



Summary of Actions of the 2017 Congress of Delegates

September 11-13, 2017 – San Antonio, TX

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

Res. No.	Subject	Action of Congress	Recommended Referrals
201	Invocation at the AAFP Congress of Delegates RESOLVED, That in the spirit of diversity, the opening prayer be replaced with an interfaith blessing followed by a moment of silence for members of faith who are inclined, may invoke the blessing of their faith and those who profess no faith may count their blessing.	Not Adopted	
202	Support Employed Physicians Involvement in the American Academy of Family Physicians <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians (AAFP) create tools that members can use to demonstrate the value of involvement in leadership roles such as the Congress of Delegates, Board of Directors, and other national and chapter leadership positions. Fiscal Impact: Less than \$10,000	Substitute Adopted	EVP for appropriate referral to staff Diane McDaniel
203	Political Action Committee (PAC) Dues Check Off RESOLVED, That the American Academy of Family Physicians (AAFP) add an option for chapters to include PAC contributions to the AAFP dues invoice. Fiscal Impact: \$248,183 (first year) \$124,223 (subsequent years)	Referred to the Board of Directors	EVP for appropriate referral to staff Elaine Conrad
204	Celebration of the Missouri Academy of Family Physicians 70th Anniversary <u>Substitute:</u> RESOLVED, That all chapters of the American Academy of Family Physicians be recognized on their platinum anniversary.	Substitute Adopted	EVP for appropriate referral to staff Nancy Laughlin
205	Voice of the Patient within the AAFP RESOLVED, That the American Academy of Family Physicians investigate the process to represent the voice of the patient to the Board of Directors.	Adopted	Board of Directors
206	Health in All Policies (HiAP) <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians encourage the inclusion of education on the Health in All Policies (HiAP) approach at AAFP educational events including the Annual Family Medicine Advocacy Summit and the National Conference of Constituency Leaders.	Substitute Adopted	EVP for referral to appropriate staff Bob Hall, Elaine Conrad, Mindi McKenna

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
207	<p>Use of “Reparative” or “Conversion” Therapy Substitute: RESOLVED, That the American Academy of Family Physicians advocate for legislation banning the use of reparative therapy aimed at changing a person’s sexual orientation or identification.</p>	Substitute Adopted	Commission on Governmental Advocacy Bob Hall
208	<p>FamilyDoctor.org Mobile App RESOLVED, That the American Academy of Family Physicians develop a patient-facing mobile app as a supplement for familydoctor.org. Fiscal Impact: \$125,238</p>	Referred to the Board of Directors	EVP for appropriate referral staff Karen Mathes
209	<p>Support Paid Sick Leave for Employees Substitute: RESOLVED, That the American Academy of Family Physicians advocate for paid sick leave legislation.</p>	Substitute Adopted	Commission on Governmental Advocacy Bob Hall
301	<p>Developing the Medical-Behavioral Primary Care Model RESOLVED, That the American Academy of Family Physicians draft a letter to urge the Centers for Medicare and Medicaid Services (CMS) to expand the types of licensed behavioral health providers that can be credentialed by CMS to provide services to Medicare beneficiaries to include more categories of licensed behavioral health providers, such as licensed professional counselors, as well as other licensed categories recognized by state licensing boards in the category of behavioral health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians adopt policy urging that payers include payment for licensed behavioral health providers as part of a patient’s medical benefits when those services are delivered by licensed behavioral health providers in the setting of a primary care office and supervision of a primary care physician, rather than excluding those benefits due to a carve-out or siloed behavioral health benefit separate from the medical contract.</p>	Referred to the Board of Directors	Commission on Quality and Practice Jane Krieger
302	<p>Responsibilities of Commercial and Government Insurers Involving Shared Savings Payments to Family Physicians Substitute: RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers that undertake value-based contracts advocate for adjustment of Risk Adjustment Factor (RAF) scores at least annually and for acceptance of all codes submitted by the providers of care for each patient without truncation of codes due to the insurer’s inability to accept an unlimited number of codes, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers advocate for the acceptance</p>	Substitute Adopted	1 st , 2 nd , 3 rd , 4 th , and 5 th Resolved Clauses - Commission on Quality and Practice Jane Krieger 6 th Resolved Clause – Commission on Governmental Advocacy Bob Hall

Summary of Actions of the 2017 Congress of Delegates, continued

	<p>of Current Procedural Terminology Category 2 (CPT-2) codes on claims as sufficient documentation to demonstrate closure of appropriate gaps in care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers advocate for allowance of a sufficient amount of time for providers of care to validate the data and reconciliation reports (which show care provided and gaps in documentation of care) on the basis of which value-based payments are to be made, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing advocacy efforts with public and private insurers identify mechanisms for providers to correct inaccurate or incomplete reports through submission of supplemental data that may not be captured in payer claims, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians as part of its ongoing efforts with public and private insurers advocate for fair compensation to providers by these payers to compensate the additional time, effort, and administrative costs incurred to submit the appropriate supplemental data and/or Current Procedural Terminology Category 2 codes to correct inaccurate reports, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the United States Congress for the passage of legislation to mandate:</p> <ul style="list-style-type: none"> • at least annual calculation of Risk Adjustment Factor (RAF) scores, • payer acceptance of all submitted Current Procedural Terminology (CPT) codes, • acceptance of CPT Category 2 codes as sufficient documentation to close gaps in care, • that payers provide sufficient time for review and correction of inaccurate reports, • acceptance of supplemental data in value-based arrangements, and • fair compensation for activities required to satisfy payer requirements for reporting. 		
303	<p>Laboratories Sharing Data Substitute: RESOLVED, That the American Academy of Family Physicians support seamless exchange of laboratory data between the laboratory and any member of the care team, when requested. The data should be shared through the practice's usual preferred method of receiving results at no further cost to the practice.</p>	Substitute Adopted	<p>Add as a policy statement to the policy website</p> <p>Diane McDaniel</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
304	<p>Limiting Additional Metrics to Reduce Administrative Burden RESOLVED, That the American Academy of Family Physicians (AAFP) develop a policy that the AAFP will not endorse any proposed metric unless there is a concomitant elimination of an existing metric from the organization proposing and seeking endorsement of the new metric.</p>	Referred to the Board of Directors	Commission on Quality and Practice Jane Krieger
305	<p>Medicare Wellness Visits RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services to establish policy that ensures Medicare Wellness Visits are carried out and reimbursed to primary care physicians.</p>	Reaffirmed as Current Policy	
306	<p>Medicare's Annual Wellness Visits Substitute: RESOLVED, That the American Academy of Family Physicians educate public service agencies and other membership organizations with an established history of providing evidence-based consumer health information for individuals eligible for Medicare about the need for annual wellness visits to be done in the patient's primary care setting, and be it further.</p> <p>RESOLVED, That the American Academy of Family Physicians encourage public service agencies and other membership organizations with an established history of providing evidence-based consumer health information for individuals eligible for Medicare to advocate for the central role of primary care in performing the annual wellness visits and support legislation and regulations that preferentially direct beneficiaries to their primary care physicians or physician designee for these exams.</p>	Substitute Adopted	Commission on Quality and Practice Jane Krieger
307	<p>Direct Primary Care (DPC) Demonstration Project RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services and/or state Medicaid officials to set up a pilot project which demonstrates the value and outcomes that a panel of patients within a region receives through a direct primary care practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide members updates on the Centers for Medicare and Medicaid Services work regarding pilot projects which demonstrate the value and outcomes that a panel of patients within a region receives through a direct primary care practice. Fiscal Impact: \$309,837</p>	Not Adopted	

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
308	<p>Merit-Based Incentive Payment System Substitute: RESOLVED, That the American Academy of Family Physicians advocate for processes within the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that would provide incremental pay increases for small practices that participate in any quality improvement activities outside of the formal Merit-based Incentive Payment System (MIPS) structure.</p>	Substitute Referred to the Board of Directors	Commission on Quality and Practice Jane Krieger
309	<p>Reduce the Frustration of Obtaining Durable Medical Equipment for Patients Substitute: RESOLVED, That the American Academy of Family Physicians, in collaboration with the stakeholders, identify opportunities to simplify and standardize medical necessity documentation requirements for durable medical equipment, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate that physician attestation of clinical diagnosis is sufficient documentation of medical necessity for durable medical equipment, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians, in collaboration with the Centers for Medicare and Medicaid Services and America's Health Insurance Plans, identify and request development of an online, accessible, and up-to-date database of accredited durable medical equipment suppliers for each health plan.</p>	Substitute Adopted	Commission on Quality and Practice Jane Krieger
310	<p>Allowing PAs to Perform Face-To-Face Exam for Hospice Recertification as NPs Perform RESOLVED, That the American Academy of Family Physicians urge the Centers for Medicare and Medicaid Services to allow both physician assistants (PAs) and nurse practitioners (NPs) to satisfy the requirement for hospice face-to-face visits for recertification with appropriate physician oversight or collaboration.</p>	Referred to the Board of Directors	Commission on Quality and Practice Jane Krieger

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
311	<p>Emphasizing Direct Clinical Care in Health Care Spending RESOLVED, That the American Academy of Family Physicians lobby to require that 85% of all health care expenditures go only to direct hands-on patient care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support strict restrictions and penalties for all insurance companies including the Centers for Medicare and Medicaid Services if they require or create administrative burdens which require more than 15% of the health care dollar, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request that the U.S. Congress and the Centers for Medicare and Medicaid Services identify provider administrative costs resulting from Medicare rules and regulations in the fee for service payment system and either reduce that burden to the level allowed by Medicare Advantage plans or increase provider payment for any administrative costs greater than 15%, with penalties for exceeding this limitation.</p>	Referred to the Board of Directors	Commission on Governmental Advocacy Bob Hall
401	<p>Military Tobacco 21 Substitute: RESOLVED, That the American Academy of Family Physicians adopt a policy position and advocate that the United States Congress pass a law that makes it illegal for military commissaries to sell tobacco products to those under 21.</p>	Substitute Adopted	Commission on Governmental Advocacy Bob Hall
402	<p>Raising the Legal Age for Purchasing Tobacco Products to 21 RESOLVED, That the American Academy of Family Physicians support raising the legal minimum age for purchasing tobacco products to 21.</p>	Reaffirmed as Current Policy	
403	<p>Sugar-Sweetened Beverages RESOLVED, That the American Academy of Family Physicians create and make available resources for use by chapters to make advocacy concerning sugar-sweetened beverage policy easier.</p>	Reaffirmed as Current Policy	
404	<p>Integrating Public Health and Family Medicine RESOLVED, That the American Academy of Family Physicians work with organizations integrating public health and family medicine to investigate partnership opportunities for greater physician involvement or opportunity in community development endeavors.</p>	Reaffirmed as Current Policy	

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
405	<p>Screening, Intervening, and Advocating to Address Food Insecurity RESOLVED, That the American Academy of Family Physicians support efforts to screen patients for food insecurity, using tools like the validated Hunger Vital Sign™, and connect patients to federal nutrition programs and resources, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for a strong and effective national nutrition safety net for vulnerable, low-income individuals by protecting and defending the federal nutrition programs from block grants, structural changes, and budget cuts, and by ensuring all people in the U.S. have access to the nutrition they need to live healthy and productive lives, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians issue a policy statement to educate members on the health implications of food insecurity, health benefits of the federal nutrition programs, promising interventions to address food insecurity in health care settings, and advocacy opportunities to address food insecurity at the local, state, and national level. Fiscal Impact: \$10,818</p>	Reaffirmed as Current Policy	
406	<p>Violence in Health Care Substitute: RESOLVED, That the American Academy of Family Physicians survey family physicians to characterize and quantify the incidence of violence against family physicians in the workplace and elsewhere related to their practice, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians create and promote an educational violence in the workplace toolkit to provide student, residents, practicing physicians, and their staff/nurses with resources, such as active shooter training, metal detector promotion, and de-escalation training. Fiscal Impact: Less than \$10,000</p>	Substitute Adopted	<p>Commission on Health of the Public and Science</p> <p>Bellinda Schoof</p>
407	<p>Support Housing Access for All RESOLVED, That American Academy of Family Physicians advocate for policies supporting “Housing First” approaches (such as permanent housing with community-based, integrated treatment, rehabilitation and support services), including for policies that encourage Medicaid agencies and Medicaid health plans to use funds for such approaches.</p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
408	<p>Treating Substance Use Disorder in Jails and Prisons Substitute: RESOLVED, That the American Academy of Family Physicians advocate for legislation, standards, policies and funding that increase access to evidence-based treatment of opioid use disorder, including initiation and continuation of medication assisted treatment, in correctional facilities, within the United States, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for legislation, standards, policies and funding that encourage correctional facilities within the United States to work in ongoing collaboration with addiction treatment providers, case managers, social workers, and pharmacies in the communities where patients are released to offer post-incarceration treatment plans for opioid use disorder, including education, medication for addiction treatment, and medication for preventing overdose deaths, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians update its position statement “Incarceration and Health: A Family Medicine Perspective” to include utilization of medication assisted treatment as an evidence-based best practice for inmates with opioid use disorder.</p>	Substitute Adopted	<p>1st and 2nd Resolved Clauses - Commission on Governmental Advocacy</p> <p>Bob Hall</p> <p>3rd Resolved Clause – Commission on Health of the Public and Science</p> <p>Bellinda Schoof</p>
409	<p>Opposing Policies and Procedures Compelling Individuals Involved in the Justice System to Seek Specific Medications or Medical Procedures RESOLVED, That the American Academy of Family Physicians advocate against policies and practices of incentivizing individuals involved in the justice system to seek family planning services including sterilization, contraception, and abortion, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate against policies and practices incentivizing individuals involved in the justice system to choose one form of Medication-Assisted Treatment over another. Fiscal Impact: \$16,341</p>	Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall</p>
410	<p>Maternity and Reproductive Health Care are Essential Benefits RESOLVED, That the American Academy of Family Physicians oppose legislation that allows insurers to opt out of maternity and reproductive health coverage, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians issue a formal statement affirming that maternity and reproductive health services are essential to general health care and should be covered under all insurance plans.</p>	Adopted	<p>1st Resolved Clause – Commission on Governmental Advocacy</p> <p>Bob Hall</p> <p>2nd Resolved Clause – Commission on Quality and Practice</p> <p>Jane Krieger</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
411	<p>Endorse Restriction of Antibiotic Use in Food Animals RESOLVED, That the American Academy of Family Physicians support legislation restricting the use of antibiotics in food animal production to the treatment of animals with active disease, equivalent to the use in humans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians urge the Food and Drug Administration and the United States Department of Agriculture to restrict use of antibiotics in food animal production to the treatment of animals with active disease, equivalent to the use in humans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians create educational content for family physicians, in the form of journal reviews, continuing professional education programs or educational materials, that focus on comprehensive antibiotic stewardship and specifically include education about the role of the food animal production system in the development of antibiotic resistance in humans.</p>	Referred to the Board of Directors	<p>1st and 2nd Resolved Clauses – Commission on Governmental Advocacy</p> <p>Bob Hall</p> <p>3rd Resolved Clause – Commission on Continuing Professional Development</p> <p>Mindi McKenna</p>
412	<p>Round Up Our Troops – Beware of Glyphosate RESOLVED, That the American Academy of Family Physicians educate its members about the potential health hazards of human exposure to glyphosate, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work with other agencies and organizations, in addition to the American Academy of Pediatrics, to increase the awareness of the general public about the health hazards of glyphosate to humans, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for labeling of products containing Glyphosate as “probably carcinogenic in humans,” and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the Environmental Protection Agency to revise its current position on glyphosate based on the latest evidence, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with other organizations and agencies to encourage restricted use of Glyphosate in the U.S. until the concerns about its health hazards are resolved.</p>	Referred to the Board of Directors	<p>1st, 2nd, 4th and 5th Resolved Clauses – Commission on Health of the Public and Science</p> <p>Bellinda Schoof</p> <p>3rd Resolved Clauses – Commission on Governmental Advocacy</p> <p>Bob Hall</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
413	<p>AAFP Statement Against Limiting Transgender Troops in the US Military RESOLVED, That the American Academy of Family Physicians issue a statement opposing the ban on transgender persons serving in the United States Armed Forces.</p>	Adopted	<p>EVP for appropriate referral to staff</p> <p>Shannon Scott</p>
501	<p>Repeal the Hyde Amendment RESOLVED, That the American Academy of Family Physicians endorse the principle that women receiving health care paid for through health plans funded by state or federal governments who have coverage for continuing a pregnancy also should have coverage for ending a pregnancy, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians engage in advocacy and lobbying efforts to overturn the Hyde Amendment, which bans federal funding for abortions.</p>	Referred to the Board of Directors	Board of Directors
502	<p>Oppose Non-Evidence-Based Restrictions to Telemedicine Abortion RESOLVED, That the American Academy of Family Physicians oppose legislation that would prohibit telemedicine access to medication abortion or impose restrictions on access to medication abortion using telemedicine that are not placed on other medical services, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose singling out medication abortion services as a service to ban from telemedicine care, or impose restrictions on that are not placed on other telemedicine services.</p>	Referred to the Board of Directors	<p>1st Resolved Clause - Commission on Governmental Advocacy</p> <p>Bob Hall</p> <p>2nd Resolved Clause – Commission on Quality and Practice</p> <p>Jane Krieger</p>
503	<p>Health Care is a Right Amended on the Floor: RESOLVED, That the American Academy of Family Physicians recognizes that health is a basic human right for every person, and be it further</p> <p>RESOLVED, That the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.</p>	Adopted as Amended on the Floor	Include as policy statement on the AAFP policy website
504	<p>Recognize Health Care as a Human Right RESOLVED, That the American Academy of Family Physicians recognize that health care is a human right for every person, not a privilege.</p>	Not Adopted	
505	<p>Recognize Health Care as a Human Right RESOLVED, That the American Academy of Family Physicians recognize that health care is a human right for every person, not a privilege.</p>	Not Adopted	

Summary of Actions of the 2017 Congress of Delegates, continued

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

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
509	<p>Stop the Blame the Doctors Game: Evidence Says Physicians are not the Cause of Opiate Crisis RESOLVED, That the American Academy of Family Physicians support appropriate and individualized pain treatment by physicians as essential to quality medical care and continue their efforts to encourage physicians to prescribe opiates responsibly, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians educate family physicians in evidence-based approaches to opiate prescribing and pain treatment, such as use of prescription monitoring programs, urine drug screens, cognitive behavioral therapy, and appropriate multi-modalities of pharmacologic treatment and therapy, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians engage in professional public relations efforts to improve the public's current perception of physicians and dispel the myth that places the blame on physicians for the current opiate epidemic, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians attempt to educate government officials, law enforcement and the public that Medicated Assisted Therapy is an important aspect of solving the opiate epidemic and that the "stigma" associated with it needs to be removed, both for patients receiving it as well as for physicians prescribing it, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians attempt to educate government officials, law enforcement that a balanced approach to the opiate crisis is needed which focuses on prevention responses that aim to reduce the rates of nonmedical use and overdose while maintaining access to prescription opioids when medically indicated. Fiscal Impact: \$551,250</p>	Referred to the Board of Directors	<p>1st and 2nd - Resolved Clauses – Commission on Health of the Public and Science</p> <p>Bellinda Schoof</p> <p>3rd Resolved Clause – EVP for appropriate referral to staff</p> <p>Shannon Scott</p> <p>4th and 5th Resolved Clauses – Commission on Governmental Advocacy</p>
510	<p>Unsolicited Requests for Compound Topical Medications Substitute: RESOLVED, That the American Academy of Family Physicians develop policy describing best practices pertaining to compounded medications including cost transparency.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall</p>
511	<p>Pharmaceutical Drug Pricing Substitute: RESOLVED, That the American Academy of Family Physicians advocate for marketplace solutions, including public health programs, such as Medicare and Medicaid, ability to negotiate with manufacturers of pharmaceutical, biologic, and medical device products.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
512	<p>Immigration Policy RESOLVED, That the American Academy of Family Physicians actively oppose the current administration's immigration policies and the building of a wall along the southern border of the United States given its detrimental effect on the economic, ecological, and community health of the border region. Fiscal Impact: \$16,341</p>	Referred to the Board of Directors	Commission on Governmental Advocacy Bob Hall
513	<p>Support a Publicly Funded Universal Primary Care Program RESOLVED, That the American Academy of Family Physicians develop a policy statement in support of a publicly funded universal primary care system in states who pursue this model, and be it further RESOLVED, That the American Academy of Family Physicians survey chapters about the feasibility of a legislative approach to promoting a universal primary care system in their state.</p>	Adopted	1 st Resolved Clause - Commission on Governmental Advocacy Bob Hall 2 nd Resolved Clause – EVP for appropriate referral to staff Bob Hall and Nancy Laughlin
514	<p>Universal Health Insurance RESOLVED, That the American Academy of Family Physicians endorse a national single payer health care system, and be it further RESOLVED, That the American Academy of Family Physicians support a single payer health care system that is paid for with general revenues of government and which might include co-pays, and be it further RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which services are delivered by private health care providers pursuant to peer reviewed standards of care developed by each category of provider, and be it further RESOLVED, That the American Academy of Family Physicians support a single payer health care system that is administered by an existing government agency such as the Centers for Medicaid and Medicare Services, or by a new public benefit corporation whose board of directors would be independently selected by the provider community and consumer representatives, and be it further RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which payment for services and development of administrative rules and procedures are established through collective negotiation with provider representatives, with separate bargaining agents for each category of provider and which include consideration of provider operating costs and geographic and demographic factors, and that such negotiations include an appeals process for providers whose particular operating circumstances may warrant separate consideration, and be it further</p>	Referred to the Board of Directors	Board of Directors

Summary of Actions of the 2017 Congress of Delegates, continued

	<p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which compensation for providers includes a specified rate of profit to permit providers to form capital for expansion and innovation and to maintain economic viability, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system that financially incentivizes appropriate use of primary and specialty care services by differential cost-sharing, such as co-pay waivers, tiered co-pays, or similar mechanisms, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support a single payer health care system in which collective negotiations between providers and the single payer entity are completely transparent.</p>		
515	<p>The Medicare and Medicaid Funding Shortage – Impact on Puerto Rico Substitute: RESOLVED, That the American Academy of Family Physicians support equal funding for Medicare and Medicaid in Puerto Rico and the U.S. territories similar to the 50 states and District of Columbia.</p>	Substitute Adopted	<p>Commission on Governmental Advocacy</p> <p>Bob Hall</p>
516	<p>AAFP Statement in Support of DACA Substitute: RESOLVED, That the American Academy of Family Physicians shall issue a statement strongly supporting protections afforded by the Deferred Action for Childhood Arrivals (DACA).</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Shannon Scott</p>
601	<p>Proposal for New Search Options for Specific Residency Characteristics in the Residency Directory on the AAFP Website Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) survey various AAFP constituencies including Member Interest Groups, commission members, the National Conference of Constituency Leaders, and National Conference of Family Medicine Residents and Medical Students to recommend searchable program characteristics that may be included in the AAFP residency directory, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) direct AAFP staff to identify a feasible process for adding searchable topics to the AAFP residency directory. Fiscal Impact: Less than \$10,000</p>	Substitute Adopted	<p>EVP for appropriate referral to staff</p> <p>Stan Kozakowski</p>

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
602	<p>Increasing Diversity in Family Medicine Substitute: RESOLVED, That the American Academy of Family Physicians recommend that the Accreditation Council for Graduate Medical Education study the impact of the effect of American Board of Family Medicine initial certification exam pass rates on diversity (underrepresented minority residents) in family medicine relative to other specialties, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians recommend policy to achieve greater rates of diversity in family medicine.</p>	Substitute Adopted	Commission on Education Stan Kozakowski
603	<p>ABFM and Licensure RESOLVED, That the American Academy of Family Physicians study the national impact of American Board of Family Medicine (ABFM) removal of board certification based on state licensure actions and engage with the ABFM to arrive at a fair and rational approach to these issues that is in the best interest of the public and fair to family physicians.</p>	Adopted	Task Force on Board Certification Clif Knight
604	<p>CMS Funding for Graduate Medical Education RESOLVED, That the American Academy of Family Physicians dedicate resources to engage the Centers for Medicare and Medicaid Services in requiring that a specified proportion of Graduate Medical Education funding be dedicated to the training of family medicine physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians further dedicate resources to ensure reporting on the use of Graduate Medical Education funding and patient outcomes be required and standardized across all institutions to which the Centers for Medicare and Medicaid Services funding is granted.</p>	Referred to the Board of Directors	1 st Resolved Clause – Commission on Governmental Advocacy Bob Hall 2 nd Resolved Clause – Referral to EVP as part of staff work on current GME policy
605	<p>Structural Vulnerability RESOLVED, That the American Academy of Family Physicians officially recognize structural vulnerability in medical education, graduate medical education, and physician practice as a significant contributor to physician burnout, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians study the concept of structural vulnerability in reference to medical culture and its contribution to physician burnout, attrition, and suicide.</p>	Not Adopted	

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
606	<p>Addressing Physician Burnout Through Support of Clinical Efficiency Training that Reduces Work After Clinic (WAC) RESOLVED, That the American Academy of Family Physicians address member burnout from work after clinic (WAC) by studying strategies that improve individual clinical efficiency of family physicians in the outpatient clinical setting, and developing toolkits, education at conferences such as the Family Medicine Experience (FMX), and other means of training practicing family physicians to improve member clinical efficiencies in their patient encounters.</p>	Adopted	EVP for appropriate referral to staff Clif Knight
607	<p>Medical Aid-in-Dying is Not “Assisted Suicide” RESOLVED, That the American Academy of Family Physicians reject the term “assisted suicide” to describe the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death should their suffering become unbearable, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians acknowledge that use of medical aid-in-dying is an ethical, personal end-of-life decision that should be made in the context of the doctor-patient relationship, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians submit a resolution to the American Medical Association House of Delegates that calls on that organization to:</p> <ol style="list-style-type: none"> 1. reject use of the term “assisted suicide” when referring to the practice of medical aid-in-dying, and 2. modify its current policy with language that recognizes medical aid-in-dying as an ethical end-of-life option when practiced where authorized and according to prescribed law. 	Referred to the Board of Directors	Commission on Health of the Public and Science with request for recommendations to the Board Bellinda Schoof
608	<p>Integrative Medicine in Family Medicine RESOLVED, That the American Academy of Family Physicians evaluate the evidence behind integrative medicine as an approach to improve patient care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) explore engaging integrative medicine subject matter experts to work with the Commission on Continuing Professional Development to improve AAFP members’ understanding of the potential value of integrative medicine through development or promotion of educational activities.</p>	Reaffirmed as Current Policy	

Summary of Actions of the 2017 Congress of Delegates, continued

Res. No.	Subject	Action of Congress	Recommended Referrals
609	<p>Physician Resiliency Added into ABFM Process RESOLVED, That the American Academy of Family Physicians formally ask the American Board of Family Medicine (ABFM) to include fostering physician resiliency in its assessment of certification, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask the American Board of Family Medicine (ABFM) to include the option of Knowledge Self-Assessment in physician resiliency as a points-earning component of Maintenance of Certification (MOC), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians ask the American Board of Family Medicine (ABFM) to develop a performance improvement activity assisting family physicians who self-identify as burned out, and to improve their care of patients by engaging in addressing burnout, and that this option be a points-earning component of Maintenance of Certification (MOC).</p>	Referred to the Board of Directors	EVP for appropriate referral to staff Clif Knight

MEMORIAL RESOLUTIONS OF CONDOLENCE:	Ref. Comm.	Action of Congress
Ernst Chester "Chet" Bone, MD, FAAFP (Illinois)	Not Referred	Unanimously Adopted – Communication sent to family
Stanley Alden Boyde, MD, FAAFP (Oregon)	Not Referred	Unanimously Adopted – Communication sent to family
Edward S. Campbell, MD, FAAFP (North Carolina)	Not Referred	Unanimously Adopted – Communication sent to family
Richard Daniel Clover, MD, FAAFP (Kentucky)	Not Referred	Unanimously Adopted – Communication sent to family
Carl W. "Pete" Liebig, MD (West Virginia Jersey)	Not Referred	Unanimously Adopted – Communication sent to family
Donya A. Powers, MD (Rhode Island)	Not Referred	Unanimously Adopted – Communication sent to family
Mario E. Ramirez, MD, FAAFP (Texas)	Not Referred	Unanimously Adopted – Communication sent to family
Ronald D. Rohlfing, MD (Oregon)	Not Referred	Unanimously Adopted – Communication sent to family
Tracy Tam, DO (New York)	Not Referred	Unanimously Adopted – Communication sent to family
Ann B. Trausch, MD, (Oregon)	Not Referred	Unanimously Adopted – Communication sent to family
Dean M. Wilcox, MD, FAAFP (Oregon)	Not Referred	Unanimously Adopted – Communication sent to family
George T. Wolff, MD, FAAFP (North Carolina)	Not Referred	Unanimously Adopted – Communication sent to family

Summary of Actions of the 2017 Congress of Delegates, continued

OFFICER ADDRESSES				
<i>Handbook Page</i>	<i>Designation and Title</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
	ADDRESS OF THE SPEAKER...	O & F	Filed	No further action necessary
	ADDRESS OF THE PRESIDENT	O & F	Filed	No further action necessary
	ADDRESS OF THE PRESIDENT-ELECT.....	O & F	Filed	No further action necessary
	ADDRESS OF THE BOARD OF DIRECTORS CHAIR.....	O & F	Filed	No further action necessary
	ANNUAL REPORT & ADDRESS OF THE EXECUTIVE VICE PRESIDENT.....	O & F	Filed	No further action necessary
<i>Handbook Page</i>	<i>Designation and Title</i>	<i>Ref. Comm.</i>	<i>Action of Congress</i>	<i>Recommended Referrals</i>
143-158	A – Task Force on Nominations and Elections and Candidate Activities	Not Referred	Filed	No further action necessary
148-156	Appendix A – AAFP Bylaws and Standing Rules of the Congress of Delegates regarding nominations.....			
157-158	Appendix B – Letter to Delegates and Alternates regarding perceptions of nomination process.....			
159-164	B –Payment Issues	Practice Enhancement	Filed	No further action necessary
165-170	C – Family Physician Well-Being and Professional Satisfaction	Education	Filed	No further action necessary
166	Para. 16, Recommendation to revise the position paper on “Physician Burnout” to “Family Physician Burnout, Well-being, and Professional Satisfaction”.....			
167-170	Appendix A, Position paper on “Family Physician Burnout, Well-being and Professional Satisfaction”.....			
		Education	Adopted	Update policy on website
		Education	Adopted	Update policy on website

Summary of Actions of the 2017 Congress of Delegates, continued

171-186	D – AAFP Non-Dues Revenue	O & F	Filed	No further action necessary
175	Para. 29, Recommendation to discontinue annual Board Report on AAFP Non-Dues Revenue.....	O & F	Not Adopted	Board report to be continued
176-186	Appendix A, Outside Funding Support.....	O & F	Filed	
187-190	E – Administrative and Regulatory Burden.....	Advocacy	Filed	No further action necessary
191-227	F – Single Payer Health Care System.....	Advocacy	Filed	No further action necessary
195-225	Appendix A, Discussion Paper on Health Care Coverage and Financial Models.....	Advocacy	Filed	No further action necessary
226-227	Appendix B, AAFP Statement, AAFP Supports Choice of Public and Private Plans to Consumers.....	Advocacy	Filed	No further action necessary
228-231	G – Board Certification in Family Medicine Update.....	Education	Filed	No further action necessary
232-238	H – Health Care Reform.....	Advocacy	Filed	No further action necessary
239-240	I – Family Medicine Political Action (FamMedPAC).....	Advocacy	Filed	No further action necessary

Summary of Actions of the 2017 Congress of Delegates, continued

241-320 241	J – Policy Statement Review Para. 3, List of policy statements reaffirmed	O & F	Filed	No further action necessary
	• Advertising: Youth Products	O & F	Filed	Update policy site
	• Breastfeeding	O & F	Filed	Update policy site
	• Corporal Punishment in Schools	O & F	Filed	Update policy site
	• Criminalization of the Provision of Medical Care to Undocumented Patients	O & F	Filed	Update policy site
	• Domestic Partner Benefits	O & F	Filed	Update policy site
	• Expedited Partner Therapy	O & F	Filed	Update policy site
	• First Dollar Coverage for Preventive Care	O & F	Filed	Update policy site
	• Mercury in Food as a Human Health Hazard	O & F	Filed	Update policy site
	• Naturopathic Practice	O & F	Filed	Update policy site
	• Privileges at Competing Hospitals	O & F	Filed	Update policy site
	• Privileges, Documentation of Training and Experience	O & F	Filed	Update policy site
	• Privileges, Emergency Care Services	O & F	Filed	Update policy site
	• Privileges, Special and Critical Care Units	O & F	Filed	Update policy site
	• Procedural Skills Training, Residency Criteria	O & F	Filed	Update policy site
	• Professional Medical Liability	O & F	Filed	Update policy site
241-242	Para. 4, Recommendation to revise the policy on Civil Marriage for Same Gender Couples	O & F	Adopted	Update policy site
242	Para. 5, Recommendation to revise the policy on Equality for Same Gender Families	O & F	Adopted	Update policy site
242	Para. 6, Recommendation to revise the policy on CME Mission Statement	Education	Adopted	Update policy site
242-243	Para. 7, Recommendation to revise the policy on Certification/ Maintenance of Certification, Definition	Education	Adopted	Update policy site
244	Para. 8, Recommendation to revise the policy on Family Physicians in Emergency Medicine	Education	Adopted	Update policy site

Summary of Actions of the 2017 Congress of Delegates, continued

244-245	Para. 9, Recommendation to revise the policy on Expansion of Residency Training Programs of Federally Qualified Community Health Center (FQHCs) and Teaching Health Centers (THCs)	Education	Adopted	Update policy site
245-248	Para. 10, Recommendation to revise the policy on Parental Leave During Residency Training.....	Education	Adopted	Update policy site
248	Para. 11, Recommendation to revise the policy on Children's Health	Advocacy	Adopted	Update policy site
249	Para. 12, Recommendation to revise the policy on Information Technology Used in Health Care	Advocacy	Adopted	Update policy site
249-251	Para. 13, Recommendation to revise the policy on Managed Care.....	Advocacy	Adopted	Update policy site
251-252	Para. 14, Recommendation to revise the policy on Reporting on Residency Status of Patients	Advocacy	Adopted	Update policy site
252-253	Para. 15, Recommendation to revise the policy on Adolescent Health Care, Sexuality and Contraception	Health of the Public/Science	Adopted	Update policy site
253 & 275-280	Para. 16, Recommendation to delete the position paper on Alcohol Advertising and Youth in Appendix A.....	Health of the Public/Science	Adopted	Update policy site
254	Para. 17, Recommendation to adopt a new policy on Alcohol Advertising and Underage Alcohol Usage	Health of the Public/Science	Adopted	Update policy site
254	Para. 18, Recommendation to revise the policy on Climate Change and Air Pollution.....	Health of the Public/Science	Adopted	Update policy site
254-255	Para. 19, Recommendation to revise the policy on Disaster Planning	Health of the Public/Science	Adopted	Update policy site
255	Para. 20, Recommendation to revise the policy on Graduated Driver's License	Health of the Public/Science	Adopted	Update policy site
255-256	Para. 21, Recommendation to revise the policy on Health Nutrition in Health Care Facilities and Other Workplaces.....	Health of the Public/Science	Adopted	Update policy site

Summary of Actions of the 2017 Congress of Delegates, continued

256	Para. 22, Recommendation to delete the policy on Hospital Use of Formula in Breastfeeding Infants	Health of the Public/Science	Not Adopted	Update on website
256-257	Para. 24, Recommendation to adopt a new policy on Human Trafficking	Health of the Public/Science	Adopted	Update on website
258 & 281-289	Para. 26, Recommendation to adopt a new position paper on Incarceration and Health: The Family Medicine Perspective in Appendix B	Health of the Public/Science	Adopted	Update on website
258	Para. 27, Recommendation to revise the policy statement on Organ Donation to Organ Donation: Addressing the Shortage of Registered Organ Donors	Health of the Public/Science	Adopted	Update on website
259	Para. 30, Recommendation to adopt a new policy statement on Oral Health Education and Advocacy	Health of the Public/Science	Adopted	Update on website
259-260	Para. 31, Recommendation to revise the policy on Reproductive Decisions	Health of the Public/Science	Adopted	Update on website
260-261	Para. 32, Recommendation to revise the policy on Sports Medicine, Athletic Trainers for High School Athletes	Health of the Public/Science	Adopted	Update on website
261	Para. 33, Recommendation to revise the policy on Violence as a Public Health Concern	Health of the Public/Science	Adopted	Update on website
262	Para. 34, Recommendation to revise the policy on Illegal Acts Against Physicians and Other Health Professionals	Health of the Public/Science	Adopted	Update on website
262-263	Para. 35, Recommendation to revise the policy on Consultations and/or Referrals, Mandatory to Consultations and/or Policies on Referrals	Practice Enhancement	Adopted	Update on website
263	Para. 36, Recommendation to delete the policy on Consultation/Backup	Practice Enhancement	Adopted	Update on website
263-264	Para. 37, Recommendation to revise the policy on Consultations, Referrals, and Transfers of Care	Practice Enhancement	Adopted	Update on website

Summary of Actions of the 2017 Congress of Delegates, continued

264 & 290-293	Para. 38, Recommendation to revise the position paper on Disclosing Unanticipated Outcomes: A Resource Guide for Family Physicians in Appendix C.....	Practice Enhancement	Adopted	Update on website
264 & 294-312	Para. 39, Recommendation to revise the position paper on Training and Credentialing of Family Physicians in EGD in Appendix D.....	Practice Enhancement	Adopted	Update on website
264-265	Para. 40, Recommendation to revise the policy on Generic Drugs.....	Practice Enhancement	Adopted	Update on website
265	Para. 41, Recommendation to revise the policy on Hospital, Transfer to Patients.....	Practice Enhancement	Adopted	Update on website
266	Para. 43, Recommendation to adopt a new policy on Independent Practice.....	Practice Enhancement	Adopted	Update on website
266-267	Para. 44, Recommendation to revise the policy on Integrated Practice Arrangements to Team-Based Care.....	Practice Enhancement	Adopted	Update on website
267-268	Para. 45, Recommendation to revise the policy on Maternal/Child Care (Obstetrics/Perinatal Care).....	Practice Enhancement	Adopted	Update on website
268-269	Para. 46, Recommendation to revise the policy on Medicare Payment.....	Practice Enhancement	Adopted	Update on website
269-270	Para. 47, Recommendation to revise the policy statement on Patient-Centered Medical Home to Medical Home.....	Practice Enhancement	Adopted	Update on website
270	Para. 48, Recommendation to adopt a new policy on Preventive Medicine.....	Practice Enhancement	Adopted	Update on website
271	Para. 49, Recommendation to delete the policy on Primary Care Services for Limited Specialists.....	Practice Enhancement	Adopted	Update on website
271-272	Para. 51, Recommendation to adopt a new policy on Prior Authorization.....	Practice Enhancement	Adopted	Update on website

Summary of Actions of the 2017 Congress of Delegates, continued

272	Para. 52, Recommendation to revise the policy on Privilege Support Protocol....	Practice Enhancement	Adopted	Update on website
272 & 313-320	Para. 53, Recommendation to revise the position paper on Radiology in Appendix E	Practice Enhancement	Adopted	Update on website
272-273	Para. 54, Recommendation to revise the policy on Third Party Payer Credentialing ...	Practice Enhancement	Adopted	Update on website
321-323	K – Removing Sugar-Sweetened Beverages from the Supplemental Nutrition Assistance Program	Health of the Public & Science	Filed	No further action necessary

REPORTS OF COMMISSIONS AND COMMITTEES				
Handbook Page	Designation and Title	Ref. Com.	Action of Congress	Recommended Referrals
97-104	COMMISSION ON FINANCE AND INSURANCE.....	ALL to O & F	Filed	
105-130	Audit Report.....	ALL to O & F	Adopted	No further action necessary
132-137	AAFP AMA DELEGATION REPORT	ALL TO O & F	Filed	