California Academy of Family Physicians

**2022 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 2022 All Member Advocacy Meeting (AMAM) and others submitted outside the AMAM timeframe
* Resolutions submitted to the Board at the AMAM are designated “A,” as in Res. A-01-22 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.](about:blank)
* 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 4.22.22** | |
| **GREEN: Resolutions ADOPTED/AMENDED and ADOPTED by the CAFP Board of Directors** | |
| **Resolution #/Title/Date Submitted** | **A-01-22 – Investment in Public Health** |
| **Original RESOLVEDS:** | **RESOLVED:** The CAFP support investment of resources in state and local public health departments as guided by the current needs of the communities, which may include, but are not limited to, pandemic preparedness, mitigation of climate change effects on health, increase in public health labs, and higher paying salaries for qualified personnel, with the purpose of improving population health outcomes, and be it further  **RESOLVED:** The CAFP support efforts to increase coordination between primary care teams and public health programs to improve population health and health equity in the face of evolving public health challenges, and be it further  **RESOLVED:** The CAFP support efforts to improve transparency of current public health funding and perform regular assessments of that funding to ensure the necessary amount of resources are available and distributed to the appropriate public health programs based on the current health climate. |
| **Recommended Actions and Progress Notes:** | BOD met on 4.22.22 and Adopted as amended below.  **RESOLVED:** The CAFP support efforts that promote investment of resources in state and local public health departments as guided by the current needs of the communities, which may include, but are not limited to, pandemic preparedness, mitigation of climate change effects on health, increase in public health labs, and higher paying salaries for qualified personnel, with the purpose of improving population health outcomes, and be it further  **RESOLVED:** The CAFP support efforts to increase coordination between primary care teams and public health programs to improve population health and health equity in the face of evolving public health challenges, and be it further  **RESOLVED:** The CAFP support efforts to improve transparency of current public health funding and perform regular assessments of that funding to ensure the necessary amount of resources are available and distributed to the appropriate public health programs based on the current health climate. |
| **Final Action:** | BOD met on 4.22.22 and Adopted as amended. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-02-22 – Support for free clinics in an era of increasing health care needs** |
| **Original RESOLVEDS:** | **RESOLVED:** That the CAFP partner with the American Medical Association (AMA) and other medical organizations to encourage providers to consider volunteering at a local free clinic, including after retirement,  **RESOLVED:** That the CAFP create a workshop or other educational session for parties who may want to  start or support a free clinic,  **RESOLVED:** That the CAFP issue a formal statement encouraging hospital systems and other interested parties to partner with or support the existence of free clinics as this can reduce the burden of costs stemming from use of the emergency department for primary care. |
| **Recommended Actions and Progress Notes:** | BOD met on 4.22.22 and referred to the Committee on Public Health and Equity (CPHE), for report back to the Board at the July 2022 Board meeting. Authors informed. |
| **Final Action:** | BOD met on 7.23.22 and Adopted as Amended below. Authors informed.  **RESOLVED:** That CAFP invite outside organizations to present educational sessions about free clinics and FQHCs, and to find opportunities to connect members with free clinics and FQHCs. |
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| **Resolution #/Title/Date Submitted** | **A-03-22 – Address Minor Consent for Vaccines** |
| **Original RESOLVEDS:** | **RESOLVED:** That the California Academy of Family Physicians advocate that vaccines recommended by the Centers for Disease Control and Prevention be available to adolescents aged 12 years and older who desire vaccination without requiring consent from their legal guardians, and  **RESOLVED:** That the California Academy of Family Physicians advocate that SARS-Co-V2 vaccines be available to adolescents aged 12 years and older who desire vaccination without requiring consent from their legal guardians. |
| **Recommended Actions and Progress Notes:** | BOD met on 4.22.22 and Adopted as written. |
| **Final Action:** | BOD met on 4.22.22 and Adopted. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-04-22 – Medication Assisted Treatment Training in Graduate Medical Education** |
| **Original RESOLVEDS:** | **RESOLVED:** That the CAFP/AAFP encourage ACGME to require substance use disorder curriculum, including medication assisted treatment (MAT) training, in family medicine residency programs. |
| **Recommended Actions and Progress Notes:** | BOD met on 4.22.22 and Adopted as written. |
| **Final Action:** | BOD met on 4.22.22 and Adopted. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-05-22 – Trauma Informed Care Curriculum Development for ACGME Training Programs** |
| **Original RESOLVEDS:** | **RESOLVED:** That CAFP/AAFP encourages collaboration with AAFP/STFM/ACGME in developing and standardizing a trauma-informed care (TIC) curriculum, including mandatory ACEs training, in family medicine residency programs. |
| **Recommended Actions and Progress Notes:** | BOD met on 4.22.22 and Adopted as written. |
| **Final Action:** | BOD met on 4.22.22 and Adopted. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-08-22 – Support California Fire Prevention, Safety, and Preparedness** |
| **Original RESOLVEDS:** | **RESOLVED:** That the CAFP support the production of educational materials to prepare citizens for wildfires, such as on creating evacuation and meet-up plans, preparing fire preparedness kits, and prevention of wildfires,  **RESOLVED:** That the CAFP support both local and state legislation that addresses wildfire prevention,  **RESOLVED:** That the CAFP continue to support and advocate for legislation that overall decreases the effects of climate change, including the impact of the healthcare system on carbon emissions,  **RESOLVED:** That CAFP refer this to AAFP for national action as other states are also increasingly affected by wildfires. |
| **Recommended Actions and Progress Notes:** | BOD met on 4.22.22 and Adopted as amended below.  **RESOLVED:** That the CAFP distribute educational materials to prepare members for wildfires, such as on creating evacuation and meet-up plans, preparing fire preparedness kits, and prevention of wildfires,  **RESOLVED:** That the CAFP support both local and state legislation that addresses wildfire prevention,  **RESOLVED:** That the CAFP continue to support and advocate for legislation that overall decreases the effects of climate change, including the impact of the healthcare system on carbon emissions,  **RESOLVED:** That CAFP refer this to AAFP for national action as other states are also increasingly affected by wildfires. |
| **Final Action:** | BOD met on 4.22.22 and Adopted as amended. Authors informed. Referred to AAFP COD for national action.  AAFP COD met in September 2022 and Adopted the following substitute resolution (201):  **Resolved,** That the American Academy of Family Physicians distribute educational materials to prepare members for wildfires, including creating evacuation and meet-up plans, preparing fire preparedness kits, and prevention of wildfires.  This resolution was referred to the AAFP Commission on Health of the Public and Science. |
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| **Resolution #/Title/Date Submitted** | **A-09-22 - Provide post-graduate training in transgender and gender diverse health education** |
| **Original RESOLVEDS:** | **RESOLVED:** That the CAFP will work with the California Medical Board and the American Board of Family Medicine to establish a minimum number of required educational hours on transgender and gender diverse care for continued physician licensure.  **RESOLVED:** That the CAFP will collaborate with the AAFP, and the ABFM, to create new, innovative, interactive sources of education on transgender and gender diverse care. This can include support for the creation of LGBTQIA+ fellowships for family medicine physicians, knowledge self-assessment activities, and live/virtual CME on core topics such as gender identity, implicit bias, mental health, hormone therapy, and gender-affirming surgery. |
| **Recommended Actions and Progress Notes:** | BOD met on 4.22.22 and referred to the Committee on Continuing Professional Development (CCPD), for report back to the Board at the July 2022 Board meeting. Authors informed. |
| **Final Action:** | BOD met on 7.23.22 and Adopted as Amended below. Authors informed. Referred to AAFP COD for national action.  **Resolved**: That CAFP present a session at the 2023 Annual CME Meeting on gender expansive care and revisit the topic annually when reviewing educational activities for members. That CAFP encourage AAFP to present education on this topic by presenting a resolution to AAFP to include gender expansive care sessions at the annual FMX conference.  AAFP COD met in September 2022. The AAFP Rules Committee determined this resolution was current policy so it was placed on the Rules Committee report. The resolution was not extracted so it was deemed current policy and no further action will be taken on this resolution. |
| **RED: Resolutions NOT ADOPTED by the CAFP Board of Directors** | |
| **Resolution #/Title/Date Submitted** | **A-06-22 – CAFP Support for AB 1400, California Guaranteed Health Care for All Act (CalCare)** |
| **Original RESOLVEDS:** | **RESOLVED:** That the California Academy of Family Physicians expresses its support for universal access to comprehensive, affordable, high quality health care through a single payer health program at the national and/or state level. |
| **Recommended Actions and Progress Notes:** | The BOD met on 4.22.22and did not adopt. |
| **Final Action:** | BOD met on 4.22.22 and did not adopt the resolution. Current CAFP policy allows for multiple approaches to health care reform which gives CAFP the flexibility to take into consideration many policy and political factors. This resolution would limit CAFP’s ability to support other health care reform proposals that could promote universal access to comprehensive, affordable, high quality health care. Authors informed. |
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| **Resolution #/Title/Date Submitted** | **A-07-22 – A Better Health Care System is Possible** |
| **Original RESOLVEDS:** | **RESOLVED:** That CAFP advocate for and bring a resolution to the AAFP Congress of Delegates that the American Academy of Family Physicians revise and clarify the list of five Health Care for All approaches to include just the following two: a single-payer model approach that is clearly defined in its organization, financing, and model of delivery of health care services that would be publicly financed and publicly or privately administered, with the government collecting and providing the funding to pay for health care provided by physicians and other clinicians who work independently or in private health systems; and a public option approach that is a publicly administered plan offered alongside regulated private insurance in a Bismarck-type model, a system of statutory health insurance involving multiple nonprofit payers that are required to cover a government-defined benefits package. |
| **Recommended Actions and Progress Notes:** | The BOD met on 4.22.22and did not adopt the resolution. |
| **Final Action:** | The BOD met on 4.22.22and did not adopt the resolution. Testimony expressed that this would limit CAFP’s ability to support other health care reform proposals, such as the ACA, that would make improvements to our health care system. Current CAFP policy allows for multiple approaches to health care reform which gives CAFP the flexibility to support future innovative policies.Authors informed. |