

**California Academy of Family Physicians  
2019 Resolutions Submitted to the CAFP Board of Directors**

- Resolutions may be submitted to the CAFP Board of Directors (BOD) at any time during the year. This DASHBOARD includes action on those heard at the 2019 All Member Advocacy Meeting (AMAM) and others submitted outside the AMAM timeframe as of 3.28.19.
- Resolutions submitted to the Board at the AMAM are designated “A,” as in Res. A-01-19 or ER for “emergency”, i.e., submitted after the deadline.
- Resolutions submitted too late for consideration by the Board at the current year’s AMAM are designated “B,” as Board.
- Resolutions will be tracked through the process and moved from Yellow to Red or Green as final actions are determined.
- The full resolutions are available for review on CAFP’s website, [www.familydocs.org](http://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.

<b>YELLOW: Resolutions Referred/Submitted the CAFP Board of Directors for Action 3/27-28/2019</b>	
<b>Resolution #/Title/Date Submitted</b>	<b>A-05-19: Statement of Commitment from California Family Medicine Residency Programs to Improve Resident Well-Being and Reduce Burnout</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED</b>, that CAFP, in conjunction with AAFP and NAM, will urge family medicine residency programs to provide a statement of commitment, addressing plans of action to promote resident well-being and reducing burn-out in clinical training. Provisions in their plans of action should include, but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Promote the resources already in place through the Physician Health First portal to help residents and their mentors identify each resident’s goals, assess their well-being, plan and track progress (<a href="https://www.aafp.org/membership/benefits/physician-health-first/planner/get-started.mem.html">https://www.aafp.org/membership/benefits/physician-health-first/planner/get-started.mem.html</a>)</li> <li>2. Establish a wellness committee at each residency to engage all parties involved on the drivers of burnout specific to the program and workplace/personal strategies to promote well-being<sup>7</sup></li> <li>3. Improve access to and encourage residents to utilize mental health resources through residency training<sup>8</sup></li> <li>4. Encourage training and support through CAFP, AAFP, and NAM for Family Medicine Residency Program leadership on identifying and addressing resident burnout (ex. online workshops, conferences, and on-site consultations)</li> </ol>
<b>Recommended Actions and Progress Notes:</b>	BOD met on 3.27.19 and referred the Resolution to the California Residency Network for discussion for recommendation and report back to the Board.
<b>Final Action:</b>	
<b>GREEN: Resolutions ADOPTED/AMENDED and ADOPTED by the CAFP Board of Directors</b>	
<b>Resolution #/Title/Date Submitted</b>	<b>A-01-19: Paid Parental Leave Policy (3-10-19)</b>

<p><b>Original RESOLVEDS:</b></p>	<p><b>RESOLVED:</b> That CAFP support a requirement on employers to provide at least 12 weeks of paid parental leave with job protection and wage replacement of at least two-thirds of previous earnings, up to a cap, for each new infant born or adopted, financed through an insurance-based pool, and that the paid leave may be taken by any family member caring for the child at any time in the first year of a child’s birth or adoption in parts or as a block; and be it further</p> <p><b>RESOLVED:</b> That CAFP refer this to AAFP for national action.</p>
<p><b>Recommended Actions and Progress Notes:</b></p>	<p>BOD met on 3.27.19 and referred to the CAFP Medical Practice Affairs Committee, for recommendation, with report back to the July 2019 Board meeting.</p>
<p><b>Final Action:</b></p>	<p>BOD met on 7.13.19 to discuss the recommendation of the Medical Practice Affairs Committee. Adopted as amended below:</p> <p><b>RESOLVED:</b> That CAFP support policies that provide employees with reasonable job security, wage replacement, and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions. Such policies should include: (1) medical leave for the employee, including pregnancy; (2) parental leave for the employee-parent, including leave for birth, adoption, or foster care leading to adoption; (3) leave if medically appropriate to care for a member of the employee's immediate family. Any legislative proposals will be reviewed through the Academy's normal legislative process for appropriateness, taking into consideration all elements therein.</p> <p><b>RESOLVED:</b> That CAFP refer this to AAFP for national action.</p> <p>Authors informed. Resolution forwarded to the AAFP. The AAFP made minor amendments on the floor. Authors informed. Final language passed by the COD:</p> <p><b>RESOLVED,</b> That the American Academy of Family Physicians (AAFP) support policies that provide employees with reasonable benefits, including job security, wage replacement, and continued availability of health plan coverage in the event that leave by an employee becomes necessary due to documented medical conditions, such policies should include: (1) medical leave for the employee, including pregnancy; (2) parental leave for the employee-parent, including leave for birth, adoption, or foster care leading to adoption; (3) leave if medically appropriate to care for a member of the employee's immediate family; (4) protections for small businesses.</p>
<p><b>Resolution #/Title/Date Submitted</b></p>	<p><b>A-02-19: Ensuring Quality and Safe Care by All Primary Care Providers (3-10-19)</b></p>
<p><b>Original RESOLVEDS:</b></p>	<p><b>RESOLVED:</b> That the CAFP policy on nurse practitioners supports independent practice when nurse practitioners are trained under a standard that allows the demonstration of the competencies necessary for the safe delivery of quality primary care.</p>
<p><b>Recommended Actions and Progress Notes:</b></p>	<p>BOD met on 3.27.19 and voted to form a working group to produce a set of principles to guide legislation and policy development. The BOD determined that these principles should include, but not be limited to:</p>

	<ol style="list-style-type: none"> <li>1) Graduate education requirements</li> <li>2) Regulation and liability</li> <li>3) Payment</li> <li>4) Bar on corporate practice</li> </ol> <p>BOD met on 7.13.19 and approved the formation of the new Committee on Scope of Practice and initial membership.</p>
<p><b>Final Action:</b></p>	<p>BOD met on 11.2.19 to discuss the recommendations of the Committee on Scope of Practice and adopted the following <i>CAFP Principles on the Independent Practice of Medicine by Nurse Practitioners</i>. Authors informed.</p> <p style="text-align: center;"><b><u>CAFP Principles on the Independent Practice of Medicine by Nurse Practitioners</u></b></p> <p>California’s family physicians are on the frontline of health care, providing care to millions of men, women and children in communities large and small, rural and urban, wealthy and poor. One in five physician office visits takes place with a family physician and extensive evidence proves that primary care provides exceptional value for health care dollars. Family physicians save lives and costs.</p> <p>It is the policy of the California Academy of Family Physicians (CAFP) that nurse practitioners (NPs) are valuable health care providers whose scope of practice should correspond to, but not exceed, their level of knowledge, skill, experience, licensure and training (using competency training measures), and an NP should never independently deliver care without obtaining the higher level of education and clinical training of a physician.</p> <p>CAFP considers ordering and interpreting diagnostic procedures, certifying disability, and prescribing, dispensing, and administering controlled substances to be the practice of medicine. CAFP believes that it is of utmost importance that consistency of standards and regulations be maintained in the regulation of the practice of medicine in California. CAFP’s position on any proposed legislation and/or regulation that seeks to expand the ability of NPs to practice medicine independently of physician supervision will be guided by core principles related to establishing consistency of standards and regulation, as well as the ability of the proposal to address the problems it purports to resolve, including but not limited to: access to primary care, cost of care, quality of care, and the overall sustainability of the primary care workforce. Any such proposal must demonstrate that it establishes or accounts for the following provisions:</p> <ol style="list-style-type: none"> <li>1. A uniform, consistent education program to attain NP certification.</li> <li>2. A uniform, consistent education program to attain independent practice following NP certification, such as or equivalent to completion of training within an accredited residency training program and appropriate testing for the practice of medicine. Residency training, or its equivalent, must include sufficient primary care hours and patient visits in multiple settings of varying acuity to ensure direct observation of clinical proficiency.</li> <li>3. Regulation and oversight by the Medical Board of California.</li> <li>4. A requirement of licensure to remain in primary care as opposed to sub-specialization.</li> <li>5. Initial and ongoing maintenance of certification specific to primary care.</li> </ol>

	<ol style="list-style-type: none"> <li>6. Obtaining and maintaining individual liability insurance.</li> <li>7. Compliance with California’s bar on the corporate practice of medicine.</li> <li>8. Incentives to practice in underserved geographic areas and/or delivery of service to underserved populations.</li> <li>9. Prospective and ongoing analyses of quality of care, cost of care, health care utilization, and provider and patient satisfaction, upon starting independent practice.</li> <li>10. Compensation for education, training and practice supervision of NPs by family physicians.</li> <li>11. Application of the above provisions to NPs relocating to California from a state with independent practice authority.</li> </ol>
<b>Resolution #/Title/Date Submitted</b>	<b>A-03-19: Increasing Family-Centeredness at AAFP Meetings (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED</b>, that AAFP adjusts its recommendations regarding children at AAFP meetings from “Out of consideration for others, please do not bring children to CME events” to “AAFP supports families. Please use your best judgment regarding bringing children to CME events;” and be it further</p> <p><b>RESOLVED</b>, that CAFPP ask the AAFP to provide an on-site play area for children and their caregivers at AAFP FMX and COD; and be it further</p> <p><b>RESOLVED</b>, that CAFPP ask the AAFP to enhance efforts to accommodate breastfeeding parents at AAFP FMX and COD by providing a lactation lounge with basic services including privacy, running water, refrigerated milk storage, and opportunities to donate excess breast milk.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>BOD met on 3.27.19 and Adopted as amended below.</p> <p><b>RESOLVED</b>, that the AAFP adjusts its recommendations regarding children at AAFP meetings from “Out of consideration for others, please do not bring children to CME events” to “AAFP supports families. Please use your best judgment regarding bringing children to CME events;” and be it further</p> <p><b>RESOLVED</b>, that CAFPP ask the AAFP to <i>explore providing</i> an on-site play area for children and their caregivers at AAFP FMX and COD; and be it further</p> <p><b>RESOLVED:</b> that CAFPP ask the AAFP to enhance efforts to accommodate breastfeeding parents at AAFP <i>meetings</i> by providing a lactation lounge with basic services including privacy, running water, <i>and other amenities</i>.</p>
<b>Final Action:</b>	BOD met on 3.27.19 and adopted as amended. Authors informed. Resolution forwarded to the AAFP. COD adopted the following substitute resolution and authors informed:

	<p><b>RESOLVED:</b> That the American Academy of Family Physicians (AAFP) adjust its recommendation regarding children at AAFP meetings from “Out of consideration for others, please do not bring children to CME events” to “AAFP supports families. Please use your best judgment regarding bringing children to CME events,” and be it further</p> <p><b>RESOLVED:</b> That the American Academy of Family Physicians (AAFP) provide an on-site play area for children and their caregivers at AAFP Family Medicine Experience and Congress of Delegates, and be it further</p> <p><b>RESOLVED,</b> That the American Academy of Family Physicians (AAFP) consider providing on-site child care services at AAFP Family Medicine Experience and Congress of Delegates, and be it further</p> <p><b>RESOLVED:</b> That the American Academy of Family Physicians (AAFP) enhance efforts to accommodate lactating parents at AAFP Family Medicine Experience and Congress of Delegates by providing a lactation lounge, not located in a restroom, with basic services including privacy, running water, refrigerated milk storage, and opportunities to donate excess breast milk.</p>
<b>Resolution #/Title/Date Submitted</b>	<b>A-04-19: Requiring Gender Pronouns on Nametags at All AAFP Events (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> That CAFPP propose to the AAFP that they require all individuals to identify their preferred pronouns upon event registration to be printed on name badges at all AAFP-sponsored events and conferences starting in 2020.
<b>Recommended Actions and Progress Notes:</b>	<p>BOD met on 3.27.19 and adopted as amended below:</p> <p><b>RESOLVED:</b> That CAFPP propose to the AAFP that they require all individuals to identify their preferred pronouns upon event registration, <i>with the option to opt-out</i>, to be printed on name badges at all AAFP-sponsored events and conferences starting in 2020.</p>
<b>Final Action:</b>	<p>BOD met on 3.27.19 and adopted as amended. Authors informed. Resolution forwarded to the AAFP. Authors informed that COD adopted the following substitute language:</p> <p><b>RESOLVED:</b> That the American Academy of Family Physicians ask registrants for AAFP-sponsored events and conferences how they want their gender to be identified on printed name badges, with the option not to include gender pronouns.</p>
<b>Resolution #/Title/Date Submitted</b>	<b>A-06-19: Improve Access to Healthcare for Formerly Incarcerated Persons (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> That CAFPP improve access to health care for formerly incarcerated persons following release by advocating for the creation of an agency that helps patients enroll in health insurance and establish care with a primary care provider prior to their release, and be it further

	<p><b>RESOLVED:</b> That CAFP work with the California legislature to advocate for increased funding for the Transitions Clinic Program to further increase the number of clinics throughout the state, particularly in inland counties, and be it further</p> <p><b>RESOLVED:</b> That CAFP refer this to AAFP for national action.</p>
<b>Recommended Actions and Progress Notes:</b>	BOD met on 3.27.19 and referred the resolution to the CAFP Legislative Affairs Committee for recommendation, with report back to the Board at its July 2019 meeting.
<b>Final Action:</b>	<p>BOD met on 7.13.19 to discuss the recommendation of the Legislative Affairs Committee and Adopted as amended below:</p> <p><b>RESOLVED:</b> That CAFP support efforts to improve access to health care for formerly incarcerated persons following their release; and be it further</p> <p><b>RESOLVED:</b> That CAFP support increased funding for evidence-based programs designed to meet the needs of people recently released from incarceration; and be it further</p> <p><b>RESOLVED:</b> That CAFP refer this to AAFP for national action.</p> <p>Authors informed. Resolution forwarded to AAFP. COD adopted. Authors informed.</p>
<b>Resolution #/Title/Date Submitted</b>	<b>A-07-19: Decriminalization of Abortion Provision (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That CAFP propose to the AAFP that they endorse all ACOG statements that oppose legislation that targets family doctors who provide abortion services, and</p> <p><b>RESOLVED:</b> That CAFP propose that the AAFP issue a position paper against the practice of criminalizing physicians for providing abortion care.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>BOD met on 3.27.19 and referred the resolution as amended below to the CAFP Legislative Affairs Committee for recommendation and report back to the July 2019 Board Meeting.</p> <p><b>RESOLVED:</b> That <i>CAFP oppose all efforts in California to criminalize physicians</i> who provide abortion services; and be it further</p> <p><b>RESOLVED:</b> That CAFP propose that the AAFP issue a position paper against the practice of criminalizing physicians for providing abortion care.</p>
<b>Final Action:</b>	BOD met on 7.13.19 to discuss the recommendation of the Legislative Affairs Committee and Adopted as amended below:

	<p><b>RESOLVED:</b> That the CAFP oppose the criminalization of physicians providing abortion care; and be it further</p> <p><b>RESOLVED:</b> That the CAFP urge the AAFP to adopt policy opposing the criminalization of physicians providing abortion care.</p> <p>Authors informed. Resolution forwarded to AAFP. COD adopted as reaffirms current policy. Authors informed.</p>
<b>Resolution #/Title/Date Submitted</b>	<b>A-08-19: Mifepristone Use in Early Pregnancy Loss Management (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That CAFP instruct its AAFP delegates to submit a resolution to the 2019 AAFP Congress of Delegates to support the safety and efficacy of mifepristone as the most evidence-based care for medical management of EPL; and</p> <p><b>RESOLVED:</b> That CAFP instruct its AAFP delegates to submit a resolution to the 2019 AAFP Congress of Delegates to reaffirm its efforts to overturn restrictions on the prescribing of Mifepristone, especially in light of data supporting its use in early pregnancy loss; and</p> <p><b>RESOLVED:</b> That CAFP instruct its AAFP delegates to submit a resolution to the 2019 AAFP Congress of Delegates to recommend that early pregnancy loss management be included in the Family Medicine Experience (FMX) and <i>American Family Physician</i> topics on a rotational basis.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>BOD met on 3.27.19 and adopted as amended below (removing third resolved):</p> <p><b>RESOLVED:</b> That CAFP instruct its AAFP delegates to submit a resolution to the 2019 AAFP Congress of Delegates to support the safety and efficacy of mifepristone as the most evidence-based care for medical management of EPL; and</p> <p><b>RESOLVED:</b> That CAFP instruct its AAFP delegates to submit a resolution to the 2019 AAFP Congress of Delegates to reaffirm its efforts to overturn restrictions on the prescribing of Mifepristone, especially in light of data supporting its use in early pregnancy loss.</p>
<b>Final Action:</b>	<p>BOD met on 3.27.19 and adopted as amended. Authors informed. Resolution forwarded to the AAFP. Authors informed that COD adopted the following substitute resolution:</p> <p><b>RESOLVED:</b> That the American Academy of Family Physicians support the safety and efficacy of mifepristone by continuing advocacy efforts with the FDA to remove the risk evaluation and mitigation strategies (REMS) classification on mifepristone to conform with current evidence, and be it further <b>RESOLVED,</b> That the American Academy of Family Physicians consider providing education, as appropriate, on early pregnancy loss management in relevant programming at FMX, maternity care conference, and women’s health conference on a rotational basis.</p>

<b>Resolution #/Title/Date Submitted</b>	<b>A-10-19: Inappropriate Use of CDC Guidelines for Prescribing Opioids (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That our CAFP affirm that no entity should use MME (morphine milligram equivalents) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level that prescribing the MME thresholds found in the CDC Guideline, and be it further</p> <p><b>RESOLVED:</b> That our CAFP affirm that some patients with acute or chronic pain can benefit from taking doses of opioid pain medications at doses greater than generally recommended in the CDC Guideline for Prescribing Opioids for Chronic Pain and that such care may be medically necessary and appropriate, and be it further</p> <p><b>RESOLVED:</b> That our CAFP advocate against misapplication of the CDC Guideline by pharmacists, health insurers, pharmacy benefit managers, legislatures, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia, and be it further</p> <p><b>RESOLVED:</b> That our CAFP collaborate with the AAFP and other medical societies such as the AMA to communicate with the nation's largest pharmacy chains to recommend that they stop writing threatening letters to physicians including family physicians and stop presenting policies, procedures, and directives to retail pharmacists that encourage denial of prescriptions for opioids that exceed certain numerical thresholds without taking into account the diagnosis and previous response to treatment for a patient and any clinical nuances that would support such prescribing as falling within standards of good quality patient care.</p>
<b>Recommended Actions and Progress Notes:</b>	BOD met on 3.27.19 and referred the Resolution to the CAFP Medical Practice Affairs Committee/Committee on the Health of the Public for recommendation; with report back to the July 2019 Board.
<b>Final Action:</b>	<p>BOD met on 7.13.19 to discuss the recommendations of the Medical Practice Affairs Committee and adopted as amended below:</p> <p><b>RESOLVED:</b> That our California Academy of Family Physicians (CAFP) applaud the Centers for Disease Control and Prevention (CDC) for its efforts to prevent the incidence of new cases of opioid misuse, addiction, and overdose deaths, and misapplication of its guidelines, and be it further</p> <p><b>RESOLVED:</b> That our CAFP affirms that no entity should use MME (morphine milligram equivalents) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level that prescribing the MME thresholds found in the CDC Guideline, and be it further</p> <p><b>RESOLVED:</b> That the CDC guidelines do not constitute a standard of practice and should be considered by physicians alongside other guidelines, such as those produced by the Medical Board of California. As such, CAFP will advocate</p>



	<p>against misapplication of the CDC Guideline by pharmacists, health insurers, pharmacy benefit managers, legislatures, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia, and be it further</p> <p><b>RESOLVED:</b> That CAFP collaborate with the AAFP, the American Medical Association, pharmacy associations and the pharmacy board to communicate with the nation's largest pharmacy chains to recommend a review of practices related to denial of prescriptions for opioids that exceed certain numerical thresholds, including, policies, procedures and directives to retail pharmacists. Authors informed. Staff to engage with other organizations to identify opportunities to collaborate.</p> <p>Authors informed. Staff to engage with other organizations to identify opportunities to collaborate.</p>
<b>RED: Resolutions NOT ADOPTED by the CAFP Board of Directors</b>	
<b>Resolution #/Title/Date Submitted</b>	<b>A-09-19: Clear Communication and Upholding the Social Contract When Responding to Patients with Terminal Illness and/or Existential Distress (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> that CAFP rescind policy A-07-17, and be it further</p> <p><b>RESOLVED:</b> that CAFP reaffirm and recommit to implement CAFP's existing policy on End-of-Life Care which describes appropriate responses to patients who express existential distress, and be it further</p> <p><b>RESOLVED:</b> that CAFP include representatives of vulnerable populations when developing and delivering CME on End-of-Life Care.</p>
<b>Recommended Actions and Progress Notes:</b>	
<b>Final Action:</b>	BOD met on 3.27.19 and did not adopt the Resolution. The author was informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-11-19: Insulin Price Inflation (3-10-19)</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED,</b> That CAFP lobby our California State Attorney General, Xavier Becerra, to join Minnesota's lawsuit against the pharmaceutical companies to ensure proper pricing of insulin and access to our most vulnerable patients; and be it further</p> <p><b>RESOLVED,</b> That CAFP work with Medi-Cal's Pharmacy benefits Manager (PBM) to investigate alternative sources for insulin, including allowing for alternate manufacturers.</p>
<b>Recommended Actions and Progress Notes:</b>	BOD met on 3.27.19 and referred the Resolution to the CAFP Legislative Affairs Committee for recommendation and report back to the Board.
<b>Final Action:</b>	BOD met on 7.13.19 to discuss the recommendation of the Legislative Affairs Committee. BOD did not adopt the resolution.

In lieu of the resolution, the Board approved writing to California State Attorney General, Xavier Becerra, regarding CAFP's concerns with rising drug prices, in particular the high cost of insulin to consumers and the consequences of those prices. The letter should also urge the Attorney General to explore the merits of State of Minnesota v. Sanofi-Aventis U.S. LLC, et al, U.S. District Court, District of New Jersey, No. 18-cv-14999 and join or replicate its efforts if likely to ensure proper pricing of insulin and access for vulnerable patients.

Authors informed. Letter sent to Attorney General Becerra.