

California Academy of Family Physicians

2018 Resolutions Submitted to the CAFP Board of Directors

<p>Resolutions may be submitted to the CAFP Board of Directors at any time during the year. This DASHBOARD includes action on those heard at the 2018 All Member Advocacy Meeting and others submitted outside the AMAM timeframe as of 11.3.18.</p> <p>Resolutions submitted to the Board at the AMAM are designated "A," as in Res. A-04-18 or ER for "emergency", i.e., submitted after the deadline.</p> <p>Resolutions submitted too late for consideration by the Board at the current year's AMAM are designated "B," as in Res. B-12-18.</p> <p>Resolutions will be tracked through the process and moved from Red to Green as final actions are determined.</p> <p>The full resolutions are available for review on the CAFP website, www.familydocs.org. Resolutions must be posted on CAFP's website for at least one month prior to a Board meeting at which they will be considered to allow sufficient time for member comment.</p>

GREEN -- Resolutions ADOPTED/AMENDED and ADOPTED by the CAFP Board of Directors

Resolution#/Title/Date Submitted:	A-02-18: Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis. (12.13.17)
Original RESOLVEDs:	RESOLVED, that our CAFP work with state and local health departments to achieve the legalization and implementation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services.
Recommended Actions and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: Refer to CAFP Legislative Affairs Committee and to Health of the Public Committee (if establishment is approved by the Board) for review and recommendation.
Final Action:	Referred Res. A-02-18 CAFP Legislative Affairs Committee and to Committee on Health of the Public for review and recommendation. ADOPTED an AMENDED Resolved at its July 14, 2018 meeting as follows: RESOLVED, that California Academy of Family Physicians (CAFP) support the creation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services. The author was present at the July 14, 2018 Board meeting as a Student Co-Director; he abstained from voting.
Resolution#/Title/Date Submitted:	A-03-18: FP-PAC Dues
Original RESOLVEDs:	
Recommended Actions and Progress Notes:	3.11.18: ADOPTED by the 2018 All Member Advocacy Meeting -- No Board action required.
Final Action:	CAFP staff implemented a communications plan about the FP-PAC dues which were added to the 2019 dues billing.
Resolution#/Title/Date Submitted:	A-03-18: Removing REMS Categorization on Mifepristone. (12.13.17)
Original Resolveds:	RESOLVED, that the California Academy of Family Physicians (CAFP) endorse the principle that the REMS classification on mifepristone is not based on RESOLVED, that the CAFP engage in advocacy and lobbying efforts to overturn the REMS classification on mifepristone; and be it further RESOLVED, that the CAFP submit a resolution to the 2018 AAFP Congress of Delegates calling on the AAFP also to endorse the principle that the REMS classification on mifepristone is not based on scientific evidence and limits access to abortion care; and be it further RESOLVED, that the CAFP submit a resolution to the 2018 AAFP Congress of Delegates calling on the AAFP to engage in advocacy and lobbying efforts to overturn the REMS classification on mifepristone.
Recommended Action and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: ADOPT Resolveds 1, 3 and 4 and DO NOT ADOPT Resolved 2 (highlighted in red) of Res. A-04-18.
Final Action:	Board ADOPTED Resolveds 1, 3 and 4 and DID NOT ADOPT Resolved 2 of Res. A-04-18 CAFP already is engaged in a lawsuit to overturn the REMS on mifepristone and AAFP lobbies at the federal level. CAFP submitted a resolution to the 2018 AAFP Congress calling for the actions in Resolveds 3 and 4. Authors were notified 4.23.18
Resolution#/Title/Date Submitted:	A-05-18: Increased Percentage of Women's Reproductive Health Topics at AAFP FMX and National Conference for Residents and Students. (12.7.17)
Original Resolveds:	RESOLVED, That the California Academy of Family Physicians will advocate through the American Academy of Family Physicians to the Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women's reproductive health topics at future FMX events and remove the RESOLVED, That the California Academy of Family Physicians via its delegation will submit a resolution to the American Academy of Family Physicians (AAFP) calling on the AAFP to increase the representation of women's reproductive health topics among future AAFP CME events.
Recommended Action and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: Refer to CAFP Committee on Continuing Professional Development for review and recommendation no later than the July Board meeting.
Final Action:	Refer Res. A-05-18 to CAFP Committee on Continuing Professional Development for review and recommendation no later than the July Board meeting. Resolution to AAFP approved by the CAFP Board of Directors on July 14, 2018 and forwarded to AAFP on July 17, 2018. Authors informed July 17, 2018 by email.
Resolution#/Title/Date Submitted:	A-06-18: Reducing the Carbon Footprint of California Hospitals through New Renewable Energy Standards. (1.11.18)
Original Resolveds:	RESOLVED, that California Academy of Family Physicians (CAFP) support stronger regulations regarding the sources of energy for California hospitals and standards for energy efficiency in new hospitals, such that all existing hospitals in California reach a minimum of 30 percent renewable energy by the year 2030 and 50 percent by 2050, and all new hospitals are required to use a minimum of 90 percent renewable energy starting in the year 2020; and be it further RESOLVED, that in order for hospitals to reach the goals of a minimum of 30 percent renewable energy by the year 2030 and 50 percent by 2050 and all new hospitals using a minimum of 90 percent renewable energy by the year 2020, hospitals should be encouraged to install rooftop solar panels, switch RESOLVED: That new and existing medical office buildings and other locations with physician offices be encouraged to undertake energy saving efforts to help them achieve a goal of 30 percent renewable energy by the year 2030 and 50 percent by 2050. (AMENDED RESOLVED)
Recommended Action and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: DO NOT ADOPT Res.A-06-18 or ADOPT AMENDED RESOLVED (in red):
Final Action:	Board ADOPTED Resolveds 1 and 2 of Res. A-06-18 and ADOPTED an AMENDED RESOLVED Author was contacted 4.23.18
Resolution#/Title/Date Submitted:	A-07-18: Call for Physician Wellness as a Quality Indicator of Health Organizations (1.11.18)

Original RESOLVEDs:	RESOLVED: that the California Academy of Family Physicians advocate for the Triple Aim to be expanded to the Quadruple Aim, adding the goal of improving the work-life balance of health care providers, and to make Physician Wellness a quality measure for healthcare systems and ask the American Academy of Family Physicians to do the same by working with Congressional leaders.
Recommended Action and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: ADOPT Res. A-07-18.
Final Action:	The Board ADOPTED Res. A-07-18. A letter was written to AAFP asking it to work to make Physician Wellness a quality measure for health care systems and
Resolution#/Title/Date Submitted:	A-09-18: One Cent Per Ounce Excise Tax on Sugar-Sweetened Beverages * (1.14.18)
Original RESOLVEDs:	RESOLVED, That the CAFP work with state legislators for a state-wide excise tax of one cent per ounce on sugar-sweetened beverages and advocate for the AAFP to work with Congressional leaders to implement a nation-wide excise tax of one cent per ounce on sugar-sweetened beverages, exempting beverages sweetened with artificial sweeteners, such as aspartame or saccharine given the current lack of strong scientific evidence that they are associated with deleterious health effects, but closely tracking studies to determine whether taxing might be justified in the future; and be it further RESOLVED: That the revenue generated from a state-wide and/or a nation-wide excise tax of one cent per ounce on sugar-sweetened beverages be earmarked to support childhood nutrition programs, obesity-prevention research, and subsidizing healthier foods and beverages.
Recommended Action and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: Inform author of Res. A-09-18 that CAFP has existing policy supporting a sugar- sweetened beverage/soda tax; ADOPT AMENDED RESOLVEDS
Final Action:	Informed author of Res. A-09-18 that CAFP has existing policy supporting a sugar- sweetened beverage/soda tax; 4.13.18 BOD: ADOPTED AMENDED RESOLVEDS 1 and 2 as shown in red. RESOLVED: That the CAFP advocate for the AAFP to work with Congressional leaders to implement a nationwide excise tax on sugar- sweetened beverages; and be it further RESOLVED: That the revenue generated from a statewide and/or nationwide excise tax on sugar- sweetened beverages be earmarked to support health care programs, such as those related to childhood nutrition, obesity prevention and subsidizing healthier foods and beverages for those who need them. Resolution does not request CAFP submit a resolution to AAFP, only that we ask AAFP to work with Congressional leaders, etc. A letter so requesting was sent to AAFP on July 5 and receipt was acknowledged. Author contacted 4.23.18.
Resolution#/Title/Date Submitted:	ER-01-18: A Call for Guidelines to Manage ICE Threats in Health Care Settings. (2.28.18)
Original RESOLVEDs:	RESOLVED, that the CAFP create or endorse a policy that clarifies the legal rights of physicians, health care workers and patients relating to ICE raids in health care settings and that the CAFP distribute this policy among CAFP members, including but not limited to members practicing in Federally Qualified Health Centers; and be it further RESOLVED, that the CAFP create or endorse a toolkit and protocol, similar to Code Blue, with the scripts, roles, and algorithms for health care staff (legal observer, recorder, video recorder, etc.) to use when responding to an ICE raid in a health care setting; and be it RESOLVED, that the CAFP create or endorse a plan, including a script and templates for print, that healthcare organizations can use to communicate information with their communities following an ICE raid; and be it further RESOLVED, that the CAFP advocate for the addition of civil rights and immigration policy curricula to California residencies.
Recommended Action and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: Refer to CAFP Medical Practice Affairs Committee for review and recommendation of Resolveds 1, 2 and 3. Ask the CA Residency Network for review and recommendation on Resolved 4. Comment from MPAC: MPAC recommended adoption of the resolution as amended in RESOLVED 1, adding "and obligations" after "the legal rights" on line 1. Comment from CRN: Response to the request for comment was limited, but indicated two issues of which to be aware: 1) residency programs are unlikely to include civil rights and immigration policy curricula unless it is fully-developed and presented to them as a module ready for adoption; and 2) residency program directors are obligated to adhere to existing organizational policy and curricula on these matters, which may in some cases preclude uptake of any CAFP-developed module. This leads staff to believe that the resources required to achieve this aspect of the resolution are significant and greater than the value it may yield to members in the long-term. Recommendation of CRN on Resolved 4: Do not adopt Resolved 4 of ER-01-18.
Final Action:	Referred ER-01-18 to CAFP Medical Practice Affairs Committee for review and recommendation of Resolveds 1, 2 and 3. Ask the CA Residency Network for review and recommendation on Resolved 4. Board ADOPTED Resolved 1 of ER-01-18, A Call for Guidelines to Manage ICE Threats in Health Care Settings; ADOPTED AN AMENDED Resolved 2 and DID NOT ADOPT Resolveds 3 and 4 at its meeting on July 14, 2018. RESOLVED, that the CAFP create or endorse a policy that clarifies the legal rights and obligations of physicians, health care workers and patients relating to ICE raids in health care settings and that the CAFP distribute this policy among CAFP members, including but not limited to members practicing in Federally Qualified Health Centers, and be it further RESOLVED, that CAFP investigate the existence of and evaluate a toolkit and protocol, similar to Code Blue, with the scripts, roles, and algorithms for health care staff (legal observer, recorder, video recorder, etc.) that family physicians might use when responding to an ICE raid in a health care setting and make their availability known to CAFP members. Authors advised 7.18.18 by email.
Resolution#/Title/Date Submitted:	B-10-18: Two Percent Tax on Gun Sales to Fund Mental Health Support Services and Education at Public Schools. (3.16.18)
Original RESOLVEDs:	RESOLVED: that the California Academy of Family Physicians (CAFP) advocate that the American Academy of Family Physicians (AAFP) encourage lawmakers to add a two per cent tax on gun and gun ammunition sales to fund mental health support services and education at public schools to: Increase the availability of behavioral health therapists at schools; Develop strategies for educators and administrators to identify at risk children; Provide parenting support services and parenting classes; Provide post-incident support services for students affected by any gun violence; and Develop curriculum for life skills and stress management including conflict resolution, mindful meditation, and anger management that would be offered to all students.
Recommended Action and Progress Notes:	4.13.18: B-10-18 asks for a resolution to be submitted to the AAFP/deadline 9.11.18. 4.13.18 BOD: Refer Res. B-10-18 to the Committee on Health of the Public (if establishment is approved by the Board) with a request to report back at the July Board meeting (resolved calls for submission of a resolution to the AAFP Congress). Request that the CAFP Committee on Health of the Public consider whether a tax on guns and ammunition might better be imposed on gun makers and retailers.

Final Action:	<p>Referred Res. B-10-18 to the Committee on Health of the Public with a request to report back at the July Board meeting (resolved calls for submission of a resolution to the AAFP Congress). Request that the CAFP Committee on Health of the Public consider whether a tax on guns and ammunition might better be imposed on gun makers and retailers.</p> <p>The Board ADOPTED Resolved 1 and ADOPTED an additional Resolved 2 as shown in red on Res. B-10-8, Two Percent Tax on Gun Sales and Ammunition Sales to Fund Mental Health Support Services and Education at Public Schools:</p> <p>RESOLVED: that the California Academy of Family Physicians (CAFP) support a tax on gun and ammunition sales and that the revenue generated from such a tax be used to fund mental health support services, such as behavioral health therapists at schools, programs to identify at risk children, and post-incident support services for individuals affected by any gun violence; and be it further</p> <p>RESOLVED: That CAFP submit a resolution to the American Academy of Family Physicians (AAFP) to support a tax on gun and ammunition sales, and that the revenue generated from such a tax be used to fund mental health support services, such as behavioral health therapists at schools, programs to identify at risk children and post- incident support services for individuals affected by any gun violence.</p> <p>Resolution submitted to AAFP 7.17.18. Authors advised 7.17.18 by email.</p>
Resolution#/Title/Date Submitted:	B-12-18: Including 2017 AAFP Board Report F in Evidence-Based Academy Educational Programs. (3.11.18)
Original RESOLVEDs:	RESOLVED, That the California Academy of Family Physicians ask the American Academy of Family Physicians (AAFP) to include the data and conclusions of 2017's Board Report F in evidence-based Academy educational programs, continuing professional development/education activities, and stage presentations at AAFP meetings in the areas of health care policy, health care economics and health care systems.
Recommended Action and Progress Notes:	No testimony was presented at AMAM because the resolution was submitted too late. 4.13.18 BOD: ADOPT Res. B-12-18, Including 2017 AAFP Board Report F in Evidence-Based Academy Educational Programs. (CAFP is directed to "ask" AAFP to include this information, not submit a resolution to do so.):
Final Action:	The Board ADOPTED Res. B-12-18. A letter was sent to AAFP on July 5 asking that Board Report F data and conclusions be included in evidence-based Academy educational programs, continuing professional development/education activities, and stage presentations at AAFP meetings in the areas of health care policy, health care economics and health care systems. AAFP acknowledged receipt of the letter.
Resolution#/Title/Date Submitted:	B-13-18: Open, Member-Driven Process for Policy Development for CAFP. (3.11.18)
Original RESOLVEDs:	RESOLVED, That all policies passed between meetings of the All Member Advocacy Meeting without a process for member comments and input be rescinded immediately; and be it further RESOLVED: That a process for obtaining member comments and input on resolutions received between meetings of the All Member Advocacy MMeeting be developed; and be it further RESOLVED: That CAFP members have an opportunity to comment on and provide input into the proposed new process for soliciting member input on resolutions received between meetings of the All Member Advocacy Meeting for consideration by the Board of Directors before such a policy is adopted; and be it further RESOLVED: That authors of policies rescinded by virtue of the fact that CAFP member input on them was not obtained by the Board of Directors before adoption be offered an opportunity to resubmit their resolutions to go through the new process that is developed for reconsideration.
Recommended Action and Progress Notes:	No testimony was presented at the AMAM because the resolution was submitted too late.
Final Action:	The Board DID NOT ADOPT Resolved 1, the Board ADOPTED Resolved 2 and 3, the Board DID NOT ADOPT Resolved 4 or Res. B-13-18. The Board encouraged the author to submit a new resolution that would seek to change any CAFP policy with which she disagrees; the Board determined it acted within the authority granted to it in the CAFP bylaws. A process for obtaining member comments and input on resolutions received between meetings of the AMAM was developed and approved at the July 14, 2018 meeting of the Board. Members have been advised via Academy in Action newsletter and on the CAFP website. A chart outlining all Board actions is updated after each quarterly meeting of the Board and new resolutions must be posted at least one month prior to their consideration by the Board, so members may comment on them. Author contacted 4.23.18.
Resolution#/Title/Date Submitted:	A-01-18: Food Insecurity Screening in Healthcare Settings as higher Standards of Health Care. (12.18.17)
Original RESOLVEDs:	RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages clinicians to identify children and adults who are food-insecure to avoid detrimental development and co-morbidities by asking the following two screening tool questions: Are you worried that your food will run out before you get money to buy more? and Does the food you buy last and, if not, do you have money to get more? and, be it further RESOLVED, that the California Academy of Family Physicians (CAFP) support various ways for healthcare centers to connect families that are food insecure with short- and long-term food resources, by, for example, referring positively screened patients to local CalFresh representatives who may connect families with such resources.
Recommended Action and Progress Notes:	3.11.18: The resolution was presented and testimony was heard at the AMAM. 4.13.18 BOD: Refer to CAFP Medical Practice Affairs Committee for review and recommendation and to Health of the Public Committee (if establishment is approved by the Board) for review and recommendation. MPAC recommends AMENDED resolveds: RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages healthcare centers to screen for food insecurity if appropriate by using validated screening tool questions as a higher standard of health care, such as: Are you worried that your food will run out before you get money to buy more? and Does the food you buy last and, if not, do you have money to get more? 7.14.18 – The CAFP Board of Directors referred the resolution back to the Committee on Health of the Public with a request that the resolution be considered in the context of AAFP's work on the social determinants of health as well as in the context of social risk factors; ask for clarification of the term "health care center." Authors were informed on July 17; one author of A-01-18 was present at the July 14 Board meeting as a Resident Co-Director.
Final Action:	11.3.18 – The CHOP responded to the BOD referral and recommended the following language which was adopted by the BOD at its November meeting. RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages family physicians and their practice teams to screen for food insecurity by using two validated screening tool questions as a higher standard of health care, such as: 1. Are you worried that your food will run out before you get money to buy more? and 2. Does the food you buy last and, if not, do you have money to get more? and be it further RESOLVED, that the California Academy of Family Physicians (CAFP) educate its membership about how to use and interpret the validated food insecurity screening tools and identify local resources to which to refer patients in need.
YELLOW – Resolutions REFERRED by the Board to CAFP Committees for Review and Recommendation	
Action has been taken on all resolutions referred to committees and the Board.	