



Summary of Actions of the 2022 National Congress of Student Members

2022 Resolutions

Res. No.	Title and Resolved	Action of NCFMR	Referrals	Actions
S1-101	<p>Opposing Training at Crisis Pregnancy Centers Adopted as amended: <i>RESOLVED that within a year of adoption of this resolution by the Congress of Delegates and the Board of Directors, the American Academy of Family Physicians (AAFP) partner with ACGME to create a task force and perform a review of whether crisis pregnancy centers meet requirements for evidence-based sexual and reproductive health training</i></p> <p><i>RESOLVED that the American Academy of Family Physicians (AAFP) produce educational materials and resources for patients about crisis pregnancy centers and make these resources available on familydoctor.org</i></p> <p><i>RESOLVED, that the American Academy of Family Physicians (AAFP) produce CME materials for providers to educate themselves about crisis pregnancy centers, including (1) an updated educational article in the American Family Physician journal and (2) publication of a policy paper summarizing the findings of the review</i></p>	Adopted as amended on the floor	Executive Vice President	<p>Accept for information</p> <p>While patient care and residency training should be evidence-based, it is not feasible to conclude that all crisis pregnancy centers engage in conduct that is inconsistent with evidence-based medicine and the prevailing standard of care. Some program directors may make deliberate decisions based on their individualized evaluations of particular centers that do not perform abortion care for residents to experience the full spectrum of options available to patients. Regardless of the category of institution, medical education should be evidence-based, and patients should be protected from the physical, mental, and emotional dangers presented by receiving care from unqualified personnel or receiving inaccurate or misleading information about pregnancy, reproductive health, and abortion care.</p>
S1-102	<p>Increasing Visibility of Native and Indigenous Communities within the AAFP <i>RESOLVED, That the American Academy of Family Physicians provides targeted educational opportunities for its members bringing awareness and visibility to Native and Indigenous communities, centralizing the voice</i></p>	Adopted	<p>1st Resolved Clause – Commission on Continuing Professional Development</p> <p>2nd Resolved Clause –</p>	<p>Agree with implementation</p> <p>A recommendation will be considered by the Board of Directors during their July 2023 meeting to amend the procedures of the Board of Directors Subcommittee on Screening effective with the 2023-2024 screening process</p>

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	<p><i>of these communities by inviting representative members to speak at American Academy of Family Physicians' functions, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians is deliberate during the recruitment and selection of the Commission on Diversity, Equity, and Inclusiveness in Family Medicine to identify members from Native and Indigenous communities to contribute to the commission's work.</i></p>		EVP	for commission appointments.
S1-103	<p>Strengthening of the AAFP Global Health Strategy <i>RESOLVED, That the Academy of Family Medicine Physicians reinstate the annual Global Health Summit beginning in 2023, and be it further</i></p> <p><i>RESOLVED, That the Global Health Summit be a dedicated hybrid in-person and virtual summit lasting at least two and half days that is developed independently from FMX under the guidance of the Center for Global Health Initiatives member advisory board and staff, and be it further</i></p> <p><i>RESOLVED, That the resolution titled "Strengthening of the AAFP Global Health Strategy" be referred to the Congress of Delegates</i></p>	Not Adopted	N/A	N/A
S1-104	<p>Oppose Anti-2s-LGBTQIA+ Policies Substitute: <i>RESOLVED, That the American Academy of Family Physicians provide resources as requested by chapters to oppose the passage of legislation limiting the access of 2S-LGBTQIA+ individuals to empirically supported health care, including but not limited to PrEP/PEP, hormone replacement therapy, family planning and fertility treatments, puberty blockers, reproductive healthcare, voice training, and others, and be it further</i></p>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept as current policy</p> <p>The AAFP is committed to protecting access for patients to receive evidence-based health care from their physicians. To respond to the influx of new policy proposals designed to interfere with 2S-LGBTQIA+ access emerging across the states, the AAFP developed a new set of tools designed for chapter staff and members to advocate against the interference in the patient-physician relationship and criminalizing of gender-affirming care. A newly</p>

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	<p><i>RESOLVED, That the American Academy of Family Physicians provide resources as requested by chapters to advocate for the repeal of laws that limit the access of 2S-LGBTQIA+ individuals to empirically supported health care, including but not limited to PrEP/PEP, hormone replacement therapy, family planning and fertility treatments, puberty blockers, reproductive healthcare, voice training, and others where they have been enacted, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage its chapters to proactively monitor local and state policy efforts for novel efforts to limit the access of 2S-LGBTQIA+ to best practice healthcare, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide resources as requested by chapters to lobby against policies that may not explicitly limit the access of 2S-LGBTQIA+ individuals to healthcare but nevertheless expose members of the 2S-LGBTQIA+ community to discrimination and violence, and otherwise negatively impact the social determinants of the health of 2S-LGBTQIA+ individuals.</i></p>			<p>established toolkit includes a document of talking points, an overview of state legislative activity, and a comprehensive set of Frequently Asked Questions that address much of the misinformation related to these types of health care services.</p> <p>The Center for State Policy works closely with state-firm partner MultiState to track and analyze all state legislation on issues that were identified by AAFP as most important to family medicine. As a result, any bill that is introduced, that interferes with the physician/patient relationship is flagged for state chapters.</p> <p>The AAFP is also working on legal challenges to recently enacted laws and implemented state regulations that target the 2S-LGBTQIA+ community.</p>
<p>S1-105</p>	<p>Preservation of Medicaid Benefits for Incarcerated Individuals</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocates for federal legislation that encourages states to continue or suspend, rather than terminate, Medicaid benefits for individuals while they are incarcerated in order to facilitate ease of access to healthcare upon reentry, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians</i></p>	<p>Reaffirmed</p>	<p>Reaffirm as current policy</p>	<p>N/A</p>

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	<i>dialogue with the relevant policy makers in order to effect change within the Medicaid systems to assist states to cover adolescents when they are incarcerated.</i>			
S1-106	<p>Supporting Direct Primary Care as an Effective Model of Care Delivery</p> <p><i>RESOLVED, That the American Academy of Family Physicians will modify the Direct Primary Care toolkit to include resources to assist state chapters in addressing the current legal condition of Direct Primary Care in their respective states, such as template letters to state health insurance commissioners to support Direct Primary Care, a state-by-state map of current policy, and case studies on successful Direct Primary Care advocacy, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will continue to advocate for the codifying of Direct Primary Care as a form of care delivery that is not classified as insurance on a federal level.</i></p>	Adopted	<p>Resolved Clause 1 Commission on Quality and Practice</p> <p>Resolved 2 Commission on Federal and State Policy</p>	<p>1st Resolved Clause – Accept as current policy</p> <p>The resolved clause asks the AAFP to modify the DPC Toolkit to include resources to assist state chapters in addressing the current legal condition of Direct Primary Care in their respective states. The following materials are available from the AAFP Center of State Policy and DPC toolkit:</p> <p>DPC Coalition model state legislation: https://www.dpcare.org/dpcc-model-legislation</p> <p>Primer: https://www.aafp.org/dam/AAFP/documents/chapter_executives/restricted/advocacy/chapter_specific/dpc-toolkit-primer.pdf</p> <p>Legislative backgrounder: Direct Primary Care</p> <p>Sample letter to lawmakers</p> <p>Infographics and social media content</p> <p>The content above addresses the resources that were requested with the resolved clause.</p> <p>2nd Resolved Clause - Accept as current policy</p> <p>The AAFP provides resources for members transforming to the Direct Primary Care (DPC) model, including CME credit, and will continue to promote and support DPC as an innovative advanced practice model.</p>

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				<p>The AAFP advocates for policies that support DPC directly and in partnership with the Direct Primary Care Coalition.</p> <p>The AAFP has endorsed the Primary Care Enhancement Act which would remove legal barriers that prevent patients with HSAs from receiving care from family physicians participating in a DPC model by clarifying that DPC is not health insurance and has sent letters to the House and Senate expressing our support.</p> <p>In 2020, the AAFP submitted comments on an IRS regulation regarding the treatment of amounts paid for certain medical care arrangements including DPC.</p> <p>Most recently, the AAFP has written to CMS urging that DPC practices should be largely exempt from the good faith estimate requirement imposed by the No Surprises Act to curb surprise medical billing.</p>
S2-201	<p>Alleviating Housing Insecurity Through Medical Education and Policy Guidance Substitute: <i>RESOLVED, That the American Academy of Family Physicians explore opportunities with relevant stakeholders to educate medical students, trainees, and physicians about the unique needs of patients experiencing homelessness and multi-level, evidence-based care and discharge, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians explore opportunities with relevant stakeholders in studying the economic scope and impact of housing instability and homelessness, with emphasis on developing evidence-based</i></p>	Substitute Adopted	<p>1st Resolved Clause – Commission on Education</p> <p>2nd Resolved Clause – Commission on Health of the Public and Science</p>	<p>1st Resolved Clause – Accept as current policy</p> <p>Relevant articles in <i>American Family Physician</i>, references in the AAFP Residency Curriculum Guidelines, and other educational resources were found upon review of AAFP and medical school resources. The COE concluded that AAFP educational resources are already targeted toward all members including students, residents, and active physicians.</p> <p>2nd Resolved Clause - Accept as current policy</p> <p>At its May 2023 meeting, the</p>

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	<p><i>policies to address the social and health needs of those experiencing homelessness.</i></p>			<p>Board of Directors approved a recommendation to accept as current policy the second resolved clause of 2021 NCSM Substitute Adopted Resolution No. S2-201, Alleviating Housing Insecurity through Medical Education and Policy. Current policy includes the Homelessness policy statement and the position paper, "Health Care for All: A Framework for Moving to a Primary Care-Based Health System in the United States."</p>
S2-202	<p>Join the AMA's Position on Preserving Access to Reproductive Health Services Resolution <i>RESOLVED, That the American Academy of Family Physicians review its current policy compendium and recommend policies which should be amended or rescinded to reflect the core values in the AMA resolution "Preserving Access to Reproductive Health Services," with report back to the 2023 AAFP National Conference, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will not financially support political candidates via the FamMedPAC who oppose any part of the AMA resolution "Preserving Access to Reproductive Health Services.</i></p>	Not Adopted	N/A	N/A
S2-203	<p>Cultivating Opportunities for LGBTQIA+ AAFP Members to Caucus <i>RESOLVED, That the American Academy of Family Physicians (AAFP) develop and support a designated space and mechanism to gather LGBTQ-identifying AAFP members into a caucus, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide a staff person to support an LGBTQ caucus, and be it</i></p>	Not Adopted	N/A	N/A

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	<p><i>further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide funding to support a gathering of LGBTQ AAFP members during National Conference.</i></p>			
S2-204	<p>Mental Health Emergency Services</p> <p><i>RESOLVED, That the American Academy of Family Physicians should advocate for the use of mental health providers in possible mental health crises, including sustainable financing of these services, and a reduction of the use of police in response to such mental health crises.</i></p>	Adopted	Commission on Health of the Public and Science	<p>Accept as current policy</p> <p>At its May 2023 meeting, the Board of Directors approved a recommendation to accept as current policy 2022 NCSM S2-204, Mental Health Emergency Services. The AAFP position paper, Policing Standards, supports community alternatives to policing, such as community response departments that are staffed by medical, social work, and mental and behavioral health professionals who take calls routed from the police department for situations involving medical, mental health, disability-related, and other behavioral or social needs.</p> <p>The position paper also discusses the consistent shortages and under-funding of mental health services and calls for sustainable funding of evidence-based comprehensive community mental health services. The paper also specifically recommends “reallocating police funding to professionals in other community support fields (e.g., mental and behavioral health crisis intervention specialists, social workers, community health workers)” as a “a sensible step to empower communities to identify and solve issues.”</p>
S2-205	<p>Accommodations for Medical Students with Disabilities</p> <p>Substitute:</p> <p><i>RESOLVED, That the American</i></p>	Substitute Adopted	Commission on Education	<p>Accept as current policy</p> <p>After reviewing existing policies and actions on other</p>

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	<p><i>Academy of Family Physicians support accommodations for medical students with disabilities and encourage the utilization of these services by those who could benefit, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for further inclusion and recruitment of individuals with disabilities within the specialty of family medicine and within the medical field as a whole.</i></p>			<p>recent similar resolutions, including a survey of members to inform future actions, COE concluded that the AAFP is addressing the concerns of this resolution.</p>
S2-206	<p>Providing Prescription Labels in the Native Language of our Patients Substitute: <i>RESOLVED, That the American Academy of Family Physicians request that all national pharmacy chains and mail order pharmacies gather demographic data about a patient's preferred language and print the prescription in a patient's preferred language, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide a model policy encouraging prescription label translation for states' boards of pharmacy and provide education materials for states on this topic, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create model legislation that can be used by AAFP chapters to pursue legislation state by state that request printing the label in preferred language.</i></p>	Substitute Adopted	<p>1st Resolved Clause – Commission on Quality and Practice</p> <p>2nd & 3rd Resolved Clauses – Commission on Federal and State Policy</p>	<p>1st Resolved Clause – Accept for information</p> <p>According to Language Scientific, under Title VI of the Civil Rights Act of 1964, all healthcare providers and recipients of federal financial assistance (including Medicare and Medicaid) are required to take reasonable steps to ensure meaningful access to their programs by LEP individuals. Title VI prohibits discrimination on the basis of race, color and national origin in programs and activities receiving federal financial assistance. Since most pharmacies in the US are recipients of federal funds, directly or indirectly, their activities fall under Title VI provisions.</p> <p>Agencies that provide Federal financial assistance must issue guidance to all recipients of Federal funding on their legal obligation to provide meaningful access to LEP individuals under Title VI of the Civil Rights Act of 1964 and how to implement these regulations. Beyond federal laws that mandate pharmacies provide language services, several states including CA, NY, and OR, have also taken up the issue and have legislation requiring pharmacies to provide</p>

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				<p>language access.</p> <p>Pharmacies are also providing services to LEP patients.</p> <p>2nd Resolved Clause – Accept as current policy</p> <p>The AAFP endorses the 2013 enhanced CLAS standards that improve patient safety and reduce medical error due to miscommunication. Patients need to understand their care and participate in decisions regarding their health. In order to ensure that individuals with limited English proficiency have equitable access to health services, AAFP supports the use of qualified interpreters who demonstrate special language aptitude in both the language of medical terminology and in health systems.</p> <p>The AAFP supports private and public payer initiatives that facilitate access to, and reward the promotion and provision of, appropriate and professional language services in diverse care settings, particularly at the practice level. Without support from such initiatives to provide resources, these vital services will be beyond the practical reach of what many individual practices will be able to deliver.</p>
S3-301	<p>Colorectal Cancer Screening Legislative Model Creation Substitute: <i>RESOLVED, That the American Academy of Family Physicians develop resources for chapters such as model legislation on colorectal screening (CRC) screening for uninsured patients, and be it further</i></p> <p><i>RESOLVED, That the American</i></p>	Substitute Adopted	<p>1st & 3rd Resolved – Commission on Health of the Public and Science</p> <p>2nd Resolved Clause – Commission on Federal and State</p>	<p>1st and 3rd Resolved Clauses – Accept for information</p> <p>Current USPSTF recommendations on colorectal cancer screening include Grade A for adults aged 50-75 years, Grade B for adults aged 45-49 years, and Grade C for adults aged 76-85 years of age. The AAFP issued a separate</p>

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	<p><i>Academy of Family Physicians advocate for more transparency on federal and state allocated funds and budgets for preventive measures including cancer screenings, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians pursue partnership with other stakeholder organizations as it pertains to equitable colorectal cancer (CRC) screening and treatment.</i></p>		Policy	<p>screening recommendation for CRC which recommends screening for colorectal cancer in all adults starting at age 50 years and continuing until age 75 years. The recommendation notes the risks, benefits, and strength of supporting evidence for different screening methods varies and recommends clinicians selectively offer screening for CRC in adults aged 76 to 85 years.</p> <p>The AAFP's three-year operational plan includes a tactic around screening, detection, and treatment/management of cancer. The AAFP actively seeks out opportunities to partner with peer organizations to develop resources for cancer screening and treatment. However, the AAFP does not engage in advocacy activities or development of policy which would legislate or prescribe the practice of medicine.</p> <p>2nd Resolved Clause – Accept as current policy</p> <p>Health promotion and prevention of disease are critical and foundational components of primary care and family medicine. In support of this, the AAFP advocates for policies and payment that advance, stimulate, and facilitate preventive services.</p>
S3-302	<p>Prior Authorizations <u>Adopted as amended:</u> <i>RESOLVED, that the American Academy of Family Physicians draft sample legislation based on recently enacted prior-authorization reform in Michigan for dissemination to its chapters and for enactment on the national level.</i></p>	Adopted as amended on the floor	Commission on Federal and State Policy	<p>Accept as current policy</p> <p>The recently enacted prior authorization bill in Michigan embodied the various measures of reform outlined in the AMA model. The measures include standardizing an electronic prior authorization request</p>

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				transaction process, increased transparency for new or amended prior authorization requirements, stricter turnaround deadlines, among other provisions to eliminate physician burden. Both the AMA model and Michigan law includes language on an exemption program for physicians based on the performance on prior authorization (gold carding). The Center for State Policy is currently developing legislative language to supplement the AMA model related to the exemption program to ensure that family medicine is properly considered and not left out of the exemption requirements due to their extended scope of practice.
S3-303	<p>Establishment of Stance on Death with Dignity <i>RESOLVED, That the American Academy of Family Physicians is encouraged to facilitate discussions on death with dignity practices as it contributes to the practice of primary care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will provide a formal position on the topic of death with dignity and similar sister topics, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will encourage governing bodies to introduce legislation and guidelines concerning death with dignity.</i></p>	Not Adopted	N/A	N/A
S3-304	<p>Medication-Assisted treatment Training in Residency <i>RESOLVED, That the American Academy of Family Physicians provide a position paper in support of family medicine residencies training residents in medication-assisted treatment, also known as medications for opioid use disorder, for substance use</i></p>	Reaffirmed	Reaffirm as current policy	N/A

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	<i>disorder with encouragement to obtain a United States Drug Enforcement Administration waiver for each of its residents.</i>			
S3-305	<p>Food Insecurity Screening <i>RESOLVED, That the American Academy of Family Physicians recognize the gravity of and reply to food insecurity by means of reexamining hunger relief as health care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for high indices of clinical suspicion for food insecurity with endorsement of universal patient screening and proper service referral.</i></p>	Reaffirmed	Reaffirm as current policy	N/A
S3-306	<p>Identifying and Preventing Burnout in Medical Students <i>RESOLVED, That the American Academy of Family Physicians develop and implement a policy encouraging each United States medical school that has a Family Medicine Interest Group (FMIG) to have on file a Medical Student Burnout Identification & Prevention Plan made available to student members that is updated annually to reflect the latest evidence-based solutions to combat medical student burnout, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will work alongside the Family Medicine Interest Group network to develop a Medical Student Burnout Identification & Prevention Plan template for chapters to use and edit to their satisfaction, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians will initiate a new Categorical and Special Consideration Award for Family Medicine Interest Groups entitled, "Excellence in Medical Student Wellness" that will be evaluated based on chapter Medical Student Burnout Identification & Prevention Plan in addition to events related to</i></p>	Not Adopted	N/A	N/A

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	<i>medical student wellness as well as burnout identification and prevention.</i>			
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