



Summary of Actions of the 2021 Virtual Reference Committee Hearings

January 22-23, 2022

This summary of actions includes all items of business which were submitted to the 2021 Congress of Delegates and were subsequently acted upon through the Rules Committee and the Virtual Reference Committees. With the deadline for extractions having passed at 5pm Central time on 3 February 2022, the items were ruled by the Speaker, at that time, to have been disposed of, by unanimous consent of the Congress of Delegates, in the manner presented in the column "Action of Congress."

Res. No.	Subject	Action of Congress
Bylaws Workgroup - Proposed Amendment No. 1	<p>ALL, Proposed Amendment No. 1, To Amend Section 2 of Article VI of the Bylaws regarding holding a virtual annual meeting RESOLVED, That Article VI, Section 2 be amended to read as follows:</p> <p style="text-align: center;">ARTICLE VI Meetings</p> <p>Section 2. Congress of Delegates. The Congress of Delegates shall meet during the annual meeting of the AAFP and at such other times and places as it may determine <u>in such fashion as is deemed effective by the Speaker</u>. Special meetings of the Congress of Delegates may be called by a two-thirds (2/3) affirmative vote of the Board, or called by the president upon the written request of any twenty-five (25) or more of the delegates. Special meetings shall be held at such time and place as may be set forth in said call, provided notice of such meeting dates shall be given by the executive vice president/chief executive officer in writing at least sixty (60) days prior. Fiscal Impact: None</p>	Not Adopted
Bylaws Workgroup - Proposed Amendment No. 2	<p>ALL, Proposed Amendment No. 2, To Amend Section 1 of Article VI of the Bylaws regarding holding a virtual annual meeting. RESOLVED, That Article VI, Section 1 be amended to read as follows:</p> <p style="text-align: center;">ARTICLE VI Meetings</p> <p>Section 1. Annual Meeting. Unless otherwise ordered by the Board, there shall be an annual meeting of the AAFP which shall include meetings of the Congress of Delegates and an educational event, together with such meetings of the Board, Executive Committee, and other commissions and committees as may be fixed by the Board. The time and place shall be designated by the Board, and announced at least sixty (60) days before the date so fixed. <u>If the Board determines an in-person meeting is inadvisable under the circumstances then existing, it may designate that the meeting be held, in whole or in part, by remote communication using interactive technology.</u> Fiscal Impact: None</p>	Extracted (Org & Finance Rec – Adopt)
201	<p>Working Towards Zero Waste RESOLVED, That the American Academy of Family Physicians support improving the environmental health of our patients and planet by requesting all future conference and meeting sites reduce waste, and be it further</p>	Extracted (Org & Finance Rec – Adopt)

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	<p>RESOLVED, That the American Academy of Family Physicians alert members that future events will attempt to significantly reduce waste, and encourage participants to bring their own reusable items, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians request conference host sites not use disposable silverware, cups, napkins, beverage containers, etc. unless they are compostable, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians consider a site's ability or willingness to avoid waste-generation when contracting for meetings and conferences, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians "swag" seek to be reusable (water bottles, coffee mugs, utensils) or biodegradable items, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians safety practices be considered in environmental stewardship. Fiscal Impact: None</p>	
202	<p>AAFP Board's Decision to Remove the 25 "Live" Credits Per Three Year CME Membership Re-election Period Requirement for Members</p> <p>RESOLVED, That the American Academy of Family Physicians instead offer a moratorium on the requirement of 25 hours of "Live" CME for all members in the 2018-2020 re-election cycle currently receiving an extension through Dec 31, 2021; all members in the 2019-2021 re-election cycle; and all members in the 2020-2022 re-election cycle; and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians re-institute the policy on requiring 25 hours of "Live" CME as a part of the 150 hours required over a three-year period, beginning with the 2021-2023 reelection cycle. Fiscal Impact: \$16,500</p>	<p>Extracted (Org & Finance Rec – Not Adopt)</p>
203	<p>Requirement for an Annual Board Report at the AAFP Congress of Delegates on the Status of Resolutions Previously Referred to the Board</p> <p>RESOLVED, That the American Academy of Family Physicians' Congress of Delegates make a determination of the outcome of resolutions referred to the Board within one year's time, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians will contact the submitting state delegation with the final outcome of the referred resolution once determined, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians, at every annual Congress of Delegates, present a Board Report detailing the status of the prior year's resolutions that were referred to the Board, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians carry over onto subsequent annual Board Reports until an outcome has been finalized, resolutions that do not have a conclusive determination at the end of one year's time, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) will post information, status, and final determinations on resolutions referred to the Board to the Congress of Delegates section of the AAFP website in an easily searchable location. Fiscal Impact: None</p>	<p>Adopted</p>

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<p>204</p>	<p>Develop an AAFP Background Consultation Team RESOLVED, That the American Academy of Family Physicians (AAFP) Board of Directors appoint annually a group of individuals to serve as a “background consultation team” (to be named and organized logistically by the AAFP), and be it further</p> <p>RESOLVED, That an American Academy of Family Physicians (AAFP) “background consultation team” consist of roughly equal parts A) non-physician members with varied backgrounds in medical ethics, health policy, medical history (and/or related fields), and B) a diverse group of AAFP members who are not current members of an AAFP Congress of Delegates delegation, and be it further</p> <p>RESOLVED, That an American Academy of Family Physicians (AAFP) “background consultation team” be tasked with reviewing and commenting on AAFP Congress of Delegates resolutions to provide objective context for any matters in the resolutions, and be it further</p> <p>RESOLVED, That an American Academy of Family Physicians (AAFP) “background consultation team” team be made available to provide consultative service to the AAFP Board of Directors between and during their regular meetings, to the AAFP Commission Chairs as needed during their work, and for any other special issue review as directed by the AAFP Executive Vice President and senior leadership, and be it further</p> <p>RESOLVED, That an American Academy of Family Physicians (AAFP) “background consultation team” be annually reviewed by the Congress of Delegates for its performance around key metrics like political neutrality, ideologic impartiality, and appropriate diversity. Fiscal Impact: \$23,275</p>	<p>Not Adopted</p>
<p>205</p>	<p>Create AAFP COD Reference Committee Membership Process That Is Diverse and Transparent RESOLVED, That the American Academy of Family Physicians develop an explicit policy wherein there is a process to select and review Reference Committee membership prior to each year's Congress of Delegates in order to ensure that each Reference Committee has a “balanced and diverse” membership, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) review and ratify this policy by the various AAFP Congress of Delegates delegations prior to its first use in order to allow for additional comment and possible further modification, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP), following the initiation of this policy/process, that in the post-Congress survey of the Delegates and Alternate Delegates there be added question(s) about perceptions of the adequacy of the Reference Committee membership and their perceived ability to report accurately on the testimony before the Reference Committees. Fiscal Impact: None</p>	<p>Extracted (Org & Finance Rec – Refer to the Board of Directors)</p>
<p>206</p>	<p>Information on Industry Advertising & Sponsorships Should Be Available to Members Substitute: RESOLVED, That the American Academy of Family Physicians make a report available to members that quantifies the revenue from pharmaceutical and medical device advertising, including the percentage of total conference income, journal income and advertising income</p>	<p>Substitute Adopted</p>

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	<p>represented by these industry advertisements and sponsorship, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians assign a commission to explore alternatives to pharmaceutical and medical device advertising and sponsorship, including an estimate of how a change in sponsorship would affect membership dues and conference registration costs, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collect data on pharmaceutical and medical device advertising and sponsorship for the AAFP conferences and journals and issue a report to members. Fiscal Note: \$4,500</p>	
207	<p>Ensuring Inclusion of AAFP Members with Disabilities RESOLVED, That the American Academy of Family Physicians survey its membership on the needs of our student, resident, and physician members living with disabilities to better inform its strategic work. Fiscal Note: None</p>	Adopted
208	<p>Maintaining the Independence of the Congress of Delegates RESOLVED, That the American Academy of Family Physicians (AAFP) approve that testimony on resolutions on behalf of the AAFP Board of Directors at the AAFP Congress of Delegates will be limited to written testimony provided in conjunction with publication of resolutions for review and comment. Fiscal Note: None</p>	<p>Extracted</p> <p>(Org & Finance Rec - Not Adopt)</p>
209	<p>Increase Congress of Delegates Accessibility via Remote Participation RESOLVED, That the American Academy of Family Physicians allow all members to participate remotely in the AAFP Congress of Delegates by providing written testimony on resolutions for submission to reference committees for consideration. Fiscal Impact: None</p>	Adopted
210	<p>Creation of a Robust Search Engine Strategy for Prior COD Resolutions and Board Reports RESOLVED, That the American Academy of Family Physicians redesign the Congress of Delegates portion of the website, to include a search bar, so that searching for prior resolutions and Board Reports on specific topics are quick and efficient, and so that these searches can be done without needing to click into the link for each individual Congress of Delegates year. Fiscal Impact: None</p>	Adopted
211	<p>COD Election Task Force Substitute: RESOLVED, That the American Academy of Family Physicians (AAFP) Congress of Delegates establish a Special Committee of the Congress of Delegates on Elected Leadership Nomination Processes to evaluate the current qualifications and nomination process for AAFP elected leadership positions, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) Congress of Delegates Special Committee on Elected Leadership Nomination Processes develop and submit a report, including any recommended changes, to the 2023 AAFP Congress of Delegates for discussion and consideration, and be it further</p> <p>RESOLVED, That the voting members of the American Academy of Family Physicians Congress of Delegates (AAFP-COD) Special Committee on</p>	Substitute Adopted

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	<p>Elected Leadership Nomination Processes be appointed from current delegates and alternates of the AAFP-COD and consider chapter executives and members at large, by the Speaker of the Congress of Delegates, with the advice of the Executive Vice President and Board Chair, but that additional non-voting members may be invited, as needed, to share their specific knowledge, insights, or expertise.</p> <p>Fiscal Note: \$32,580</p>	
212	<p>Support Anti-Racism Within Family Medicine Substitute: RESOLVED, That the American Academy of Family Physicians prioritize inclusion of Black and Indigenous people of color (BIPOC) voices on the board and in every committee, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) support the creation of an AAFP Anti-Racism Committee or subcommittee to address racism.</p> <p>Fiscal Note: Unknown</p>	<p>Extracted</p> <p>(Org & Finance Rec – Substitute Adopt)</p>
213	<p>To Serve When Called: AAFP Support for Members to Serve as Public Health Officers Substitute: RESOLVED, That the American Academy of Family Physicians educate its members, through member outreach and articles in its publications, about the work of local health officers.</p> <p>Fiscal Note: \$14,750</p>	<p>Substitute Adopted</p>
301	<p>Paying to Be Paid RESOLVED, That the American Academy of Family Physicians advocate for federal legislation which would make payer and intermediary initiated fees for Automated Clearing House (ACH) payments as well as other electronic means of payment to physicians for covered services illegal, and, be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for payers to eliminate payer and intermediary initiated transactional fees for payment of covered services.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Practice Enhancement Rec – Refer to the Board of Directors)</p>
302	<p>Protect Physician Rights of Conscience RESOLVED, That the American Academy of Family Physicians create a “Rights of Conscience Toolkit” for member use for advocacy within hospital systems, training programs and legislative entities that attempt to infringe upon a physician’s rights of conscience, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians provide Continuing Medical Education (CME) at the Family Medicine Experience and other appropriate CME avenues educating on practical strategies for member use in protecting their rights of conscience.</p> <p>Fiscal Note: \$77,816</p>	<p>Extracted</p> <p>(Practice Enhancement Rec – Refer to the Board of Directors)</p>
303	<p>Rights of Conscience RESOLVED, That the American Academy of Family Physicians create a “Rights of Conscience Toolkit” and education for member and student use founded upon the core tenets of Osteopathic and Hippocratic medicine toward advocacy efforts in rights of conscience within training programs, hospital systems, medical societies, payer sources, and state and federal government.</p> <p>Fiscal Note: \$30,000</p>	<p>Extracted</p> <p>(Practice Enhancement Rec – Refer to the Board of Directors)</p>
304	<p>Family Physicians Play a Key Role in Ending the HIV Epidemic RESOLVED, That the American Academy of Family Physicians support and advocate for legislation that will increase funding for Pre-Exposure Prophylaxis (PrEP) through the federal government or through the</p>	<p>Reaffirmed as current policy</p>

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	<p>pharmaceutical company-driven patient assistance programs to cover the cost of medications and the recommended laboratory monitoring and clinical care for uninsured individuals, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for the removal of any prior authorizations required by insurance companies for FDA-approved options for PrEP, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support and advocate for family physicians to adopt standardized workflows within their practices to improve comfort, knowledge, prescribing experience of providers with Pre-Exposure Prophylaxis (PrEP) so that PrEP be more readily adopted amongst family physicians.</p> <p>Fiscal Impact: None</p>	
305	<p>Limitation on the Cost of Insulin <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians advocate that insurance companies and Medicare limit the out-of-pocket cost of insulin for patients.</p> <p>Fiscal Impact: None</p>	Reaffirmed as current policy
306	<p>Rural Health Clinics and Team-Based Care Led by a Family Physician RESOLVED, That the American Academy of Family Physicians communicate their established policy on Team-Based Care led by a physician to appropriate federal government agencies to preempt further erosion of team-based care in rural health clinics.</p> <p>Fiscal Impact: None</p>	Adopted
307	<p>Insurance Coverage for Sign Language Translation <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians advocate for payment of sign language translation services, including coverage by both public and private payers.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Practice Enhancement Rec – Substitute Adopt)</p>
308	<p>Fiber Optic Broadband Internet: Bridging the Digital Chasm <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians advocate for and support public policy and public investment to achieve universal broadband access or other technologies that would deliver equivalent results in increasing and improving internet connectivity.</p> <p>Fiscal Impact: None</p>	Substitute Adopted
309	<p>Incorporating Medical Nutrition Treatment into Primary Care <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians initiate communication with appropriate organizations to pursue a workgroup focusing on improving nutrition services and payment for them in primary care practices when provided by family physicians and other qualified health care professionals, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for expansion of the “required primary health services” identified in Section §254b of the Public Health Services Act of 1996 and that Medical Nutrition Treatment be identified as a service for expansion and integration into Medicaid payment systems and Health Resources and Services Administration health centers, similar to the expansion of behavioral health services.</p> <p>Fiscal Impact: \$3,600</p>	Substitute Adopted
310	<p>Physician and Patient Relationships</p>	Extracted

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	<p>RESOLVED, That the American Academy of Family Physicians policy “Physician and Patient Relationships, Professional Responsibility” be amended as follows:</p> <p>Physician and Patient Relationships, Professional Responsibility</p> <p>Good medical care requires a mutually trusting and satisfactory relationship between physician and patient. No physician shall be compelled to prescribe any treatment or perform any act which violates his/her good judgment or personally held moral principles. In these circumstances, the physician may withdraw from the case so long as adequate notice is given to enable the patient to engage the services of another physician. <u>Except in emergencies, a physician shall be free to practice in accord with their deeply held personal beliefs. However, a physician’s freedom to act according to conscience is not unlimited. Physicians who refuse to provide care based on conscience must respect the rights of patients. Before establishing a patient-physician relationship the physician should make clear any specific services the physician cannot in good conscience provide. The physician must uphold standards of informed consent and advise the patient of all options for treatment, including options to which the physician morally objects. The physician should refer a patient to another physician to provide treatment the physician declines to offer, and either continue to provide other ongoing care for the patient or formally terminates the patient-physician relationship in a manner that supports the continuity of care.</u></p> <p>Fiscal Note: None</p>	(Practice Enhancement Rec – Refer to the Board of Directors)
311	<p>Employed Physician Assistance - Fair Medicare Payment</p> <p>Substitute:</p> <p>RESOLVED, That the American Academy of Family Physicians develop tips/tools to assist employed family physicians to negotiate with hospital systems that are not passing along increases in payment intended for family physicians such as the Medicare 2021 wRVU increase on evaluation and management codes, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians explore advocacy opportunities regarding payment by healthcare systems of its employed family physicians, and be it further,</p> <p>RESOLVED, That the American Academy of Family Physicians and its American Medical Association (AMA) delegates bring the issue of increased primary care payments not being passed along to family physicians to the attention of the AMA along with a call for coordinated national and state advocacy by the AMA related to this issue.</p> <p>Fiscal Impact: None</p>	Substitute Adopted
312	<p>Support Home Blood Pressure Monitoring Insurance Coverage/ Reimbursement</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for private and public insurance coverage/reimbursement of self-measured blood pressure monitoring units and associated payment for clinical support.</p> <p>Fiscal Impact: None</p>	Adopted
313	<p>Using Claims Data in Value-Based Programs for Tabulation of Compensation Rate</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for legislation and/or regulations that require value-based programs supplement data submitted by practices with claims data when tabulating completion rates for all quality metrics required in value-based contracts.</p>	Adopted

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	Fiscal Impact: None	
401	<p>Patient Protection of Information from Adverse Childhood Experiences (ACEs) Screening Substitute: RESOLVED, That the American Academy of Family Physicians adopt policy that the collection of information from the Adverse Childhood Experiences screening be subject to pre-existing conditions protections for health insurance, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians adopt policy that Adverse Childhood Experiences scores, when used as a screening tool, not be diagnostic of the implied risk condition. Fiscal Impact: \$7,500</p>	Substitute Adopted
402	<p>End Discrimination of Transgender Athletes RESOLVED, That the American Academy of Family Physicians support equity and inclusion in community and school-based sports for gender-diverse individuals, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support legislation to support participation in community and school-based sports based on gender identity and opposes legislation that would preclude community- and school-based sports participation based on gender identity, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support gender identity protection in Title IX funding as it relates to in community- and school-based sports and athletics and will support legislation to assure that transgender athletes are not excluded from participation. Fiscal Note: None</p>	<p>Extracted (HOPS Rec – Adopt)</p>
403	<p>Support Reparations for Black Americans RESOLVED: That the American Academy of Family Physicians prioritize efforts to address historic and systemic racism, which may include a study of reparations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support federal efforts that address historic and systemic racism. Fiscal Impact: \$15,000</p>	<p>Extracted (HOPS Rec – Adopt)</p>
404	<p>Daylight Saving Time Should be Eliminated Substitute: RESOLVED, That the American Academy of Family Physicians study the benefits and harms of daylight-saving time and report back on these findings to the 2023 Congress of Delegates. Fiscal Impact: \$3,750</p>	Substitute Adopted
405	<p>Address Minor Consent for Vaccines RESOLVED, That the American Academy of Family Physicians advocate that vaccines recommended by the Centers for Disease Control and Prevention be available to adolescents aged 12 years and older who desire vaccination without requiring consent from their legal guardians. Fiscal Note: None</p>	<p>Extracted (HOPS Rec – Refer to the Board of Directors)</p>
406	<p>Development of National Bureau for Gun Safety Substitute: RESOLVED, That the American Academy of Family Physicians support the creation of 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, and be it further</p>	Referred to the Board of Directors

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	RESOLVED, That the American Academy of Family Physicians support the National Bureau for Gun Safety in developing a research agenda. Fiscal Impact: None	
407	Gun Safety Question Inclusion on Medicaid EPSDT Forms and Medicare AWV Questionnaires Substitute: RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of gun safety questions for all preventive care visit questionnaires including Medicaid Early and Periodic Screening, Diagnosis and Treatment forms and Medicare Wellness Visits forms. Fiscal Note: None	Extracted HOPS Rec – Substitute Adopt)
408	Support for Unpaid Family Caregivers Substitute: RESOLVED, That the American Academy of Family Physicians explore developing a joint policy with relevant professional societies (e.g., the American Geriatrics Society, the American College of Physicians, the American Academy of Pediatrics, the American Society of Hospice and Palliative Medicine) regarding unpaid family caregivers. Fiscal Impact: \$22,500	Substitute Adopted
409	Optimizing the Online Supplemental Nutrition Assistance Program to Advance Health Equity RESOLVED, That the American Academy of Family Physicians supports and advocates for policies that facilitate expansion in the number of vendors that participate in the online Supplemental Nutrition Assistance Program, and be it further RESOLVED, That the American Academy of Family Physicians supports and advocates for consumer protection in the use of online Supplemental Nutrition Assistance Program (SNAP) policies, including oversight hearings for the SNAP online purchasing program, and be it further RESOLVED, That the American Academy of Family Physicians will update its policy statements on healthy nutrition to include best practices in digital advertising and marketing practices promoting healthy options. Fiscal Impact: \$7,500	Adopted
411	Preparticipation Physical Evaluation and Return to Sport Guidelines in the COVID-19 Era RESOLVED, That the American Academy of Family Physicians put forth a position statement on interim preparticipation guidance and return to sport in the setting of COVID-19, and be it further RESOLVED, That the American Academy of Family Physicians work with other professional organizations to amend the existing standardized preparticipation physical evaluation form to be utilized by schools and youth athletic programs that addresses COVID-19 factors, and be it further RESOLVED, That the American Academy of Family Physicians provide education to family physicians regarding return to sport guidelines after COVID-19 infection based on evidence-based research. Fiscal Impact: \$25,050	Not Adopted
412	Informed Consent for Drug Screening in Pregnancy Substitute: RESOLVED, That the American Academy of Family Physicians oppose laboratory testing for substances of misuse in pregnant and postpartum people without explicit informed consent except in emergency medical circumstances. Fiscal Note: None	Extracted (HOPS Rec – Substitute Adopt)

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413	<p>Requiring Naloxone in Airplane First Aid Kits Substitute: RESOLVED, That the American Academy of Family Physicians send a letter to the Federal Aviation Administration (FAA) asking that medical first aid kits on airplanes be updated to include naloxone, and for the FAA to establish education for crew on the use of naloxone and schedule routine updates to first aid kit contents based on professional society guidelines. Fiscal Impact: None</p>	Substitute Adopted
501	<p>Ensuring Equitable Distribution of the COVID-19 Vaccine RESOLVED, That the American Academy of Family Physicians lobby for the specific inclusion of collaboration with non-governmental community organizations and clinics to address equitable distribution of the COVID-19 vaccine among communities of racial and ethnic minorities as well as undocumented individuals. Fiscal Note: None</p>	<p>Extracted (Advocacy I Rec – Adopt)</p>
502	<p>Support a Living Wage for the Minimum Wage RESOLVED, That the American Academy of Family Physicians will support and advocate for legislation that increases the federal minimum wage to allow people to earn a national living wage as a means of decreasing health disparities. Fiscal Note: None</p>	<p>Extracted (Advocacy I Rec – Refer to the Board of Directors)</p>
503	<p>United States Constitutional Amendment for Basic Universal Healthcare RESOLVED, That the American Academy of Family Physicians develop and propose a federal constitutional amendment that would guarantee basic healthcare for all citizens and legal residents, and be it further</p> <p>RESOLVED, The American Academy of Family Physicians collaborate with the American Medical Association, American College of Physicians, American Osteopathic Association, American College of Obstetricians and Gynecologists, American Academy of Pediatrics, and any other key groups to develop a coalition that would work together to further develop and propose a basic healthcare for all constitutional amendment and find legislative allies who would promote and advocate for the amendment's adoption. Fiscal Note: None</p>	<p>Extracted (Advocacy I Rec – Not Adopt)</p>
504	<p>Better is Possible Substitute: RESOLVED, That the American Academy of Family Physicians revise the list of Health Care for All approaches to include the following three preferred models (single payer, public option with Bismarck Approach, Primary Care Coverage for all) with a report back on progress to the 2022 Congress of Delegates, and be it further.</p> <p>RESOLVED, that the American Academy of Family Physicians collect information from member input and through commissions' expertise to generate a report to develop a long-term plan to achieve Health Care for All, and be it further,</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with primary care stakeholders, giving consideration to incorporating the American College of Physicians' Better is Possible research, with the goal of achieving Healthcare for All, and report back on any collaborative efforts to the 2022 Congress of Delegates. Fiscal Note: None</p>	<p>Extracted (Advocacy I Rec – Substitute Adopt)</p>
505	<p>Taking Action on Universal Single Payer Health Care</p>	Extracted

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	<p>RESOLVED, That the American Academy of Family Physicians promote universal, single-payer health care, especially during the Family Medicine Advocacy Summit.</p> <p>Fiscal Note: None</p>	(Advocacy I Rec – Not Adopt)
506	<p>Health Care Funding Should Not Be Bound to Employment</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians support and advocate that the funding of any future health care system be capable of supporting access to universal, high quality, equitable, and affordable health care without tethering health insurance to employment.</p> <p>Fiscal Impact: None</p>	Substitute Adopted
507	<p>American Academy of Family Physicians Should be a National Leader for Universal Health Care</p> <p>RESOLVED, That the American Academy of Family Physicians will write to the President of the United States and leaders of the United States Congress to endorse single payer as the best and most equitable alternative to the current insurance model of paying for health care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians will publicize and promote the Congress of Delegates' (COD) endorsement of the single payer model of reform through press releases, letters to the editor of major daily newspapers, interviews with news media and other available means of promoting the COD's endorsement of the single payer model of reform.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Advocacy I Rec – Not Adopt)</p>
508	<p>Our Current System is a Complete Mess: It is Time for a New System</p> <p>RESOLVED, That the American Academy of Family Physicians supports a new universal healthcare system to replace the current multi-payer healthcare system with a healthcare system with the following attributes:</p> <ol style="list-style-type: none"> 1. It is a tax-based system that finances the entire health care system 2. That adequate reimbursement should be paid to health care providers to ensure they are financially stable and therefore able to deliver quality health care 3. That reimbursement levels should be determined through bilateral negotiations and/or collective bargaining between provider groups' providers and the payer 4. That a streamlined, uniform administrative system should be established that standardizes the many different rules and systems 5. That the universal health care system promotes the delivery of quality healthcare 6. It is a system in which political control and influence is limited; after creation of such a system, such control shall be confined to the appointment and confirmation of members of a board which shall exert control over fiscal and policy considerations; the board shall be modeled on examples such as the Federal Reserve Board with respect to its member's appointment and terms of service. <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Advocacy I Rec – Not Adopt)</p>
509	<p>Endorse Elimination of DATA 2000 Waiver Training Requirements for All DEA-Registered Clinicians</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians endorse the position that the Department of Health and Human Services eliminate Drug Addiction Treatment Act training requirements for all qualified clinicians to further increase access to evidence-based treatments for opioid use disorder.</p>	<p>Extracted</p> <p>(Advocacy I Rec – Substitute Adopt)</p>

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

	Fiscal Note: None	
510	<p>Advocate for Evidence-based Treatment of Obesity as a Chronic Disease Substitute: RESOLVED, That the American Academy of Family Physicians promote and support the inclusion of Food and Drug Administration-approved anti-obesity medications in Medicare, Medicaid, and commercial insurance plan formularies, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for coverage of evidence-based behavioral therapy for obesity. Fiscal Impact: None</p>	Substitute Adopted
511	<p>FDA Approval of HPV for Patient Self-Test RESOLVED, That the American Academy of Family Physicians advocate for expansion of the current Food and Drug Administration approval for physician-prescribed Human Papillomavirus (HPV) self-collected tests for people eligible for HPV-based cervical cancer screening under current guidelines. Fiscal Impact: None</p>	Adopted
512	<p>Improve Dental Care Coverage for Medicare Patients RESOLVED, That the American Academy of Family Physicians appeal to the Center for Medicare and Medicaid Services to begin providing coverage for dental extractions under Medicare Part B. Fiscal Note: None</p>	Extracted (Advocacy I Rec – Adopt)
513	<p>Virtual Services When Patients Are Away from Their Medical Home RESOLVED, That the American Academy of Family Physicians advocate with the Centers for Medicare and Medicaid Services to cover virtual continuity follow-up care services provided by a patient’s established medical home or usual source of care, as if they were in person, even if the patient is temporarily located out of region or state from their medical home. Fiscal Note: None</p>	Extracted (Advocacy I Rec – Adopt)
514	<p>Opposition to Right of Conscience Laws RESOLVED, That the American Academy of Family Physicians oppose laws that would establish civil, criminal, or administrative immunity for individuals and entities who refuse to participate in healthcare services on the basis of conscience when their action, or failure to take action, violates patient rights, subverts informed consent, compromises the standard of care, or otherwise causes patient harm, and be if further</p> <p>RESOLVED, That the American Academy of Family Physicians oppose laws that penalize and/or create a civil cause of action against physicians and healthcare organizations who engage in activities intended to protect patient rights, uphold informed consent, maintain the standard of care, and preserve effective functioning of healthcare organizations, when such activities involve individuals and entities who refuse to participate in healthcare services on the basis of conscience. Fiscal Note: None</p>	Extracted (Advocacy I Rec – Refer to the Board of Directors)
515	<p>Opposing Physician Assistant Name Change RESOLVED, That the American Academy of Family Physicians work with state chapters to oppose any legislation for the amendment or modification of their respective state statute defining “Physician Assistant”, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians continue to oppose Physician Assistants having independent practice. Fiscal Impact: None</p>	Reaffirmed as Current Policy

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

516	<p>Call to Repeal the Exemption Clause in the 13th Amendment of the US Constitution that Allows for Slavery and Involuntary Servitude of Incarcerated Persons</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians supports any legislation to repeal the exemption clause in the 13th Amendment of the U.S. Constitution that allows for slavery or involuntary servitude as a punishment for crime of convicted persons, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians supports legislation for states with similar clauses in their state constitutions to repeal these clauses allowing for slavery or involuntary servitude as a punishment for crime of convicted persons, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians supports legislation to institute the standard minimum wage paid to prisoners for hourly labor.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Advocacy II Rec – Substitute Adopt)</p>
517	<p>Examine the Health Impacts of Reparations</p> <p>RESOLVED, That the American Academy of Family Physicians create a position paper about how reparations for Black Americans would affect racial inequities in health and in social determinants of health, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for legislation that calls for a governmental study of various forms of reparations for Black people.</p> <p>Fiscal Note: \$22,500</p>	<p>Extracted</p> <p>(Advocacy II Rec – Adopt)</p>
518	<p>Advocate for Nursing Home Healthcare Reform</p> <p>RESOLVED, That the American Academy of Family Physicians urge the Centers for Medicare and Medicaid Services to explore alternatives to its institutional focus on long-term care by increasing access and funding to Medicaid-covered home- and community-based settings, both of which have proven to increase quality of life at lower expense, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians urge the Centers for Medicare and Medicaid Services to develop quality assurance programs for long-term care facilities, and home-based care, with Medicare and Medicaid reimbursement tied to quality of care.</p> <p>Fiscal Impact: \$7,500</p>	<p>Substitute Adopted</p>
519	<p>Self-Directed Medical Care RESOLVED, That the American Academy of Family Physicians support state and/or federal rebates (such as tax credits) for self-directed medical care (such as direct primary care (DPC) and health savings accounts (HSAs)).</p> <p>Fiscal Impact: None</p>	<p>Reaffirmed as Current Policy</p>
520	<p>Eliminating Socioeconomic and Racial Disparities in Reproductive Healthcare</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians write a letter to Congress advocating for the U.S. House and Senate to pass federal appropriations bills without the Hyde Amendment, to protect equitable access to comprehensive reproductive health services consistent with AAFP policies, and be if further</p> <p>RESOLVED, That the American Academy of Family Physicians write a letter to the Biden-Harris Administration advocating for rescinding Executive Order 13535 (Patient Protection and Affordable Care Act's</p>	<p>Extracted</p> <p>(Advocacy II Rec – Substitute Adopt)</p>

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

	<p>Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion), which reaffirmed a commitment to the Hyde Amendment, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians collaborate with other relevant stakeholders to co-sign and co-author letters that oppose the Hyde Amendment, emphasizing its effects on health equity. Fiscal Note: None</p>	
521	<p>Reproductive Health Care Accessible to Everyone RESOLVED, That the American Academy of Family Physicians write a letter to the Biden-Harris Administration advocating that Executive Order 13535 (Patient Protection and Affordable Care Act's Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion) be rescinded, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate against legislation that extends, reiterates, or incorporates the Hyde Amendment and related restrictions, including annual appropriations bills, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians will collaborate with other medical professional societies in the Group of Six to co-author letters that oppose the Hyde Amendment and to sign onto letters written by other Group of Six members that oppose the Hyde Amendment. Fiscal Impact: None</p>	Not Adopted
522	<p>Against Criminalizing People Who Obtain an Abortion Across State Lines or Aid Anyone in Obtaining an Abortion Across State Lines RESOLVED, That the American Academy of Family Physicians oppose legislation to make it a crime to cross state lines to access abortion services or to assist someone in crossing state lines to access abortion services. Fiscal Note: None</p>	<p>Extracted</p> <p>(Advocacy II Rec – Adopt)</p>
523	<p>Endorsement of Mail-In Voting Option for All Local, State, and National Elections in Order to Decrease Health Disparities Substitute: RESOLVED, That the American Academy of Family Physicians support the enactment of mail-in voting options for any reason for all elections at the local, state, and national levels in order to promote a reduction in health care disparities. Fiscal Note: None</p>	<p>Extracted</p> <p>(Advocacy II Rec – Substitute Adopt)</p>
524	<p>National Review of US COVID Response RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the creation of an independent, 9/11-style commission both through an ad-hoc AAFP committee or task force and also at the federal government level which would have representation from practicing primary care physicians and be charged with the review of the nation's COVID response and the current and future status of the nation's public health system including its ability to protect the nation not only through the remainder of the COVID pandemic but in future public health emergencies. Fiscal Impact: None</p>	Not Adopted
525	<p>Paid Family Leave RESOLVED, That the American Academy of Family Physicians advocate for and support national legislation in favor of gender-inclusive paid family leave. Fiscal Note: None</p>	<p>Extracted</p> <p>(Advocacy II Rec – Adopt)</p>
526	<p>Keep Prescriber and Formulary Databases Current Substitute:</p>	Extracted

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

	<p>RESOLVED, That the American Academy of Family Physicians advocate for federal legislation requiring pharmacies to verify their prescriber database and their health plan formulary database every 3 months, as is required by health insurers.</p> <p>Fiscal Note: None</p>	(Advocacy II Rec – Substitute Adopt)
527	<p>Treatment Instead of Punishment for People with Substance Use Disorder</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians advocate to decriminalize drug possession in personal use amounts and advocate for access to adequate resources for behavioral health and substance use disorder treatment and recovery support.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Advocacy II Rec – Substitute Adopt)</p>
601	<p>Pipeline Program</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians explore existing pipeline programs, including current AAFP programs, that aim to recruit students from populations historically underrepresented in medicine to establish policy to guide support of these programs.</p> <p>Fiscal Note: \$85,000</p>	Substitute Adopt
602	<p>Debt Relief for Primary Care Physicians</p> <p>RESOLVED, That the American Academy of Family Physicians develop and submit model legislation to Congress and the president of the United States for federal medical student loan forgiveness for family physicians and other primary care physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for any current legislation that addresses loan forgiveness for family physicians and other primary care physicians, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians work collaboratively with other primary care physician organizations to develop common strategies to address loan forgiveness for family physicians and other primary care physicians.</p> <p>Fiscal Note: None</p>	Adopted
603	<p>Genital Surgeries in Intersex Children</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians support policies that protect the right of assent of intersex minors for sex organ modification procedures.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Cross-Topical Rec – Substitute Adopt)</p>
604	<p>Reimagining Family Medicine Board Recertification</p> <p>Substitute: RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine to continue offering the Lifelong Learning and Self-Assessment National Journal Club as a Family Medicine Certification self-assessment option, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians encourage the American Board of Family Medicine further evaluate the National Journal Club as an additional alternative option for the Family Medicine Certification assessment of cognitive expertise.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Cross-Topical Rec – Substitute Adopt)</p>
605	<p>Beyond Roe: Reproductive Health Care Accessible to Everyone</p> <p>RESOLVED: That the American Academy of Family Physicians advocate against restrictions to funding for reproductive services, including the Hyde Amendment, and be it further</p>	Extracted

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

	<p>RESOLVED, That the American Academy of Family Physicians will work with other medical professional societies, such as the American College of Obstetricians and Gynecologists, to oppose restrictions to funding for reproductive services, including the Hyde Amendment.</p> <p>Fiscal Note: None</p>	(Cross-Topical Rec – Refer to the Board of Directors)
606	<p>Confidentiality Protection for Non-Policy Holders in Healthcare Billing Substitute:</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for a policy that would exempt the requirement of an explanation of benefits when confidential services, including but not limited to, care related to family planning, HIV, sexually transmitted infections, comprehensive reproductive health services, mental health, substance use treatment, pregnancy and childbirth, are received by a non-policy holder.</p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Cross-Topical Rec – Substitute Adopt)</p>
<p>Board Report F, Policy Statement Review, ONLY, Para. 12</p>	<p>“Reproductive Decisions, Training in” Reproductive Decisions, Training in</p> <p>The American Academy of Family Physicians supports the concept that no physician or other health professional shall be required to perform any act which violates personally held moral principles.</p> <p>The AAFP recommends that medical students and family medicine residents be trained in counseling and referral skills regarding all options available to pregnant women.</p> <p>The AAFP supports provision of opportunities for residents to have access to supervised, expert training in management techniques and procedures pertaining to reproductive health and decisions commensurate with the scope of their anticipated future practices.</p> <p><u>The American Academy of Family Physicians recommends that all medical students and family medicine residents receive comprehensive training in reproductive decision making.</u></p> <p><u>Curricula and training should include but are not limited to: Contraception and associated procedural techniques, options counseling, miscarriage management, opt-out abortion training, and referral services.</u></p> <p><u>The AAFP supports the preservation of personally held moral principles so that no physician or healthcare professional shall be required to perform actions that violate personal ethics.</u></p> <p><u>The AAFP also strongly believes that there is an ethical obligation to provide complete and accurate medical information and referrals for desired services for women and pregnant people, and to ensure that when referrals are made, they are made for appropriate evidenced-based services. (1995) (October 2020 BOD)</u></p> <p>Fiscal Note: None</p>	<p>Extracted</p> <p>(Cross-Topical Rec – Adopt)</p>

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

Rules Committee Report

Res. No.	Subject	Action of Congress
California A	<p>Oppose Forced Sterilization and Contraceptive Coercion of Incarcerated and Detained Individuals RESOLVED, That the American Academy of Family Physicians advocate for public transparency of the investigation of allegations of forced sterilizations in detention centers and for policies that prevent contraceptive coercion, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians publish a position paper denouncing forced sterilization and contraceptive coercion, especially in incarcerated populations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians update the position paper entitled “Incarceration and Health: A Family Medicine Perspective” to include explicit language outlining a procedure to obtain informed consent in line with federal mandates, including providing appropriate interpretation services and language-concordant consent forms, and opposing forced sterilization or contraceptive coercion. Fiscal Impact: \$30,000</p>	Reaffirmed as Current Policy
California C	<p>Support Medicaid Expansion to Include Undocumented People RESOLVED: That the American Academy of Family Physicians support efforts to extend eligibility for full scope Medicaid benefits to undocumented individuals, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians amend the current position paper on Medicaid expansion by replacing “Americans” with “people living in the United States.” Fiscal Impact: None</p>	Reaffirmed as Current Policy
California I	<p>Incorporate Anti-Racism Training into Family Residency Programs RESOLVED, That the American Academy of Family Physicians support efforts to encourage family medicine residency programs to incorporate anti-racism training as part of their equity and diversity training, including measures to reduce implicit bias and encourage community engagement, that addresses health disparities and mends distrust within historically disenfranchised populations, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians support sharing of anti-racism training resources with family medicine residency programs to utilize in their curriculum, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians submit this issue to the program requirement writing committee of the Accreditation Council for Graduate Medical Education. Fiscal Impact: None</p>	Reaffirmed as Current Policy
Co-Sponsored D (OR, CA, UT)	<p>Declaration that “Racism is a Public Health Crisis.” RESOLVED, That the American Academy of Family Physicians commits to advance racial equity and justice in all aspects of its conduct, procedures and in its efforts to shape health policy and health care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) commits to call on AAFP members to integrate issues of racial injustice, including recognition of provider bias, into the teaching of students,</p>	Reaffirmed as Current Policy

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

	<p>residents, and practicing physicians at all levels of clinical care, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians (AAFP) commits to allocate time and budget in the coming program year for the Board and applicable Commissions to identify what future actions may be appropriate in furtherance of the goal of dismantling institutional racism and implementing anti-racist policies within the AAFP and its membership. Fiscal Impact: Undetermined</p>	
<p>Co-Sponsored F (NY, NM)</p>	<p>X the X Waiver RESOLVED, That the American Academy of Family Physicians work to provide increased continuing medical education (CME) to promote the widespread practice of medications for opioid use disorder, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for the elimination of the X-waiver and oppose any additional future requirements that limit the ability to prescribe buprenorphine. Fiscal Impact: None</p>	<p>Reaffirmed as Current Policy</p>
<p>Co-Sponsored G (OR, UT)</p>	<p>Interstate Telemedicine RESOLVED, That the American Academy of Family Physicians advocate for federal legislation to allow the use of and payment for telemedicine visits across state lines for patients who are established in a primary care medical home practice. Fiscal Impact: None</p>	<p>Reaffirmed as Current Policy</p>
<p>Co-Sponsored I (GA, UT)</p>	<p>Administrative Burden Reduction - Step Therapy RESOLVED, That the American Academy of Family Physicians work with Centers for Medicare and Medicaid Services to mandate Medicare, Medicare Advantage, Medicaid, and other federally contracted insurance programs to automatically provide medication formulary alternatives for denied medications prescribed by the physician or other clinician to decrease administrative burdens placed on the medical practices and to expedite care for the patient. Fiscal Impact: None</p>	<p>Reaffirmed as Current Policy</p>
<p>Co-Sponsored J (KS, UT)</p>	<p>Simplify and Reduce Expenses to Provide Enduring CME RESOLVED, That the American Academy of Family Physicians consider live and enduring Continuing Medical Education equal as it relates to membership re-election cycle requirements, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate to the American Board of Family Medicine to remove limits on live and enduring Continuing Medical Education (CME), allowing physicians to obtain their CME requirements for recertification in total from either format. Fiscal Impact: \$311,955</p>	<p>Reaffirmed as Current Policy</p>
<p>Hawaii A</p>	<p>Annual Health Assessment RESOLVED, That the American Academy of Family Physicians advocate that annual health assessments and annual wellness exams be done only by the patient's primary care physician and that every patient be encouraged to have a primary care physician. Fiscal Impact: None</p>	<p>Reaffirmed as Current Policy</p>
<p>Idaho A</p>	<p>Providing Recommended Vaccines Under Medicare Parts B and C RESOLVED, That the American Academy of Family Physicians advocate with the Centers for Medicare and Medicaid Services to expand coverage of all Advisory Committee for Immunization Practices recommended immunizations for routine use to be a covered benefit</p>	<p>Reaffirmed as Current Policy</p>

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

	without patient cost under Medicare parts B and C for Medicare beneficiaries. Fiscal Impact: None	
Michigan C	<p>Advocate for Jail and Prison Healthcare Reform RESOLVED, That the American Academy of Family Physicians advocate for the repeal of the Medicaid Inmate Exclusion Policy, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for federal policies requiring that prisons and jails adhere to the surrounding community standard of care that would be legally defined per malpractice litigation, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians require comprehensive quality improvement activities similar to those present in the surrounding communities, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for statutes that would require healthcare agencies caring for incarcerated populations to provide formulary access to behavioral health medications consistent with each state's Medicaid program formulary. Fiscal Impact: None</p>	Reaffirmed as Current Policy
Minnesota B	<p>Prevention of Workplace Violence Against Physicians RESOLVED, That the American Academy of Family Physicians provide education and guidance about how to decrease its members' risk of becoming victims of workplace violence and how to report workplace threats of violence. Fiscal Impact: None</p>	Reaffirmed as Current Policy
New Jersey C	<p>Gender Affirming Therapies RESOLVED, That the American Academy of Family Physicians oppose any legislative measure that restricts a physician's ability and right to prescribe evidence-based gender-affirming therapies to their patients who desire them. Fiscal Impact: None</p>	Reaffirmed as Current Policy
New Mexico B	<p>Remove Caps on Prescribing Buprenorphine for Opioid Use Disorder RESOLVED, That the American Academy of Family Physicians advocate for removal of caps on the number of patients any single X-waivered provider may treat at one time with buprenorphine for opioid use disorder. Fiscal Impact: None</p>	Reaffirmed as Current Policy
New York B	<p>Support Family Physicians Providing Gender Affirming Care for Youth RESOLVED, That the American Academy of Family Physicians write a policy statement supporting family physicians who provide gender-affirming care to people including transgender youth, and opposing the criminalization of said care. Fiscal Impact: None</p>	Reaffirmed as Current Policy

Memorial Resolutions of Condolence

MEMORIAL RESOLUTIONS OF CONDOLENCE:	Ref. Comm.	Action of Congress
Joseph Patrick Connelly, Jr., MD, FAAFP (Maryland)	Not Referred	Unanimously Adopted – Communication sent to family

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

Douglas O. Corpron, MD, FAAFP (Washington)	Not Referred	Unanimously Adopted – Communication sent to family
Charles Earl Hill, MD, FAAFP (Maryland)	Not Referred	Unanimously Adopted – Communication sent to family
Donald Klitgaard, MD, FAAFP (Iowa)	Not Referred	Unanimously Adopted – Communication sent to family
Dennis F. Saver, MD, FAAFP (Florida)	Not Referred	Unanimously Adopted – Communication sent to family

Board Reports

Board Report	Designation and Title	Ref Comm	Action of Congress
Board Report A	Health Care Reform Update	Advocacy I	Filed
Board Report B	FamMedPAC	Advocacy I	Filed
Board Report C	Payment Issues	Practice Enhancement	Filed
Board Report D	Health Care for All Policy	Advocacy I	Filed
Board Report E	Board-Approved Special Projects	Cross-Topical	Filed
Board Report F	Policy Statement Review		
Board Report F	ONLY , Policy Statement Review, Para. 4; Recommendation to delete the policy statement on “Family Physicians' Creed”	Organization & Finance	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 5; Recommendation to revise the policy statement on “Certificates of Added Qualifications (CAQ)”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 6; Recommendation to revise the policy statement on “Clinical Skills Assessment Exam for Medical Students”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 7; Recommendation to revise the policy statement on “Expectations of Family Medicine Residency Graduates”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 8; Recommendation to revise the policy statement on “Fellowship, Definition of”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 9; Recommendation to revise the policy statement on “Learner Access to Mental Health Services”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 10; Recommendation to revise the policy statement on “Medical Learner Safety and Wellness During Pandemic Crisis”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 11; Recommendation to revise the policy statement on “Primary Care”	Cross-Topical	Adopted

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

Board Report F	ONLY , Policy Statement Review, Para. 13; Recommendation to revise the policy statement on “Rural Graduate Medical Education (GME) Policy (Position Paper)”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 14; Recommendation to revise the policy statement on “Student Choice of Family Medicine, Incentives for Increasing”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 15; Recommendation to revise the policy statement on “Urban/Inner City Training Program in Family Medicine”	Cross-Topical	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 16; Recommendation to revise the policy statement on “Electronic Prescribing”	Advocacy I	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 17; Recommendation to combine the policy statements on “Medical Student Debt” and “Medical Student Debt Relief”	Advocacy I	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 18; Recommendation to revise the policy statement on “Distracted Driving”	Advocacy I	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 19, Appendix A; Recommendation to revise the policy statement on “Adolescent Health Care, Role of the Family Physician”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 20; Recommendation to revise the position paper on “Breastfeeding, Family Physicians Supporting”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 21; Recommendation to revise the policy statement on “Breastfeeding, and COVID-19” and a change to the title “Considerations for Pregnancy, Breastfeeding, and COVID-19”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 22; Recommendation to revise the policy statement on “Cancer Care”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 23; Recommendation to revise the policy statement on “Corporal Punishment in School” with the title changed to “Abolish Corporal Punishment in Schools”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 24; Recommendation to revise the policy statement on “Female Genital Mutilation”	Health of the Public & Science	Adopted

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

Board Report F	ONLY , Policy Statement Review, Para. 25; Recommendation to revise the policy statement on “Health Care Facility Visitation Rights of Patients”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 26; Recommendation to revise the policy statement on “Health Education in Schools”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 27; Recommendation to revise the policy statement on “Health in All Policies”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 28; Recommendation to revise the policy statement on “Hydraulic Fracturing (Fracking): Health Effects and Disclosure of Proprietary Information” with the title changed to “Hydraulic Fracturing (Fracking): Health Effects, Disparities and Disclosure of Proprietary Information”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 29, Appendix B; Recommendation to revise the position paper on “Incarceration and Health: A Family Medicine Perspective”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 30, Appendix C; Recommendation to revise the position paper on “Integration of Primary Care and Public Health”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 31; Recommendation to revise the policy statement on “Medically Underserved”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 32; Recommendation to revise the policy statement on “Patient Education”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 33, Appendix D; Recommendation to approve the new position paper on “Policing Standards”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 34, Appendix E; Recommendation to revise the position paper on “Poverty and Health: The Family Medicine Perspective”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 35; Recommendation to revise the policy statement on “Reparative Therapy” with the title changed to “Reparative or Conversion Therapy”	Health of the Public & Science	Adopted

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

Board Report F	ONLY , Policy Statement Review, Para. 36; Recommendation to revise the policy statement on “Sports Medicine, Health and Fitness”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 37; Recommendation to revise the policy statement on “Television and Digital Media, Ethics”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 38, Appendix F; Recommendation to revise the position paper on “Tobacco: Preventing and Treating Nicotine Dependence and Tobacco Use”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 39; Recommendation to approve the new policy statement on “Trauma – Informed Care”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 40; Recommendation to revise the policy statement on “Violence, Harassment and Bullying”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 41, Appendix G; Recommendation to revise the policy statement on “Violence in Media, Digital Media and Entertainment”	Health of the Public & Science	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 42; Recommendation to revise the policy statement on “AAFP – SHM Joint Statement on Hospitalists Trained in Family Medicine”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 43; Recommendation to revise the policy statement on “Capitation, Primary Care”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 44; Recommendation to revise the policy statement on “Care Management Fees”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 45, Appendix H; Recommendation to revise the policy statement on “Cesarean Delivery in Family Medicine”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 46; Recommendation to revise the policy statement on “Direct-to-Consumer Advertising of Prescription Pharmaceuticals, Nonprescription Medications, Health Care Devices, and Health-Related Products and Services”	Practice Enhancement	Adopted

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

Board Report F	ONLY , Policy Statement Review, Para. 47; Recommendation to revise the policy statement on “Family Medicine, Quality Health Care in”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 48; Recommendation to delete the policy statement on “Health Care”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 49; Recommendation to revise the policy statement on “Health Care is a Right”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 50; Recommendation to revise the policy statement on “Hospice Care”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 51; Recommendation to revise the policy statement on “Impaired and Clinically Deficient Physicians”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 52; Recommendation to delete the policy statement on “Patient Responsibility for Follow-Up of Diagnosis and Treatment”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 53; Recommendation to revise the policy statement on “Peer Review”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 54; Recommendation to delete the policy statement on “Peer Review, Confidentiality”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 55; Recommendation to delete the policy statement on “Principles for Physician Payment Reform to Support the Patient-Centered Medical Home”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 56; Recommendation to revise the policy statement on “Privileges and Training for New Procedures” with the title changed to “Training and Privileges for Emerging Technology”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 57; Recommendation to delete the policy statement on “Procedural Skills, Preceptor/Proctor Readiness Course”	Practice Enhancement	Adopted

Summary of Actions of the 2021 Virtual Ref Comm Hearings, cont

Board Report F	ONLY , Policy Statement Review, Para. 58; Recommendation to revise the policy statement on “Procedural Skills, Interspecialty Support in Clinical Procedures” with a title change to “Clinical Procedure Skills, Support”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 59; Recommendation to revise the policy statement on “Telemedicine and Telehealth”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 60; Recommendation to revise the policy statement on “Value-Based Insurance Design”	Practice Enhancement	Adopted
Board Report F	ONLY , Policy Statement Review, Para. 61; Recommendation to revise the policy statement on “Value-Based Payment”	Practice Enhancement	Adopted
Board Report G	AAFP Non-Dues Revenue	Organization & Finance	Filed
Board Report H	Diversity, Equity, and Inclusion	Organization & Finance	Filed
Commission on Finance and Insurance - Audit Report	ALL , Consolidated Financial Statements and Report of Independent Certified Public Accountants	Organization & Finance	Filed