**California Academy of Family Physicians**

**2021 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 2021 All Member Advocacy Meeting (AMAM) and others submitted outside the AMAM timeframe as of 7.1.21.
* Resolutions submitted to the Board at the AMAM are designated “A,” as in Res. A-01-21 or ER for “emergency”, i.e., submitted after the deadline.
* Resolutions submitted outside of AMAM deadlines 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. 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.

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| **YELLOW: Resolutions Referred/Submitted by the CAFP Board of Directors for Action 6/9/21** |
| **GREEN: Resolutions ADOPTED/AMENDED and ADOPTED by the CAFP Board of Directors** |
| **Resolution #/Title/Date Submitted**  | **A-02-21 - Advocating for Same-Day Billing of Primary Care and Mental Health Visits** |
| **Original RESOLVEDS:** | **RESOLVED**: That the CAFP will support and advocate for state legislative efforts to allow coverage of same-day billing for primary care and mental health visits at the same institution by a qualified provider. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED:** That the CAFP will support and advocate for state legislative efforts to allow for reimbursement of both primary care and mental health visits when done on the same day and at the same institution by a qualified provider.  |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed.  |
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| **Resolution #/Title/Date Submitted**  | **A-03-21 - Independent Practice Support** |
| **Original RESOLVEDS:** | **RESOLVED**: Thatthe CAFP will endeavor to support and promote the private or independent practice of medicine, be it solo practice or small group in order to perpetuate the ideals and values of this specialty. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP Medical Practice Affairs Committee (MPAC), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and Adopted the amended resolved recommended by MPAC as shown below. Authors informed.**RESOLVED:** Thatthe CAFP will endeavor to support and promote the private or independent practice of medicine, be it solo practice, ~~s~~mall group, or large group. |
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| **Resolution #/Title/Date Submitted**  | **A-04-21 - Support the Delay of Medically Unnecessary Genital Surgeries in Children with Differences in Sexual Development** |
| **Original RESOLVEDS:** | **RESOLVED:** ThatCAFP supports the delay of medically unnecessary sex organ modification procedures on an individual born with variations in their physical sex characteristics until they reach the age of twelve years old; and be it further **RESOLVED**: that CAFP supports policies that protect the right of minors for self-determination of their bodies and identities; and be it further**RESOLVED**: That CAFP refer this to AAFP for national action. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to Committee on Public Health and Equity (CPHE) to reconcile the language of the two resolutions submitted on this topic, with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and Adopted CPHE’s recommendation to amend as written below. The committee agreed that resolutions A-04-21 and A-05 21 were similar, and the best approach was to reconcile the language by using the title of 5- 21 and using the resolve language in 4-21. Authors informed. **A-04-21 - Genital Surgeries in Intersex Children****RESOLVED**: That CAFP supports the delay of medically unnecessary sex organ modification procedures on an individual born with variations in their physical sex characteristics until the child is able to participate in the informed consent process; and be it further**RESOLVED**: that CAFP supports policies that protect the right of minors for self-determination of their bodies and identities; and be it further**RESOLVED**: That CAFP refer this to AAFP for national action. |
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| **Resolution #/Title/Date Submitted**  | **A-06-21 - Supporting End of Life Autonomy and Improving the Aid in Dying process** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthe CAFP reaffirms its values of respecting patient autonomy and the doctor-patient relationship in regards to end of life care, and be it further**RESOLVED**: That medical aid in dying continues to represent a viable option for patients of sound mind who are experiencing terminal suffering and who have been informed of all their options, and be it further**RESOLVED**: That CAFP supports the ability of terminally suffering patients to have access to medical aid in dying services, and be it further**RESOLVED**: That CAFP supports a reduced waiting period for patients to access medical aid in dying, as is available in other states. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to Committee on Public Health and Equity (CPHE), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and Adopted the amended resolved as recommended by CPHE shown below. Authors informed.**RESOLVED:** Thatthe CAFP reaffirms its values of respecting patient autonomy and the doctor-patient relationship in regards to end of life care, and be it further**RESOLVED**: That medical aid in dying continues to represent a viable option for patients of sound mind who are experiencing terminal suffering and who have been informed of all their options, and be it further**RESOLVED**: That CAFP supports the ability of terminally suffering patients to have access to medical aid in dying services including telemedicine, and be it further**RESOLVED**: That CAFP supports a reduced waiting period for patients to access medical aid in dying, as is available in other states. |
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| **Resolution #/Title/Date Submitted** | **A-07-21 - POLST Registry** |
| **Original RESOLVEDS:** | **RESOLVED:** ThatCAFP support development of a state-wide electronic Physician Orders for Life Sustaining Treatment (POLST) registry. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted. |
| **Final Action:** | BOD met on 6.9.21 and Adopted. Authors informed.  |
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| **Resolution #/Title/Date Submitted**  | **A-08-21 - Protect Patients from Extremist Groups in Policing** |
| **Original RESOLVEDS:** | **RESOLVED**, that the California Academy of Family Physicians support screening and background checks on all law enforcement officials to ensure no affiliation with hate groups or participation in public expressions of hate or violence. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to Committee on Public Health and Equity (CPHE), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 11.5.21 and Adopted CPHE’s recommendation to amend as written below. Authors informed.**RESOLVED**, that the California Academy of Family Physicians oppose affiliation with hate groups or participation in public expressions of hate or violence by law enforcement officials. |
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| **Resolution #/Title/Date Submitted**  | **A-09-21 - Incorporate anti-racism training into family residency programs** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthe California Association of Family Physicians (CAFP) strongly advocate for family residency programs to incorporate anti-racism training into graduation requirements, including measures to reduce implicit bias and encourage community engagement, that addresses health disparities and mends distrust within historically disenfranchised populations;  **RESOLVED**: That the CAFP supports this anti-racism training by providing educational and funding resources for family medicine residencies to utilize in their curriculum.**RESOLVED**: That the CAFP submit this issue for national consideration at the AAFP Congress of Delegates. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP California Residency Network (CRN), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and Adopted the amended resolved recommended by CRN as shown as below. Authors informed.**RESOLVED:** Thatthe California Association of Family Physicians (CAFP) 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;  **RESOLVED**: That the CAFP support sharing of anti-racism training resources with family medicine residency programs to utilize in their curriculum**;****RESOLVED**: That the CAFP submit this issue for national consideration at the AAFP Congress of Delegates asking that this be submitted to the program requirement writing committee of the ACGME. |
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| **Resolution #/Title/Date Submitted**  | **A-10-21 - Expansion of Transgender Medical Education** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthe CAFP will work with the Liaison Committee on Medical Education (LCME) and ACGME to establish a required minimum number of educational hours in US-accredited medical schools dedicated to transgender health to address sexual orientation, safe sex, gender identity, and health disparities, and be it further**RESOLVED**, the CAFP will recommend to Accreditation Council of Continuous Medical Education (ACCME) to develop mandatory lectures on standard transgender health practices and addressing transgender health disparities at all CAFP sponsored events targeting residents and practicing physicians, and be it further**RESOLVED**, that the CAFP bring this resolution to the AAFP to introduce at the AAFP National Congress of Delegates. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP Committee on Continuing Professional Development (CCPD), with report back to the Board. Authors informed. |
| **Final Action:** | Board met on 7.24.21 and Adopted the amended resolved recommended by CCPD as shown below. Authors informed.**RESOLVED**, the CAFP supports the concept of transgender education for all levels of medical providers and supports the provision of comprehensive care for the transgender community. CCPD supports the principal; however, recommends the CAFP Board collaborate with other state chapters to bring this issue to AAFP. |
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| **Resolution #/Title/Date Submitted** | **A-11-21 – Educate CAFP Members on Health Care Reform** |
| **Original RESOLVEDS:** | **RESOLVED:** ThatCAFP make its commitment to educate members about health care reform ongoing by including CME on Health Care Systems, Health Care Economics, and Health Care Policy at the All Member Advocacy Meeting and the Family Medicine Clinical Forum, including discussion of all the health care reform approaches that have been endorsed by the AAFP. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED:** That CAFP will look for opportunities to educate members about health care reform, which could include offering CME at the All Member Advocacy Meeting and the Family Medicine Clinical Forum on Health Care Systems, Health Care Economics, Health Care Policy, and health care reform approaches endorsed by AAFP.  |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted**  | **A-12-21 - Requiring Trauma-Informed Care (TIC) & Resilience Training for Family Physicians** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthat the CAFP includes at least one lecture on Trauma Informed Care at every Family Medicine Clinical Forum, and be it further**RESOLVED**: that the CAFP increases advertising with a goal of at least 5% of members each year do at least one hour of CME on Trauma Informed Care, and be it further**RESOLVED**: that the CAFP support an ACGME requirement of Trauma Informed Care and resilience training annually for residency programs of California, and be it further**RESOLVED**: that the CAFP support more research in how Trauma Informed Care improves patient outcomes and should be included as part of the standard of care. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP Committee on Continuing Professional Development (CCPD), which will consult with the California Residency Network (CRN) on the 3rd Resolved, with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and discussed and amended the committee’s recommendation for final language as follows. Authors informed.**RESOLVED**: that the CAFP offers ongoing educational opportunities on trauma-informed care and ACEs, either through their own in person or online offerings, or by linking their website to appropriate trainings offered by other entities, and be it further**RESOLVED**: that the CAFP support the inclusion of Trauma Informed Care training as an ACGME requirement for residency programs, and be it further**RESOLVED**: that the CAFP support more research in how Trauma Informed Care improves patient outcomes and should be included as part of the standard of care. |
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| **Resolution #/Title/Date Submitted**  | **A-13-21 - Reporting of Injuries Resulting from Law Enforcement Actions** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthe California Academy of Family Physicians (CAFP) researches and collects information on best practices for when, how, and to whom Family Physicians should report injuries sustained by law enforcement agents, and be it further **RESOLVED**, that CAFP provides education to Family Physicians in California on these best practices.  |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP Committee on Public Health and Equity (CPHE), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 11.5.21 and Adopted CPHE’s recommendation with one minor friendly amendment, to amend as written below. Authors informed.**RESOLVED:** Thatthe California Academy of Family Physicians (CAFP) support the creation of a process for Family Physicians to report injuries sustained from law enforcement agents, and be it further **RESOLVED**, that CAFP provides education to Family Physicians in California on the established process for Family Physicians to report injuries sustained from law enforcement agents and the care of patients who sustain such injuries.  |
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| **Resolution #/Title/Date Submitted**  | **A-14-21 - Reallocation of Resources in Police Department Budgets for a Mobile Crisis Intervention Team** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthe CAFP support state and local policies to reallocate police department budgets to a mobile crisis intervention team modeled after CAHOOTS in Eugene, OR, in all cities with a population above 150,000 people, and, be it **RESOLVED**: that the CAFP support more research on the fiscal and public health impacts of a mobile crisis intervention team responding to non-violent calls in lieu of police officers. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP Committee on Public Health and equity (CPHE), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 11.5.21 and Adopted CPHE’s recommendation, to amend as written below. Authors informed.**RESOLVED:** Thatthe CAFP support state and local policies to reallocate police department budgets to a mobile crisis multi-disciplinary intervention team trained in conflict resolution and deescalation techniques particularly with people experiencing mental health crises, homelessness, and substance abuse, and, be it **RESOLVED**: that the CAFP support more research on the fiscal and public health impacts of a mobile crisis intervention team responding to non-violent calls in lieu of police officers. |
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| **Resolution #/Title/Date Submitted**  | **A-16-21 - Extend disability benefits to breast feeding mothers exposed to pesticides in the workplace** |
| **Original RESOLVEDS:** | **RESOLVED:** ThatCAFP will advocate for the California EDD to expand supplementary income assurances to breastfeeding women who are exposed to pesticides in the workplace up to 6 months after giving birth. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP Committee on Public Health and Equity (CPHE), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 11.5.21 and Adopted. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-17-21 - Oppose forced sterilization and contraceptive coercion of incarcerated and detained individuals** |
| **Original RESOLVEDS:** | **RESOLVED:** that the CAFP will submit a letter to all of California’s members of Congress who signed the original memorandum requesting that the inspector general of DHS investigate allegations of forced sterilizations in detention centers, in which they advocate for public transparency of this investigation, and be it further**RESOLVED**, that the CAFP will submit a resolution to the AAFP COD to write a letter to the inspector general and director of the U.S. Department of Homeland Security to make public the investigation of reported forced sterilizations of detained individuals and to create policies that prevent contraceptive coercion, and be it further**RESOLVED**, that the CAFP will instruct its delegates to submit a resolution to the AAFP COD to publish a position paper denouncing forced sterilization and contraceptive coercion, especially in incarcerated populations, and be it further**RESOLVED**, that the CAFP will instruct its delegates to submit a resolution to the AAFP COD to 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 [8], including providing appropriate interpretation services and language-concordant consent forms, and opposing forced sterilization or contraceptive coercion. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as Amended below.**RESOLVED**: that the CAFP will work with AAFP to 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**RESOLVED**, that the CAFP submit a resolution to the AAFP COD that AAFP will 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**RESOLVED**, that the CAFP will submit a resolution to the AAFP COD to publish a position paper denouncing forced sterilization and contraceptive coercion, especially in incarcerated populations, and be it further**RESOLVED**, that the CAFP will submit a reccomendation to the AAFP to 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. |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed.  |
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| **Resolution #/Title/Date Submitted** | **A-18-21 – Family Physicians for the Condemnation of Violence and Discrimination Against Asian Americans and Pacific Islanders** |
| **Original RESOLVEDS:** | **RESOLVED:** that the California Academy of Family Physicians officially condemns violence and discrimination against the Asian American and Pacific Islander community, and be it further **RESOLVED**: that the California Academy of Family Physicians issues a press release denouncing the violence and discrimination against Asian American and Pacific Islander communities, especially during the COVID-19 pandemic. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED:** that the California Academy of Family Physicians officially condemns violence and discrimination against the Asian American and Pacific Islander community, and be it further**RESOLVED:** that the California Academy of Family Physicians issues a statement denouncing the violence and discrimination against Asian American and Pacific Islander communities, especially during the COVID-19 pandemic. |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-19-21 – Ensuring Equitable Distribution of the COVID-19 Vaccine** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthe California 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, and be it further**RESOLVED:** That this resolution be brought forth to the NCCL. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED:** That the California 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, and be it further**RESOLVED:** That this resolution be brought forth to the Congress of Delegates. |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-20-21 - Support Medicaid Expansion to Include Undocumented People** |
| **Original RESOLVEDS:** | **RESOLVED:** that the CAFP write a policy paper explicitly supporting expanding full Medicaid access to include undocumented individuals in California, and be it further**RESOLVED**, that the CAFP bring this resolution to the National Congress of Delegates for consideration and support on a national level, and be it further**RESOLVED**, that the CAFP ask the AAFP to amend the current position paper on Medicaid expansion by replacing “Americans” with “people living in the United States.” |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED**: that the CAFP support efforts to extend eligibility for full scope Medi-Cal benefits to undocumented individuals in California, and be it further**RESOLVED**, that the CAFP refer this to AAFP for national action, and be it further **RESOLVED**, that the CAFP ask the AAFP to amend the current position paper on Medicaid expansion by replacing “Americans” with “people living in the United States.”  |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-21-21 - Beyond Roe: Reproductive Health Care Accessible to EVERYONE** |
| **Original RESOLVEDS:** | **RESOLVED:** that the CAFP will urge the AAFP to write a letter to the Biden Administration demanding they rescind Executive Order 13535 (Patient Protection and Affordable Care Act’s Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion), which reaffirmed a commitment to the Hyde Amendment, and further be it**RESOLVED:** that the CAFP insist that the AAFP will include in this letter a request for a commitment to veto legislation that extends, reiterates or incorporates the Hyde Amendment and related restrictions, including annual appropriations bills, and further be it**RESOLVED:** that the CAFP will sign onto letters written by other medical professional societies, such as ACOG, that oppose the Hyde Amendment, and further be it**RESOLVED**: that the CAFP encourage the AAFP to sign onto letters written by other medical professional societies, such as ACOG, that oppose the Hyde Amendment, and further be it**RESOLVED**: that the CAFP Congress instruct its delegates to the American Academy of Family Physicians (AAFP) to introduce this resolution at the AAFP Congress of Delegates. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED:** that the CAFP will work with the AAFP to advocate against restrictions to funding for reproductive services, including the Hyde Amendment, and further be it**RESOLVED**: that the CAFP will work with other medical professional societies, such as ACOG, to ~~that~~ oppose restrictions to funding for reproductive services, including the Hyde Amendment, and further be it**RESOLVED**: that the CAFP encourage the AAFP to work with other medical professional societies, such as ACOG, to oppose restrictions to funding for reproductive services, including the Hyde Amendment, and further be it**RESOLVED**: that the CAFP refer this to AAFP for national action. |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-22-21 - Support Reparations for Black Americans** |
| **Original RESOLVEDS:** | **RESOLVED:** that the CAFP will offer continuing medical education (CME) opportunities regarding the relationship between reparations and public health, and be it further**RESOLVED**: that the CAFP bring this resolution to the AAFP COD, and be it further**RESOLVED**: that the AAFP will produce a position paper on reparations, and be it further**RESOLVED**: that the AAFP will lobby in support of House Resolution 40, the Commission to Study and Develop Reparation Proposals for African-Americans Act. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED**: that the CAFP will prioritize opportunities to offer education on the interconnection of racism and public health, and be it further**RESOLVED**: that the CAFP submit a resolution to the AAFP to prioritize efforts to address historic and systemic racism, which may include a study of reparations., and be it further**RESOLVED**: that the CAFP will encourage the AAFP to support federal efforts that address historic and systemic racism. |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-24-21 - Increasing Underrepresented Minority Representation in Medical Education by Establishing a Mentorship Program** |
| **Original RESOLVEDS:** | **RESOLVED:** that CAFP expands upon its efforts to increase representation in medicine by establishing a longitudinal mentorship program run by the CAFP Student and Resident Council targeted towards underrepresented minority students. |
| **Recommended Actions and Progress Notes:** | **BOD met on 6.9.21 and Adopted as amended below.****RESOLVED:** that subject to available staff and budgetary resources, CAFP and/or CAFP Foundation expands upon its efforts to increase representation in medicine by establishing a longitudinal mentorship program or utilizing existing programstargeted towards those underrepresented in medicine~~.~~  |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted**  | **A-25-21 - Support Resident Unionization** |
| **Original RESOLVEDS:** | **RESOLVED:** that the CAFP write a policy statement in support of resident labor unions as an avenue for residents to gain appropriate and fair salaries, housing stipends, benefits, and improved working conditions, and be it further**RESOLVED**, that CAFP write a letter to the University of California expressing their support for resident unions in all university affiliated residencies, and be it further **RESOLVED**, that the California Academy of Family Physicians support any future legislation related to the role of resident labor unions in advocating for increased resident salaries, benefits, improved working conditions, and be it further **RESOLVED**, that the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates for consideration on the national level. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP California Residency Network (CRN), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and Adopted the amended resolved recommended by CRN as shown below. Authors informed.**RESOLVED**, that CAFP support efforts to allow resident labor unions at University of California sponsored residencies, and be it further **RESOLVED**, that the California Academy of Family Physicians support efforts that promote fair salaries and benefits, and improved working conditions for residents. |
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| **Resolution #/Title/Date Submitted** | **A-26-21 - Abolish the California Postgraduate Training License** |
| **Original RESOLVEDS:** | **RESOLVED:**  that the California Academy of Family Physicians (CAFP) support efforts to abolish the PTL and return to the previous licensure process of obtaining a full, unrestricted license after fulfilling licensure examination requirements and completing PGY1 (United States medical school graduates) or PGY2 (IMGs); and**RESOLVED**, that CAFP encourage the MBC find other less restrictive and onerous means to accomplish the apparent intent of the PTL and advocate for the residents and FMR programs that are affected by this incompletely thought through and poorly executed requirement that affects ALL residents and EVERY residency program in California, not only FMRs. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and Adopted as amended below.**RESOLVED**: that the California Academy of Family Physicians (CAFP) support efforts to abolish the PTL or limit the post-graduate training license (PTL) to residents in their first year so that residents are able to obtain a full, unrestricted license after fulfilling licensure examination requirements and completing PGY1 (United States medical school graduates) or PGY2 (IMGs); and**RESOLVED**: that CAFP encourage the MBC find other less restrictive and onerous means to accomplish the apparent intent of the PTL and advocate for the residents and FMR programs that are affected by this incompletely thought through and poorly executed requirement that affects ALL residents and EVERY residency program in California, not only FMRs. |
| **Final Action:** | BOD met on 6.9.21 and Adopted as amended. Authors informed. |
| **RED: Resolutions NOT ADOPTED by the CAFP Board of Directors** |
| **Resolution #/Title/Date Submitted** | **A-23-21 - Dues redistribution: Improving representation of Black members after the AAFP excluded members of the National Medical Association (NMA) from 1925 to 1965** |
| **Original RESOLVEDS:** | **RESOLVED:** that the CAFP delegates will take this resolution to the AAFP COD, and be it further,**RESOLVED**: that the AAFP will eliminate dues for 7 years following residency (what the AAFP defines as “New Physician”) for any self-identified family physician of African descent, and be it further,**RESOLVED:** that the AAFP, to pay for this change, will increase dues by the necessary amount for White members, with an option for members who identify as non-Black People of Color to donate towards the support of Black membership. |
| **Recommended Actions and Progress Notes:** | The BOD met on 6.9.21 and did not adopt. The Board expressed broad support for the perceived intent, but felt the mechanics needed further work. The Board found that the objective of the resolution is not clear and the implementation challenging. The Board suggested the authors consider re-writing the resolution and re-submitting, which per CAFP policy can be done at any point during the year. |
| **Final Action:** | BOD met on 6.9.21 and did not adopt the resolution. Authors informed. |
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| **Resolution #/Title/Date Submitted**  | **A-01-21 – Enforce Responsible Private Insurance Company Behavior** |
| **Original RESOLVEDS:** | **RESOLVED**: That CAFP support enforcement of the ACA requirement that private health plans and insurers publicly report, in a way that is readily accessible and understandable to patients, the media and policy makers, the number and percentage of health care service claims denied each year, and **RESOLVED**: That CAFP support penalties on health plans and insurers that make inappropriate health care service claim denials. |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to the CAFP Medical Practice Affairs Committee (MPAC), with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and approved MPAC’s recommendation not to adopt the resolution. The MPAC raised that health plans and insurers use legitimate criteria for denials based on evidence-based studies and that this resolution would simply impose administrative burden on plans and insurers without adding any value especially given that there is a regulator that enforces the ACA requirements. Authors informed.  |
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| **Resolution #/Title/Date Submitted**  | **A-05-21 - Genital Surgeries in Intersex Children** |
| **Original RESOLVEDS:** | **RESOLVED:** Thatthe California Academy of Family Physicians draft a policy statement to oppose genital surgeries performed on intersex children for purposes other than resolving current significant functional impairment or removing substantial risk of developing acondition that threatens the health or life of the child until the child is able to participate in the informed consent process, and it be further**RESOLVED**: that the CAFP actively and officially supports and/ or co-sponsors bills in the California State Congress that align with this policy.  |
| **Recommended Actions and Progress Notes:** | BOD met on 6.9.21 and referred to Committee on Public Health and Equity (CPHE) to reconcile the language of the two resolutions submitted on this topic, with report back to the Board. Authors informed. |
| **Final Action:** | BOD met on 7.24.21 and voted Not to Adopt. The committee agreed that resolutions A-04-21 and A-05 21 were similar, and the best approach was to reconcile the language by using the title of 5- 21 and using the resolve language in 4-21. Authors informed.  |
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