> <p>Stephanie Quinn squinn@aafp.org</p>
426	<p>Denounce Race-Based Medicine RESOLVED, That the American Academy of Family Physicians end the practice of using race as a proxy for biology or genetics in their educational events and literature, and require race be explicitly characterized as a social construct when describing risk factors for disease. Fiscal Impact: None</p>	Referred to the Board of Directors	<p>Commission on Continuing Professional Development</p> <p>Vince Loffredo vloffredo@aafp.org</p>
427	<p>Eliminate Race-Based Medicine RESOLVED, That the American Academy of Family Physicians oppose the use of race/ethnicity as a proxy for biology or genetics in clinical evaluation and management guidelines, and that identifies race as a social construct, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support members in critically evaluating their use of race in research and clinical practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage research to investigate indicators alternative to race to stratify medical risk factors for disease states, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for estimated glomerular filtration rate to be reported without regard to race by liaising with other medical associations (including the American Society of Nephrology). Fiscal Impact: None</p>	Referred to the Board of Directors	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof bschoof@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
428	<p>Public Health Should Apply to All Substitute: RESOLVED, That the American Academy of Family Physicians actively encourage the administration of annual influenza vaccines to all individuals age months and older who are confined or held in U.S. immigration detention facilities.</p>	Substitute Adopted	Commission on Health of the Public and Science Bellinda Schoof bschoof@aafp.org
501	<p>Interstate Medical Licensure Compact RESOLVED, That the American Academy of Family Physicians (AAFP) formally support the Interstate Medical Licensure Compact and encourage the AAFP chapters to advocate for adoption by state legislatures. Fiscal Impact: None</p>	Adopted	EVP for appropriate referral to staff Shawn Martin smartin@aafp.org
502	<p>Ensure Payment by Health Insurers for Medically Necessary Covered Benefits Ordered by a Duly Licensed Physician RESOLVED, That the American Academy of Family Physicians advocate through legislative and/or regulatory efforts to ensure payment of medically necessary covered benefits by health insurers such as prescriptions, diagnostic tests, and therapies by a duly licensed physician regardless of network status with health insurers. Fiscal Impact: None</p>	Refer to the Board of Directors	Commission on Federal and State Policy Stephanie Quinn squinn@aafp.org
503	<p>Data Completeness and Family Medicine RESOLVED, That the American Academy of Family Physicians direct its advocacy team to work with the National Academy for State Health Policy, the All-Payer Claims Database Council, the National Association of Health Data Organizations, and other interested organizations to speed promulgation of final rulemaking as regards Schedule J by the Department of Labor in matters related to the Gobeille v. Liberty Mutual Insurance Company decision, and be it further</p> <p>RESOLVED, That, in supporting a rule making process by the Department of Labor (DOL) in matters related to the Gobeille v. Liberty Mutual Insurance Company decision, the American Academy of Family Physicians support the adoption of a standardized set of health care claims data such as the Common Data Layout, support that any DOL requirement for plans to submit health care claims data must be tied to current rule making</p>	Adopted	Commission on Federal and State Policy Stephanie Quinn squinn@aafp.org

Summary of Actions of the 2019 Congress of Delegates, continued

	<p>processes (such as its proposed Schedule J), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support the implementation of a pilot program by the Department of Labor to collect health care claims data in cooperation with state All-Payer Claims Databases.</p> <p>Fiscal Impact: None</p>		
504	<p>Streamlined Administrative Environment in Any Healthcare Reform</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) support the implementation of a single set of administrative rules and procedures in any form of health care system reform considered by policymakers or considered by the AAFP.</p> <p>Fiscal Impact: None</p>	Referred to the Board of Directors	<p>EVP for appropriate referral to staff</p> <p>Shawn Martin smartin@aafp.org</p>
505	<p>Eliminating Barriers in Rural Communities for Cardiac Rehabilitation</p> <p>Substitute:</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) request the Centers for Medicare and Medicaid Services, National Coverage Determination for Cardiac Rehabilitation Programs rules be modified to allow for cardiac rehabilitation programs to operate with the general supervision of a physician when an Automated External Defibrillator (AED) is immediately available, and the patient is attended by nursing staff currently trained in Basic Life Support and AED use.</p> <p>Fiscal Impact: None</p>	Substitute Adopted	<p>Commission on Federal and State Policy</p> <p>Stephanie Quinn squinn@aafp.org</p>
506	<p>Support for Breastfeeding Mothers in the Workplace</p> <p>Substitute:</p> <p>RESOLVED, That the American Academy of Family Physicians support and encourage the ability of parents to breast or chest feed in the workplace through its advocacy efforts, as well as promote the enforcement of current law.</p> <p>Fiscal Impact: None</p>	Substitute Adopted	<p>Commission on Federal and State Policy</p> <p>Stephanie Quinn squinn@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
507	<p>Support Breastfeeding Mothers in the Workplace RESOLVED, That the American Academy of Family Physicians advocate for policies supporting the enforcement of legislation that supports the ability of working mothers to breastfeed, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for additional legislation that supports the ability of working mothers to breastfeed. Fiscal Impact: None</p>	Not Adopted	
508	<p>Pharmacy Formularies Resolved, That the American Academy of Family Physicians petition the Centers for Medicare and Medicaid Services, as well as all national health insurance companies and pharmacy benefits managers to include all generic medication in a class within a health plan's formulary, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians petition the Centers for Medicare and Medicaid Services, as well as all national health insurance companies and pharmacy benefits managers, to implement a system that informs the prescribing provider of all formulary alternatives to a medication when denying the same medication immediately upon denial, while also providing a mechanism to rapidly appeal the denial. Fiscal Impact: None</p>	Adopted	EVP for implementation
509	<p>Oppose Legislation of Physician-Patient Decision Making in Child and Adolescent Gender-Affirming Care RESOLVED, That the American Academy of Family Physicians specifically support the medical appropriateness of gender affirmation care for transgender children and adolescents, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose legislation limiting medical decision-making by patients, their parents/guardians, and their physicians to provide gender-affirming care for children and adolescents. Fiscal Impact: None</p>	Referred to the Board of Directors	Commission on Federal and State Policy Stephanie Quinn squinn@aafp.org

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
510	<p>MAID/PAS Language of Choice RESOLVED, That the American Academy of Family Physicians no longer reject the use of the phrases “physician-assisted suicide” and “assisted suicide” in formal statements or documents. Fiscal Impact: None</p>	Referred to the Board of Directors	Board of Directors Doug Henley dhenley@aafp.org
511	<p>AAFP Should Not be Prohibited from Using Accurate Terminology Regarding the Prescribing of Lethal Medication Intended to End a Patient’s Life RESOLVED, That the American Academy of Family Physicians avoid the use of vague and euphemistic terms when referring to lethal medications prescribed with the intention of ending a patient’s life and not prohibit use of the phrases “physician assisted suicide” and “assisted suicide” from statements or documents. Fiscal Impact: None</p>	Referred to the Board of Directors	Board of Directors Doug Henley dhenley@aafp.org
512	<p>Prompt Discharge Summaries for Medicare Patients Substitute: RESOLVED, That the American Academy of Family Physicians petition the Centers for Medicare and Medicaid Services to re-evaluate its current policy on the time requirements for discharge summaries from hospitals and post-acute care facilities, and be it further</p> <p>RESOLVED, That American Academy of Family Physicians petition the Centers for Medicare and Medicaid Services to require hospitals and post-acute care facilities to provide primary care physicians with discharge summaries within seven days to enable physicians to provide the highest quality transitional care management. Fiscal Impact: None</p>	Substitute Adopted	Commission on Quality and Practice Heidy Robertson-Cooper hrobertsoncooper@aafp.org

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
513	<p>Medicare for Pay RESOLVED, That the American Academy of Family Physicians actively support legislation to offer individuals aged 55 to 64 the option to buy into Medicare, and be it further</p> <p>RESOLVED, That legislation to offer individuals aged 55 to 64 the option to buy into Medicare be compliant with the previously agreed upon policies of the American Academy of Family Physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians lobby for legislation that offers individuals 55 to 64 the option to buy into Medicare at the national level by providing financial support for those officeholders in favor of this option, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians offer education for the public and the profession regarding the strengths and challenges regarding "Medicare for Pay." Fiscal Impact: None</p>	Not Adopted	
514	<p>Colonoscopy Screening Substitute: RESOLVED, That the American Academy of Family Physicians disseminate model legislation to chapters based on the Kentucky bill which made screening colonoscopies free of co-insurance or being part of a deductible, even if they are ordered after positive initial screening with FIT or Cologuard tests. Fiscal Impact: None</p>	Substitute Adopted	Commission on Federal and State Policy Stephanie Quinn squinn@aafp.org

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
515	<p>Paid Parental Leave Policy Substitute as amended: RESOLVED, That the American Academy of Family Physicians (AAFP) support policies that provide employees with reasonable benefits, including job security, wage replacement, and continued availability of health plan coverage in the event that leave by an employee becomes necessary due to documented medical conditions, such policies should include:</p> <ol style="list-style-type: none"> (1) medical leave for the employee, including pregnancy; (2) parental leave for the employee-parent, including leave for birth, adoption, or foster care leading to adoption; (3) leave if medically appropriate to care for a member of the employee's immediate family; (4) protections for small businesses. <p>Fiscal Impact: None</p>	Substitute Adopted as amended on the floor	Commission on Federal and State Policy Stephanie Quinn squinn@aafp.org
516	<p>Single Payer to Be the Preferred System of Healthcare Delivery Supported by the AAFP RESOLVED, That the American Academy of Family Physicians (AAFP) affirm that single payer will be the preferred option of the AAFP in its support of health care system reform. Fiscal Impact: None</p>	Not Adopted	
517	<p>Collective Bargaining as an Integral Part of Single Payer Substitute: RESOLVED, That the American Academy of Family Physicians unequivocally support the right of physicians to organize and bargain collectively. Fiscal Impact: None</p>	Substitute Adopted	Place on policy website as a policy statement: "The AAFP unequivocally supports the right of physicians to organize and bargain collectively."
518	<p>Insurance Coverage Must Equate to Access to Care RESOLVED, That the American Academy of Family Physicians prioritize supporting a system of health care in which coverage equates to access to comprehensive healthcare including a medical home. Fiscal Impact: None</p>	Reaffirmed as current policy	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
519	<p>Policy Related to the Exchange of Sex for Money or Goods Substitute: RESOLVED, That the American Academy of Family Physicians support legislation that decriminalizes people who are solicited for sex or sexual activities in exchange for money or goods, without supporting the legalization of the selling of sex, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support legislation that provides resources and support for those choosing to exit the sex industry, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate against legislation that decriminalizes sex buying and third-parties who promote and or profit from sex buying. Fiscal Impact: None</p>	Substitute Adopted	Commission on Federal and State Policy Stephanie Quinn squinn@aafp.org
520	<p>Development of National Bureau for Gun Safety RESOLVED, That the American Academy of Family Physicians support legislation creating a National Bureau for Gun Safety to lead a multidisciplinary, multifaceted campaign to reduce firearm injury and deaths based on proven public-health practices, employing sound research to understand causes, direct interventions and study the effects of those interventions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support legislation creating a National Bureau for Gun Safety to be run by experts in public health, medicine, engineering, communications, and law enforcement working together in a transparent and nonpartisan organization to:</p> <ul style="list-style-type: none"> • Set the nation’s violence research agenda, • Develop, test and implement firearm safety technologies, • Oversee campaigns to encourage behaviors likely to reduce firearms injuries, • Set out legislative priorities for saving lives due to firearm injury, and • In concert with the Bureau of Alcohol, Tobacco, Firearms and Explosives and state law enforcement agencies direct priorities for enforcing gun laws. 	Not accepted by the Congress of Delegates for consideration (was not introduced by a member)	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
521	<p>AAFP Position on Medical Aid in Dying/Physician Assisted Suicide RESOLVED, That the American Academy of Family Physicians adopt a position of opposition to medical aid in dying/physician assisted suicide.</p>	Not accepted by the Congress of Delegates for consideration	
522	<p>Addressing the Crisis of Youth Vaping RESOLVED, That the American Academy of Family Physicians advocate for federal and state legislation that raises the legal age for purchases of any and all nicotine products to age 21, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for federal and state legislation that bans the sale of flavored, mint, and menthol tobacco products including both vaping products and combustible products.</p>	Reaffirmed as current policy	
523	<p>Medicare Advantage Inequity in Puerto Rico RESOLVED, That the American Academy of Family Physicians support equal funding for Medicare Advantage in Puerto Rico, the U.S. territories, the 50 states and the District of Columbia, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the Centers for Medicare and Medicaid Services to remove disparities among Puerto Rico, the U.S. territories, the 50 states, and the District of Columbia.</p>	Adopted	<p>Commission on Federal and State Policy</p> <p>Stephanie Quinn squinn@aafp.org</p>
601	<p>Promotion of Chapter CME Events Substitute: RESOLVED, That the American Academy of Family Physicians take an active role in helping chapters to cross promote continuing medical education (CME) events by improving the functionality of the online CME platform to aid in finding chapter-sponsored CME events. Fiscal Impact: None</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Clif Knight, MD cknight@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
602	<p>Educational Category RESOLVED, That the American Academy of Family Physicians add the CME category: "Health Care Systems, Health Care Economics, and Health Care Policy" to help facilitate the development of online educational materials and facilitate CME lectures at National Conference of Constituency Leaders, National Conference of Family Medicine Residents and Medical Students, Family Medicine Experience, and other educational platforms for 2020 and beyond. Fiscal Impact: Less than \$10,000</p>	Referred to the Board of Directors	<p>Commission on Continuing Professional Development</p> <p>Vince Loffredo vloffredo@aafp.org</p>
603	<p>Addition of a New CME Category "Health Care Systems, Health Care Economics, and Health Care Policy" RESOLVED, That the American Academy of Family Physicians (AAFP) add the CME category: "Health Care Systems, Health Care Economics, and Health Care Policy" to help facilitate the development of online educational materials and facilitate CME lectures at the National Conference of Constituency Leaders, National Conference of Residents and Students, and Family Medicine Experience for 2020 and beyond, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) produce one or more presentations on single payer health care and make these available on the AAFP website and/or in live presentations at National Conference of Constituency Leaders, National Conference of Residents and Students, and Family Medicine Experience. Fiscal Impact: Less than \$10,000</p>	Referred to the Board of Directors	<p>Commission on Continuing Professional Development</p> <p>Vince Loffredo vloffredo@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
604	<p>Providing Financial Incentives to Encourage Graduating Medical Students to Choose Residencies in Family Medicine and Remain in Primary Care Practice</p> <p>RESOLVED, That the American Academy of Family Physicians advocate that, under a minimum monthly payment plan, the remaining balance for each 1 year of federal medical student loans be forgiven for every 2 years of full-time work in a primary care position within the U.S. health care system, regardless of the geographic location or underserved status of that position, or the governmental or tax-exempt status of the employing entity, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians further advocate that those who are working in a primary care position in rural or otherwise underserved areas receive tax incentives in the form of tax credits, (in addition to the standard individual deduction), on their federal income tax following each year of practice in these sites, calculated on the basis of months of full-time work in the preceding tax year.</p> <p>Fiscal Impact: None</p>	Referred to the Board of Directors	<p>Commission on Federal and State Policy</p> <p>Stephanie Quinn squinn@aafp.org</p>
605	<p>AAFP Membership CME Requirement</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) study whether the current continuing medical education requirement for active membership be maintained and report back to the 2020 AAFP Congress of Delegates.</p> <p>Fiscal Impact: The fiscal impact is less than \$10,000 and is based on the following assumptions: the study would be facilitated by AAFP staff, utilizing input from the commissions and already established AAFP resources; not a third party. If a third-party consultant is required, the fiscal note is estimated to cost no more than \$50,000.</p>	Not Adopted	

Summary of Actions of the 2019 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
606	<p>Oppose Racism in Medicine Substitute: RESOLVED, That the American Academy of Family Physicians ask that the Liaison Committee for Medical Education add race to its existing “Cultural Competence and Health Care Disparities” section 7.6 of their Functions and Structure of a Medical School Standards for Accreditation of Medical Education Programs Leading to the MD Degree, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask that the Accreditation Council for Graduate Medical Education adopt an anti-racism policy that includes corresponding curricular requirements, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop and implement a policy on training in racism and implicit bias for officeholders and commission members, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) take an active stance against racism when racist events occur within the medical community. Fiscal Impact: None</p>	Substitute Adopted	<p>1st and 2nd Resolved Clauses – Commission on Education</p> <p>Karen Mitchell, MD kmitchell@aafp.org</p> <p>3rd and 4th Resolved Clauses – EVP for appropriate referral to staff</p>
607	<p>Family Medicine Residency Closure RESOLVED, The American Academy of Family Physicians request that the American Board of Family Medicine (ABFM) expand and alter the ABFM definition of “hardship” to create a new category of program, rather than individual resident hardship, that defines a residency program hardship as that period of time prior to announced closure during which a program experiences significant decrements in financial, faculty, or educational support, requiring advanced planning for postgraduate year two and three residents, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request that the American Board of Family Medicine start allowing a waiver of the continuity requirement for residents under the newly created hardship category, upon request of the involved program director and/or the program designated institutional official, and be it further</p>	Referred to the Board of Directors	<p>Commission on Education</p> <p>Karen Mitchell, MD kmitchell@aafp.org</p>

Summary of Actions of the 2019 Congress of Delegates, continued

	<p>RESOLVED, That the American Academy of Family Physicians (AAFP) either create within the AAFP or partner with the American Board of Family Medicine a specific resource for assisting residents involved in program closure with support in the form of administrative expertise or a subject matter liaison that can field and answer questions related to continuity, career planning, and waivers.</p> <p>Fiscal Impact: \$49,459</p>		
608	<p>ABFM FMCLA Inconsistent with ABMS Vision Report Recommendations Amended:</p> <p>RESOLVED, That the American Academy of Family Physicians express its concern that the American Board of Family Medicine's Family Medicine Certification Longitudinal Assessment is the only alternative to one-day only certification exam, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians urge the American Board of Family Medicine (ABFM) to offer a longitudinal self-assessment process similar to the American Board of Obstetrics and Gynecology's self-assessment process and that this process satisfy the cognitive component of ABFM's continued certification requirement.</p> <p>Fiscal Impact: None</p>	Adopted as amended on the floor	<p>EVP for appropriate referral to staff</p> <p>Clif Knight, MD cknight@aafp.org</p>
609	<p>Expand ACGME Core Faculty Member Requirements</p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the Accreditation Council for Graduate Medical Education encouraging them to expand core faculty requirements for inpatient pediatrics and/or obstetrics such that these requirements could be satisfied via pediatrician and obstetrician faculty members.</p> <p>Fiscal Impact: None</p>	Not Adopted	
610	<p>Applied Education in Billing and Coding in Family Medicine Residency</p> <p>RESOLVED, That the American Academy of Family Physicians offer applied education in billing and coding to family medicine residents, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) include in the next update of the AAFP practice management curriculum guidelines that residency annual billing and coding workshops emphasize an applied component of billing and coding, and be it</p>	Not Adopted	

Summary of Actions of the 2019 Congress of Delegates, continued

	<p>further RESOLVED, That the American Academy of Family Physicians offer an applied billing and coding workshop at the annual National Conference of Family Medicine Residents and Medical Students. Fiscal Impact: None</p>		
611	<p>AAFP to Encourage New and Existing Clinical Behavioral Health Fellowships for Family Medicine Physicians RESOLVED, That the American Academy of Family Physicians encourage existing and starting new clinical behavioral health fellowships for family medicine physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) include existing behavioral health fellowships in the AAFP fellowship directory. Fiscal Impact: Less than \$10,000</p>	Adopted	<p>Commission on Education Karen Mitchell, MD</p>

MEMORIAL RESOLUTIONS OF CONDOLENCE:	<i>Ref. Comm.</i>	<i>Action of Congress</i>
Allison L. Burdick, Jr., MD, FAAFP (Illinois)	Not Referred	Unanimously Adopted – Communication sent to family
Philip D. Cleveland, MD (Washington)	Not Referred	Unanimously Adopted – Communication sent to family
Edwin R. Franks, MD (Texas)	Not Referred	Unanimously Adopted – Communication sent to family
Lawrence L. Hirsch, MD, FAAFP (Illinois)	Not Referred	Unanimously Adopted – Communication sent to family
Ferris I. Larsen, MD, MPH (Kentucky)	Not Referred	Unanimously Adopted – Communication sent to family
Richard E. Rust, MD, FAAFP (Washington)	Not Referred	Unanimously Adopted – Communication sent to family
Terry Schulte (Virginia)	Not Referred	Unanimously Adopted – Communication sent to family
Paul Ray Smith, Sr., MD (Kentucky)	Not Referred	Unanimously Adopted – Communication sent to family
Robert H. Taylor, MD (South Carolina)	Not Referred	Unanimously Adopted – Communication sent to family
Penelope K. Tippy, MD, FAAFP (Illinois)	Not Referred	Unanimously Adopted – Communication sent to family

OFFICER ADDRESSES				
<i>Handbook Page</i>	<i>Designation and Title</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
318-322	ADDRESS OF THE SPEAKER	O & F	Filed	No further action necessary
323-327	ADDRESS OF THE PRESIDENT	O & F	Filed	No further action necessary
328-332	ADDRESS OF THE PRESIDENT-ELECT	O & F	Filed	No further action necessary

Summary of Actions of the 2019 Congress of Delegates, continued

333-337	ADDRESS OF THE BOARD OF DIRECTORS CHAIR	O & F	Filed	No further action necessary
338-344	ANNUAL REPORT & ADDRESS OF THE EXECUTIVE VICE PRESIDENT	O & F	Filed	No further action necessary
Handbook Page	Designation and Title	Ref. Comm.	Action of Congress	Recommended Referrals
143-144	A – Candidate Hospitality Event...	Organization and Finance	Filed	No further action necessary
145-150	B – America Needs More Family Doctors: 25x2030 Collective Impact.....	Education	Filed	No further action necessary
150	Appendix A, Four Pillars for Primary Care Physician Workforce Development.....	Education	Filed	No further action necessary
151-159	C – Payment Issues.....	Practice Enhancement	Filed	No further action necessary
160-162	D – Research Review on the Effects of Low Nicotine on the Health of Teens and Adults...	Health of the Public/Science	Filed	No further action necessary
163-168	E – Clean Energy Challenge: Take Action.....	Organization and Finance	Filed	No further action necessary
165-166	Appendix A, Resolution No. 206 from the 2018 Congress of Delegates.....	Organization and Finance	Filed	No further action necessary
167-168	Appendix B, AAFP Environmental Statement.....	Organization and Finance	Filed	No further action necessary
169-171	F – Family Medicine Political Action Committee (FamMedPAC).....	Advocacy	Filed	No further action necessary

Summary of Actions of the 2019 Congress of Delegates, continued

172-295	G – AAFP Policy Statement Review	Organization and Finance	Filed	No further action necessary
173	Para. 4, Recommendation to revise the policy statement on “AAFP Activities and Industry Funding”.....	Education	Adopted	No further action necessary
174	Para. 5, Recommendation to revise the policy statement on “Definition of Family Medicine”.....	Education	Adopted	No further action necessary
174	Para. 6, Recommendation to revise the policy statement on “Definition of Family Physician”.....	Education	Adopted	No further action necessary
174	Para. 7, Recommendation to delete the policy statement on “Family Medicine Clerkship”.....	Education	Adopted	No further action necessary
175	Para. 8, Recommendation to revise the policy statement on “Family Medicine Department, Definition” to “Family Medicine Academic Department”.....	Education	Adopted	No further action necessary
175-176	Para. 9, Recommendation to revise the policy statement on “Family Medicine Faculty Training” to “Family Medicine Faculty”.....	Education	Adopted	No further action necessary
176	Para. 10, Recommendation to revise the policy statement on “Family Medicine Interest Groups”.....	Education	Adopted	No further action necessary
176	Para. 11, Recommendation to revise the policy statement on “Family Physicians as Role Models for Minority Students” to “Family Physicians as Role Models for Underrepresented Students”.....	Education	Adopted	No further action necessary
176-177	Para. 12, Recommendation to revise the policy on “Medical Schools, Service to Minority, Vulnerable and Underserved Populations in Medicine”.....	Education	Adopted	No further action necessary
177-178	Para. 13, Recommendation to revise the policy statement on “Procedural Skills, Scope of Training in Family Medicine Residencies”.....	Education	Adopted	No further action necessary
178-179	Para. 14, Recommendation to revise the policy statement on “Residency Training Leading to Dual Board Certification”.....	Education	Adopted	No further action necessary
179	Para. 15, Recommendation to delete the policy statement on “AAFP Residents and Students”.....	Education	Adopted	No further action necessary
180	Para. 17, Recommendation to adopt a new policy statement on “Resident and Student Leadership”.....	Education	Adopted	No further action necessary
180-181	Para. 18, Recommendation to revise the policy statement on “Drug Enforcement Administration (DEA)”.....	Education	Adopted	No further action necessary
181	Para. 19, Recommendation to revise the policy statement on “Generic Drug Pricing”.....	Advocacy	Adopted	No further action necessary
181-182	Para. 20, Recommendation to revise the policy statement on “Methods for Reducing Health Care Costs”.....	Advocacy	Adopted	No further action necessary

Summary of Actions of the 2019 Congress of Delegates, continued

182	Para. 21, Recommendation to delete the policy statement on “Professional Medical Liability – Insurance Stipulations”	Advocacy	Adopted	No further action necessary
182-183	Para. 22, Recommendation to revise the policy statement on “Adolescent Health Care, Sexuality and Contraception”	Health of the Public/Science	Adopted	No further action necessary
184 & 223-226	Para. 23, Recommendation to delete the position paper on “Protecting Adolescents: Ensuring Access to Care and Reporting Sexual Activity and Abuse” in Appendix A	Health of the Public/Science	Adopted	No further action necessary
184-185	Para. 25, Recommendation to adopt a new policy statement on “Adverse Childhood Experiences”	Health of the Public/Science	Adopted	No further action necessary
185	Para. 27, Recommendation to adopt a new policy statement on “Bloodborne Pathogens”	Health of the Public/Science	Adopted	No further action necessary
185-187	Para. 29, Recommendation to revise the policy statement on “Prevention and Control of Sexually Transmitted and Blood Borne Infections” to “Prevention and Management of Sexually Transmitted Infections”	Health of the Public/Science	Adopted	No further action necessary
187 & 227-231	Para. 30, Recommendation to revise the policy statement on “Breastfeeding Accommodations for Trainees” to “Breastfeeding and Lactation Policy for Medical Trainees” in Appendix B	Health of the Public/Science	Adopted	No further action necessary
187-188	Para. 31, Recommendation to revise the policy statement on “Child Abuse”	Health of the Public/Science	Adopted	No further action necessary
188	Para. 32, Recommendation to revise the policy statement on “Dental Services”	Health of the Public/Science	Adopted	No further action necessary
189-190	Para. 34, Recommendation to adopt a new policy statement on “Direct to Consumer Genetic Testing”	Health of the Public/Science	Adopted	No further action necessary
190	Para. 35, Recommendation to revise the policy statement on “Electronic Cigarette Advertising to Children” to “Tobacco Advertising and Labeling”	Health of the Public/Science	Adopted	No further action necessary
190-191	Para. 36, Recommendation to revise the policy statement on “Electronic Cigarettes” to “Nicotine Delivery Systems (ENDS)”	Health of the Public/Science	Adopted	No further action necessary
191-192	Para. 37, Recommendation to revise the policy statement on “Environmental Health and Climate Change”	Health of the Public/Science	Adopted	No further action necessary
192	Para. 38, Recommendation to revise the policy statement on “Definition of Family”	Health of the Public/Science	Adopted	No further action necessary
192-193	Para. 39, Recommendation to delete the policy statement on “Firearms and Safety Issues”	Health of the Public/Science	Adopted	No further action necessary
193	Para. 40, Recommendation to delete the policy statement on “Framework Convention on Tobacco Control (FCTC)”	Health of the Public/Science	Adopted	No further action necessary

Summary of Actions of the 2019 Congress of Delegates, continued

193-194	Para. 42, Recommendation to adopt a new policy statement on “Health Impacts of Immigration”	Health of the Public/Science	Adopted	No further action necessary
194	Para. 43, Recommendation to revise the policy statement on “Home Test Kits” to “Home Diagnostic Test Kits”	Health of the Public/Science	Adopted	No further action necessary
194 & 232-241	Para. 44, Recommendation to revise the position paper on “Incarceration and Health: A Family Physician Perspective” in Appendix C	Health of the Public/Science	Adopted	No further action necessary
195	Para. 46, Recommendation to adopt a new policy statement on “Institutional Racism in the Health Care System”	Health of the Public/Science	Adopted	No further action necessary
196	Para. 47, Recommendation to revise the policy statement on “Marijuana” to “Marijuana Possession for Personal Use”	Health of the Public/Science	Adopted	No further action necessary
196 & 242-252	Para. 49, Recommendation to adopt a new position paper on “Marijuana and Cannabinoids: Health, Research and Regulatory Considerations” in Appendix D.....	Health of the Public/Science	Adopted	No further action necessary
197	Para. 50, Recommendation to revise the policy statement on “Maximizing Representation of Racial and Ethnic Identity in Survey Data” to “Collecting Racial, Ethnic, Sexual Orientation, and Gender Identity Data in Surveys” ..	Health of the Public/Science	Adopted	No further action necessary
197-198	Para. 51, Recommendation to revise the policy statement on “Migrant Health Care”	Health of the Public/Science	Adopted	No further action necessary
198	Para. 52, Recommendation to revise the policy statement on “Motorcycle and Bicycle Helmet Laws” to “Helmet Laws”	Health of the Public/Science	Adopted	No further action necessary
198	Para. 53, Recommendation to revise the policy statement on “Motorized Recreational Vehicles”	Health of the Public/Science	Adopted	No further action necessary
199	Para. 54, Recommendation to revise the policy statement on “Needle Exchange Programs” to “Needle Exchange Programs and Safe Injection Sites”	Health of the Public/Science	Adopted	No further action necessary
199	Para. 55, Recommendation to revise the policy statement on “Obesity and Overweight”	Health of the Public/Science	Adopted	No further action necessary
200	Para. 56, Recommendation to revise the policy statement on “Residential Pool Safety”	Health of the Public/Science	Adopted	No further action necessary

Summary of Actions of the 2019 Congress of Delegates, continued

201	Para. 57, Recommendation to revise the policy statement on “School-based Health Clinics, Guidelines”	Health of the Public/Science	Adopted	Update policy site
202 & 253-264	Para. 59, Recommendation to approve a new position paper on “Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine” in Appendix E	Health of the Public/Science	Adopted	Update policy site
202	Para. 60, Recommendation to revise the policy statement on “Sports Medicine, Counseling About Risk of Contact/Collision Sports”	Health of the Public/Science	Adopted	Update policy site
202 & 265-270	Para. 61, Recommendation to revise the policy statement on “Substance Abuse and Addiction” to “Substance Use Disorders” in Appendix F	Health of the Public/Science	Adopted	Update policy site
203	Para. 63, Recommendation to adopt a new policy statement on “Sunscreen Usage in Schools”	Health of the Public/Science	Adopted	Update policy site
203 & 271-283	Para. 64, Recommendation to revise the position paper on “Tobacco: Preventing and Treating Nicotine Dependence and Tobacco Use” in Appendix G.....	Health of the Public/Science	Adopted	Update policy site
203 & 284-286	Para. 65, Recommendation to delete the policy statement on “Tobacco and Smoking” in Appendix H	Health of the Public/Science	Adopted	Update policy site
203-204	Para. 66, Recommendation to revise the policy statement on “Membership Designation”	Practice Enhancement	Adopted	Update policy site
204-205	Para. 67, Recommendation to revise the policy statement on “AAFP/ACOG Joint Statement on Cooperative Practice and Hospital Privileges”	Practice Enhancement	Adopted	Update policy site
205-206	Para. 68, Recommendation to revise the policy statement on “Colonoscopy Privileging”	Practice Enhancement	Adopted	Update policy site
206-207	Para. 69, Recommendation to revise the policy statement on “Data Stewardship”	Practice Enhancement	Adopted	Update policy site
208	Para. 70, Recommendation to revise the policy statement on “Drugs, Prescribing”	Practice Enhancement	Adopted	Update policy site
208-209	Para. 71, Recommendation to revise the policy statement on “Emergency Medical Care”	Practice Enhancement	Adopted	Update policy site
209	Para. 72, Recommendation to delete the policy statement on “Excessive Fees”	Practice Enhancement	Adopted	Update policy site
209	Para. 73, Recommendation to delete the policy statement on “Economic Credentialing and Network Participation”	Practice Enhancement	Adopted	Update policy site
210	Para. 74, Recommendation to revise the policy statement on “Fees, Global Surgical”.....	Practice Enhancement	Adopted	Update policy site
210	Para. 75, Recommendation to revise the policy statement on “Hospital Medical Staff, Board Certification for Membership”	Practice Enhancement	Adopted	Update policy site

Summary of Actions of the 2019 Congress of Delegates, continued

211	Para. 77, Recommendation to adopt a new policy statement on “Payer Acceptance of Supplemental Data”	Practice Enhancement	Adopted	Update policy site
212	Para. 80, Recommendation to adopt a new policy statement on “Physician Compensation for Nurse Practitioner and Physician Assistant Oversight”	Practice Enhancement	Adopted	Update policy site
212-214	Para. 81, Recommendation to revise the policy statement on “Payment, Physician”...	Practice Enhancement	Adopted	Update policy site
214-215	Para. 82, Recommendation to delete the policy statement on “Physician Performance Reporting, Guiding Principles”	Practice Enhancement	Adopted	Update policy site
215-216	Para. 83, Recommendation to revise the policy statement on “Physician Performance Profiling, Guiding Principles” to “Public Reporting of Physician Performance, Guiding Principles”	Practice Enhancement	Adopted	Update policy site
217	Para. 84, Recommendation to delete the policy statement on “Physician’s Medical Records”	Practice Enhancement	Adopted	Update policy site
217	Para. 85, Recommendation to revise the policy statement on “Pre-payment and Post-payment Audits”	Practice Enhancement	Adopted	Update policy site
217-218	Para. 86, Recommendation to revise the policy statement on “Reasonable Choice” to “Patient Referrals”	Practice Enhancement	Adopted	Update policy site
218-220	Para. 87, Recommendation to revise the policy statement on “Retail Clinics”	Practice Enhancement	Adopted	Update policy site
220-221	Para. 88, Recommendation to delete the policy statement on “Surgery Outreach Policy”	Practice Enhancement	Adopted	Update policy site
221-222	Para. 89, Recommendation to revise the policy statement on “Tiered and Narrowed Physician Networks”	Practice Enhancement	Adopted	Update policy site
222 & 287-295	Para. 90, Recommendation to adopt a new position paper on “Vision and Principles of a Quality Measurement Strategy for Primary Care” in Appendix I	Practice Enhancement	Adopted	Update policy site
223-226	Appendix A, Position paper on “Protecting Adolescents: Ensuring Access to Care and Reporting Sexual Activity and Abuse” ..	Practice Enhancement	Adopted	Update policy site
227-231	Appendix B, Policy statement on “Breastfeeding Accommodations for Trainees” to “Breastfeeding and Lactation Policy for Medical Trainees”	Health of the Public/Science	Adopted	Update policy site
232-241	Appendix C, Position paper on “Incarceration and Health: A Family Physician Perspective”	Health of the Public/Science	Adopted	Update policy site
242-252	Appendix D, Position paper on “Marijuana and Cannabinoids: Health, Research and Regulatory Considerations”	Health of the Public/Science	Adopted	Update policy site
		Health of the Public/Science	Adopted	Update policy site

Summary of Actions of the 2019 Congress of Delegates, continued

253-264	Appendix E, Position paper on “Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine”	Health of the Public/Science	Adopted	Update policy site
265-270	Appendix F, Policy statement on “Substance Abuse and Addiction” to “Substance Use Disorders”	Health of the Public/Science	Adopted	Update policy site
271-283	Appendix G, Position paper on “Tobacco: Preventing and Treating Nicotine Dependence and Tobacco Use”	Health of the Public/Science	Adopted	Update policy site
284-286	Appendix H, Policy statement on “Tobacco and Smoking”	Health of the Public/Science	Adopted	Update policy site
287-295	Appendix I, Position paper on “Vision and Principles of a Quality Measurement Strategy for Primary Care”	Practice Enhancement	Adopted	Update policy site
296-307	Board Report H – Maternal Morbidity and Mortality	Health of the Public/Science	Filed	No further action necessary
298-307	Appendix A, Recommendations for the AAFP and Participating Organizations to Address Collaboratively	Health of the Public/Science	Filed	No further action necessary
308-309	Board Report I – Health Care Financing	Advocacy	Filed	No further action necessary
310-312	Board Report J – Administrative Complexity	Practice Enhancement	Filed	No further action necessary
313-317	Board Report K – AAFP Non-Dues Revenue	Organization & Finance	Filed	No further action necessary

REPORTS OF COMMISSIONS AND COMMITTEES				
Handbook Page	Designation and Title	Ref. Com.	Action of Congress	Recommended Referrals
97-103	COMMISSION ON FINANCE AND INSURANCE	ALL to O & F	Filed	No further action necessary
104-132	Audit Report	ALL to O & F	Adopted	No further action necessary
134-135	BYLAWS WORKGROUP REPORT	ALL TO O & F	Adopted	Update Bylaws
134-135	Proposed Amendment No. 1, To Amend Section 5 of Article VII of the Bylaws regarding submission of resolutions	Organization & Finance	Adopted	Update Bylaws