

California Academy of Family Physicians

**2024 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 2024 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-01-24 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](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 by the CAFP Board of Directors for Action 5.23.24</b>	
<b>Resolution #/Title/Date Submitted</b>	<b>A-07-24 - Protecting Sensitive Medical Information from Inadvertent Sharing Across State Lines</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That CAFP create and/or amend policy to ensure that both providers and patients can restrict automatic sharing of sensitive data across state lines.</p> <p><b>RESOLVED:</b> That CAFP educates providers about their responsibility to prevent sharing of sensitive records across state lines and encourage them to work with their EHR vendors to create appropriate data segmentation and privacy settings.</p> <p><b>RESOLVED:</b> That CAFP develop policy supporting the segmentation of data in the Electronic Medical Records and protections from sharing sensitive data across state lines and with other providers without explicit approval of patients.</p> <p><b>RESOLVED:</b> That CAFP work with the AAFP to amend/develop policy to make data segmentation standard across medical records and health information exchanges and ensure that sensitive health information is not inadvertently shared across state lines.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>BOD met on 5.23.24 and referred to MPAC, for report back at July BOD meeting. Author informed</p> <p>BOD met on 7.13.24 and re-referred the resolution to the MPAC for consideration of amendments for second resolved (original) with a report back at the November BOD meeting. Author Informed.</p> <p>BOD met on 11.8.24 and re-referred the resolution to the MPAC for a recommendation in light of the robust discussion around the complexity of this topic and the need to “flesh out” more specific Resolved statements that align with what is actionable within CAFP’s resources. Author informed.</p>

<b>Final Action:</b>	
<b>Resolution #/Title/Date Submitted</b>	<b>A-28-23 - Add Climate Change Health to CAFP Mission</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> that the CAFP develop a Climate Change Task Force to identify opportunities for CAFP and its membership to contribute to sustainable Climate and Climate Health Solutions with a report to the board and membership no later than January 2025, and</p> <p><b>RESOLVED:</b> that the CAFP board will report annually to membership on ways CAFP is engaging and will engage in climate crisis beginning no later than January 2025.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and referred to CPHE, for report back at a future Board meeting. Author informed.</p> <p>The BOD met on 11.8.24 and reviewed the CPHE recommendation. In light of the new 2025-2027 strategic plan the Board referred the resolution back to CPHE. Author informed.</p>
<b>Final Action:</b>	
<b>Resolution #/Title/Date Submitted</b>	<b>A-38-24 - Patient Navigators as Part of Resident Education on Social Determinants of Health (SDOH) Barriers and Health Equity within Family Medicine Residency Programs</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That California Academy of Family Physicians (CAFP) advocate for the employment of patient navigators such as community health workers or social workers to help enhance resident education and improve patient outcomes by teaching residents how to identify gaps and common barriers to health.</p> <p><b>RESOLVED:</b> That CAFP advocate to Accreditation Council for Graduate Medical Education (ACGME) that patient navigators be a part of the team based multidisciplinary care within family medicine residency clinics to help further emphasize and support section IV.B.1F for family medicine residency training.</p>
<b>Recommended Actions and Progress Notes:</b>	The BOD met on 5.23.24 and referred to CRN, for report back at future Board meeting. Author informed.
<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-01-24 – Malpractice Coverage for ‘High Risk’ Providers</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> the California Academy of Family Physicians supports the development of statewide solutions to lower or completely cover the cost of malpractice coverage for providers offering critical reproductive health services - which include but are not limited to maternity care, abortion, and gender-affirming services - in underserved areas of California and for providers offering these services under the state’s shield laws as interstate telehealth medical providers</p> <p><b>RESOLVED:</b> the California Academy of Family Physicians explores options for a state based malpractice coverage, similar to the Federal Tort Claims Act.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>BOD met on 5.23.24 and referred to MPAC, for report back at future BOD meeting. Author informed.</p> <p>BOD met on 11.8.24 and accepted the MPAC recommendation to Adopt as Amended below:</p> <p><b>RESOLVED:</b> the California Academy of Family Physicians supports the development of statewide solutions to lower or completely cover the cost of malpractice coverage for clinicians offering critical reproductive health services - which include but are not limited to maternity care, abortion, and gender-affirming services - in underserved areas of California and for clinicians offering these services under the state’s shield laws as interstate telehealth medical clinicians.</p> <p><b>RESOLVED:</b> the California Academy of Family Physicians supports exploring-options for a state based malpractice coverage, similar to the Federal Tort Claims Act.</p>
<b>Final Action:</b>	BOD met on 11.8.24 Adopted as Amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-02-24 - Supporting Access to OB Services for All Californians</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> access to safe OB services be reframed as a public good in which dedicated and energetic efforts be made to have basic hospital maternity services available within 60 minutes of vehicular transportation; and be it further</p> <p><b>RESOLVED:</b> That the CAFP support an effort to bring stakeholders together to define and enact measures needed to achieve access to obstetrical services in all California communities.</p>
<b>Recommended Actions and</b>	<p>BOD met on 5.23.24 and referred to CPHE, for report back at July BOD meeting. Author informed.</p> <p>CPHE recommended the BOD Adopt the original resolution.</p>

<b>Progress Notes:</b>	<p>BOD met on 7.13.24 and amended the resolution:</p> <p><b>RESOLVED:</b> access to safe OB services be reframed as a public good in which dedicated and energetic efforts be made to have basic hospital maternity services available within an evidence-based, reasonable time frame of public or vehicular transportation; and be it further</p> <p><b>RESOLVED:</b> That the CAFP support an effort to bring stakeholders together to define and enact measures needed to achieve access to obstetrical services in all California communities.</p>
<b>Final Action:</b>	BOD met on 7.13.24 and Adopted as Amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-03-24 - Changing DEA Schedule Class of Psilocybin</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> That the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates to support legislation to change psilocybin to a schedule IV substance.
<b>Recommended Actions and Progress Notes:</b>	<p>BOD met on 5.23.24 and referred to CPHE, for report back at July BOD meeting. Author informed.</p> <p>CPHE recommended the BOD Adopt as Amended:</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates to support legislation to change psilocybin DEA scheduling in order to allow for expanded clinical research.</p> <p>BOD met on 7.13.24 and adopted the CPHE recommendations, as specified above. Author informed.</p>
<b>Final Action:</b>	CAFP brought this to the AAFP Congress of Delegates on 9.21.24, where the resolution was deemed current AAFP policy. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-04-24 - Voter Registration in the Clinics and Offices of Family Physicians</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That the California Academy of Family Physicians become a sponsor of Vot-ER.</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians encourages family physicians across the state of California to register people to vote in their clinics and offices.</p>

	<p><b>RESOLVED:</b> That the California Academy of Family Physicians help the clinics and offices of family physicians find information and resources to carry out voter registration.</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates for national action.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The Board met on 5.23.24 and Adopted the following amended language. Author informed.</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians supports efforts of organizations that promote voter registration.</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians encourages family physicians across the state of California to register people to vote in their clinics and offices.</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates for national action.</p>
<b>Final Action:</b>	<p>CAFP brought this to the AAFP Congress of Delegates on 9.21.24, and the following substitute resolution was Adopted. Author informed.</p> <p><b>RESOLVED:</b> That the AAFP support efforts of nonpartisan organizations that promote voter registration, and be it further</p> <p><b>RESOLVED:</b> That the AAFP encourage family physician practices to register people to vote in their clinics and offices.</p>
<b>Resolution #/Title/Date Submitted</b>	<b>A-08-24 - Resolution to Ban Private Equity Ownership of Medical Practices and Hospitals</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> Opposes the ownership and control of medical practices and hospitals by private equity firms and other entities whose primary objective is profit maximization rather than the provision of high-quality patient care.</p> <p><b>RESOLVED:</b> Urges local, state, and federal governments to enact legislation and regulations that prohibit private equity firms from owning or exerting control over medical practices, hospitals, and other healthcare institutions.</p> <p><b>RESOLVED:</b> Advocates for policies and regulations that promote transparency and accountability in healthcare ownership and operations, ensuring that healthcare decisions are made in the best interest of patient care and community health.</p> <p><b>RESOLVED:</b> Supports research and data collection on the impact of private equity ownership in the healthcare sector, to inform policymakers, healthcare professionals, and the public about the effects on patient care, healthcare costs, and the healthcare workforce.</p> <p><b>RESOLVED:</b> Encourages healthcare professionals and institutions to prioritize patient care and community health in their operations and partnerships, and to seek out ownership and investment structures that align with these priorities.</p>

	<b>RESOLVED:</b> Calls for the establishment of monitoring and enforcement mechanisms to ensure compliance with laws and regulations pertaining to the ownership and operation of healthcare institutions, protecting patients and communities from practices that compromise the quality and accessibility of healthcare.
<b>Recommended Actions and Progress Notes:</b>	The Board met on 5.23.24 and Adopted the following amended language:  <b>RESOLVED:</b> <i>The CAFP</i> advocates for policies and regulations that promote transparency and accountability in healthcare ownership and operations, ensuring that healthcare decisions are made in the best interest of patient care and community health.  <b>RESOLVED:</b> Supports research and data collection on the impact of private equity ownership in the healthcare sector, to inform policymakers, healthcare professionals, and the public about the effects on patient care, healthcare costs, and the healthcare workforce.
<b>Final Action:</b>	The Board met on 5.23.24 and Adopted as amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-09-24 - Affordable Childcare for All</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> that the CAFP recognize that access to stable, affordable, accessible, high quality child care is preventative medicine and a social determinant of physical and mental health.  <b>RESOLVED:</b> that the CAFP advocate for federal and state governments to mandate that any company applying for new government subsidies must ensure that free or subsidized child care is available for the workers who build and operate their companies, as was mandated for semiconductor companies in 2023.  <b>RESOLVED:</b> that the CAFP advocate for the AAFP to lobby the federal government to restore and permanently codify the child tax credit for American families.
<b>Recommended Actions and Progress Notes:</b>	The Board met on 5.23.24 and Adopted as amended below.  <b>RESOLVED:</b> that the CAFP recognize that access to stable, affordable, accessible, high quality child care is preventative medicine and a social determinant of physical and mental health.
<b>Final Action:</b>	The Board met on 5.23.24 and Adopted as amended. Author informed.

<b>Resolution #/Title/Date Submitted</b>	<b>A-11-24 - Increase Nutrition Education in ACGME Residencies and Medical Schools</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> that the California Academy of Family Physicians advocate for increased mandatory nutrition education embedded into the curriculum of ACGME residencies and medical schools.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and referred to CRN, for report back at a future BOD meeting. Author informed.  BOD met on 11.8.24 and voted to Adopt as Amended below:  <b>RESOLVED:</b> that the California Academy of Family Physicians advocate for increased nutrition education embedded into the curriculum of ACGME residencies and medical schools.
<b>Final Action:</b>	BOD met on 11.8.24 and Adopted as amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-12-24 - Farmacology over Pharmacology- Diversifying School Meals to Reduce Chronic Disease, Improve Health Equity, and Improve Climate Health</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> That the CAFP endorse legislation that advocates for plant-based meal options for every K-12 grade child in public and charter California schools  <b>RESOLVED:</b> CAFP support the appointment of at least one health professional without financial ties/relationship with the Dept of Agriculture or Food Industry to all health committees tasked with evaluating the impact of school nutrition policy in California and/or committees charged with developing/revising current guidelines for school nutrition  <b>RESOLVED:</b> CAFP advocate for curriculum in K-8 education to teach food literacy, nutrition education and the environmental impact of food choices.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to amend the language as below before referring to CPHE, for report back to the July BOD meeting. Author informed.  <b>RESOLVED:</b> That the CAFP endorse legislation that advocates for plant-based meal options for every K-12 grade child in public and charter California schools  CPHE recommended the BOD Adopt as Amended:  <b>RESOLVED:</b> That the CAFP endorse legislation that advocates for healthy and diverse plant-based meal options for every K-12 grade child in public and charter California schools.

	<p>BOD met on 7.13.24 and Amended the resolution:</p> <p><b>RESOLVED:</b> That the CAFP endorse legislation that provides for healthy and diverse plant-based meal options for every K-12 grade child in public and charter California schools.</p>
<b>Final Action:</b>	BOD met on 7.13.24 and Adopted as Amended. Author Informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-14-24 - Medi-Cal Dietician Access</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> the CAFP supports policies that provide comprehensive insurance coverage of dietician referrals for all patients in primary care settings.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and referred to CPHE, for report back at a future BOD meeting. Author informed.
<b>Final Action:</b>	BOD met on 11.8.24 and voted to Adopt. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-15-24 - Empowering Delegates for a Stronger Academy</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> the Academy create an AMAM Working Group—chaired by the Speaker—that is tasked with proposing the structure and bylaws needed to give policy making power to AMAM and be it further</p> <p><b>RESOLVED:</b> that the AMAM Working Group present its proposed changes for consideration by AMAM 2025.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The Board met on 5.23.24 and Adopted as amended below.</p> <p><b>RESOLVED:</b>that the Academy task the Governance Committee, along with the Speaker and Vice Speaker, to propose the structure and bylaws needed to give policy making power to AMAM.</p>



	<b>RESOLVED:</b> that the Speaker present the Governance Committee’s proposed changes for consideration of approval by AMAM 2026.
<b>Final Action:</b>	The Board met on 5.23.24 and Adopted as amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-16-24 - Decriminalize People Experiencing Homelessness</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> The California Academy of Family Physicians supports policy measures that increase affordable and accessible housing including low income housing, rent control; and be it further</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians supports policy measures that end police sweeps displacing homeless populations; and be it further</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians supports policy measures decriminalizing camping, loitering, panhandling, blocking sidewalks, and storage of personal property on public property; and be it further</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and voted to merge resolutions A-16-24 and A-29-24 into one resolution, as Adopted below.</p> <p><b>RESOLVED,</b> that the California Academy of Family Physicians recognize and support the importance of affordable housing initiatives as a means to supporting better health, and be it further,</p> <p><b>RESOLVED,</b> that CAFP support policy measures that address policy issues that increase affordable, accessible housing, including rent control, rental assistance programs, and other low income housing efforts.</p>
<b>Final Action:</b>	The BOD met on 5.23.24 and voted to merge resolutions A-16-24 and A-29-24 into one resolution. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-17-24 - Humanitarian Crisis in Gaza</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> the California Academy of Family Physicians supports a humanitarian cease-fire in Palestine and Israel in order to protect civilian lives and healthcare personnel within safety zones such as hospitals, shelters, refugee camps; and be it further

	<p><b>RESOLVED:</b> that the California Academy of Family Physicians supports the protection of hospitals, shelters, refugee camps, and other safety zones during war times; and be it further</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians supports the right of free speech of medical students, residents, fellows, and doctors in their efforts to advocate for humanitarian efforts, and for the right to do so without repercussion and silencing from their schools and employers; and be it further</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians supports the use of existing resources and funds, such as the AAFP Foundation, to provide humanitarian aid and medical supplies to civilians and healthcare personnel in war zones.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and Adopted as amended below.</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians supports the right of free speech of medical students, residents, fellows, and doctors in their efforts to advocate for humanitarian efforts, and for the right to do so without repercussion and silencing from their schools and employers.</p>
<b>Final Action:</b>	The BOD met on 5.23.24 and Adopted as amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-18-24 - Family Medicine Physicians as Advocates for Climate Change</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> CAFP will promote the integration of climate change topics into medical school and residency curricula as well as continuing medical education programs to equip healthcare providers with the knowledge and skills to further inform their patients on environmental health impacts.</p> <p><b>RESOLVED:</b> CAFP will support family medicine physicians to educate their patients on the potential health impacts of climate change and ways their patients can individually help alleviate the negative effects of climate change; including but not limited to increasing energy efficiency, recycling, walking or biking to work, and avoiding heavily processed foods.</p> <p><b>RESOLVED:</b> CAFP supports physicians in advocating for environmental sustainability within their workplaces and local organizations.</p> <p><b>RESOLVED:</b> CAFP will advocate for solutions to mitigate the health effects of climate change through lobbying efforts in order to contribute to a broader movement toward climate resilience and environmental sustainability.</p>

<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and Adopted as amended below.</p> <p><b>RESOLVED:</b> CAFP will <i>support the</i> integration of climate change topics into medical school and residency curricula as well as continuing medical education programs to equip healthcare providers with the knowledge and skills to further inform their patients on environmental health impacts.</p> <p><b>RESOLVED:</b> CAFP will support family medicine physicians to educate their patients on the potential health impacts of climate change and ways their patients can individually help alleviate the negative effects of climate change; including but not limited to increasing energy efficiency, recycling, walking or biking to work, and avoiding heavily processed foods.</p> <p><b>RESOLVED:</b> CAFP supports physicians in advocating for environmental sustainability within their workplaces and local organizations.</p>
<b>Final Action:</b>	<p>The BOD met on 5.23.24 and Adopted. Authors informed.</p>
<b>Resolution #/Title/Date Submitted</b>	<p><b>A-21-24 - Incentivizing Continuity and Comprehensive Care to Support Multidisciplinary Clinical Teams (Patient Centered Medical Homes)</b></p>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> that the CAFP supports additive payment models that incentivize and financially support continuity, comprehensive, coordinated care; and be it further</p> <p><b>RESOLVED:</b> that the CAFP supports financial models that incentivize person-centered multidisciplinary clinical care teams; and be it further</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and Adopted as amended below. Author informed.</p> <p><b>RESOLVED:</b> that the CAFP supports payment models that incentivize and financially support continuity, comprehensive, coordinated care; and be it further</p> <p><b>RESOLVED:</b> that the CAFP supports financial models that incentivize person-centered multidisciplinary clinical care teams; and be it further</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates.</p>
<b>Final Action:</b>	<p>CAFP consulted with the AAFP policy and advocacy staff prior to Congress of Delegates and learned that the resolution was deemed current policy. The resolution was therefore not brought to COD for national action and the Board was notified of the change. Author informed.</p>

<b>Resolution #/Title/Date Submitted</b>	<b>A-23-24 - Overdose Preparedness in Primary Care Setting</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED</b> that the CAFP:</p> <p>(1) encourage state-wide and national requirement of primary care facilities to implement overdose preparedness protocols that include naloxone storage with on-site emergency kits and all-clinic staff training in naloxone administration;</p> <p>(2) provide physician-facing information about medico-legal aspects in providing intoxication and overdose treatment; and,</p> <p>(3) encourage AAFP to formally recommend clinical guidelines addressing overdose in the ambulatory setting.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and Adopted as amended below. Author informed.</p> <p><b>RESOLVED:</b> that the CAFP encourage state-wide and national requirement of primary care facilities to implement overdose preparedness protocols that include naloxone storage with on-site emergency kits and all-clinic staff training in naloxone administration;</p> <p><b>RESOLVED:</b> that the CAFP make physician-facing information <i>available</i> about medico-legal aspects in providing intoxication and overdose treatment; and,</p> <p><b>RESOLVED:</b> that the CAFP encourage AAFP to formally recommend clinical guidelines addressing overdose in the ambulatory setting.</p>
<b>Final Action:</b>	CAFP brought this to the AAFP Congress of Delegates on 9.21.24, where the resolution was Adopted. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-24-24 - Clarifying that Direct Primary Care Agreements are not Insurance</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That the CAFP continue to advocate for the Direct Primary Care model based on their previous policy, and support policies in California that define a Direct Primary Care agreement as being between a physician and patient* for primary care medical services and does not constitute the business of insurance.</p> <p>*and/or between a patient’s representative paying for medical services e.g. a family member or an employer who agrees to pay the periodic fees.</p>
<b>Recommended Actions and</b>	The BOD met on 5.23.24 and referred to MPAC, for report back at a future Board meeting. Author informed.

<b>Progress Notes:</b>	
<b>Final Action:</b>	BOD met on 11.8.24 and voted to Adopt, as recommended by MPAC. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-25-24 - Ensuring Equitable Representation- Inclusion of MENA Community in U.S. Census</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> that the California Academy of Family Physicians advocates for the inclusion of a specific Middle East and North African (MENA) category in the U.S. Census.</p> <p><b>RESOLVED:</b> that the CAFP commits to supporting initiatives that address the unique health challenges faced by the MENA community, as evidenced by research demonstrating disparities in health conditions and outcomes.</p> <p><b>RESOLVED:</b> that the CAFP calls for increased awareness and education within the healthcare system regarding the specific needs of the MENA community, emphasizing the importance of tailored healthcare strategies.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and adopted as amended below.</p> <p><b>RESOLVED:</b> that the CAFP commits to supporting initiatives that address the unique health challenges faced by the MENA community, as evidenced by research demonstrating disparities in health conditions and outcomes.</p> <p><b>RESOLVED:</b> that the CAFP calls for increased awareness and education within the healthcare system regarding the specific needs of the MENA community, emphasizing the importance of tailored healthcare strategies.</p>
<b>Final Action:</b>	The BOD met on 5.23.24 and adopted as amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-26-24 - Protect Original Medicare</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> that the CAFP supports protecting Traditional/Original Medicare from for-profit entities such as insurance companies and private equity firms. The CAFP calls upon the Center for Medicare and Medicaid Services (CMS) to end ACO REACH and to increase the auditing of Medicare Advantage plans and demand increased accountability from Medicare Advantage plans.
<b>Recommended Actions and</b>	<p>The BOD met on 5.23.24 and referred to MPAC, for report back a future Board meeting. Author informed.</p> <p>BOD met on 11.8.24 and voted to Adopt as Amended, as recommended by the MPAC below:</p>

<b>Progress Notes:</b>	<p><b>RESOLVED:</b> that the CAFP supports protecting Traditional/Original Medicare from for-profit entities such as insurance companies and private equity firms.</p> <p><b>RESOLVED:</b> that the CAFP supports AAFP in efforts to protect Traditional/Original Medicare from for-profit entities such as insurance companies and private equity firms.</p> <p><b>RESOLVED:</b> The CAFP supports AAFP in working with the Center for Medicare and Medicaid Services (CMS) to increase guardrails for ACO REACH and to increase the auditing of Medicare Advantage plans and demand increased accountability from Medicare Advantage plans.</p>
<b>Final Action:</b>	<p>BOD met on 11.8.24 and Adopted as Amended. Author informed.</p>
<b>Resolution #/Title/Date Submitted</b>	<p><b>A-27-24 - Promoting Healthy Pregnancies for Farmworkers through the California State Disability Insurance Program</b></p>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED</b> That the CAFP raise awareness about the health risks associated with exposure to pesticides during pregnancy and while breastfeeding to patients and healthcare providers, and be it further</p> <p><b>RESOLVED</b> That the CAFP provide education to its members on the availability of workplace accommodations and paid leave (State Disability Insurance) for farmworkers experiencing workplace pesticide exposure during pregnancy, and their roles in supporting patients in accessing them regardless of citizenship or immigration status, and be it further</p> <p><b>RESOLVED</b> That the CAFP expand its current policy advocating for the extension of disability benefits for breastfeeding mothers who are exposed to pesticides in the workplace to include comprehensive access to paid leave (State Disability Insurance, Paid Family Leave, sick days, etc.) for farmworkers during pregnancy and while breastfeeding.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and referred to CPHE, for report back at a future Board meeting. Author informed.</p> <p>The BOD met on 11.8.24 and accepted the CPHE recommendation to Adopt as Amended below:</p> <p><b>RESOLVED:</b> That the CAFP raise awareness among physicians and healthcare clinicians about the health risks associated with exposure to pesticides during pregnancy and while chest feeding, and be it further</p>

	<p><b>RESOLVED:</b> That the CAFP provide education to its members on the availability of workplace accommodations and paid leave (State Disability Insurance) for farmworkers experiencing workplace pesticide exposure during pregnancy, and their roles in supporting patients in accessing them regardless of citizenship or immigration status, and be it further</p> <p><b>RESOLVED:</b> That the CAFP expand its current policy advocating for the extension of disability benefits for chest feeding parents who are exposed to pesticides in the workplace to include comprehensive access to paid leave (State Disability Insurance, Paid Family Leave, sick days, etc.) for farmworkers during pregnancy and while chest feeding.</p>
<b>Final Action:</b>	The BOD met on 11.8.24 and Adopted as Amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-29-24 - Support Rent Control Initiative on a Local, State, and National Level</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED,</b> that the California Academy of Family Physicians advocate for affordable housing initiatives in California, including rent-control measures and rental assistance programs (housing vouchers) for very low-income families and be it further,</p> <p><b>RESOLVED,</b> that the California Academy of Family Physicians bring this resolution to the American Academy of Family Physicians Congress of Delegates asking to add “rent-control measures” and “rental assistance programs” to existing policy “Homelessness” as it is an effective way to prevent homelessness.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and voted to merge resolutions A-16-24 and A-29-24 into one resolution, as Adopted below.</p> <p><b>RESOLVED,</b> that the California Academy of Family Physicians recognize and support the importance of affordable housing initiatives as a means to supporting better health, and be it further,</p> <p><b>RESOLVED,</b> that CAFP support policy measures that address policy issues that increase affordable, accessible housing, including rent control, rental assistance programs, and other low income housing efforts.</p>
<b>Final Action:</b>	The BOD met on 5.23.24 and voted to merge resolutions A-16-24 and A-29-24 into one resolution. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-31-24 - Fair Bilingual Compensation to Advance Health Equity and Language-Concordant Care</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> The CAFP encourages the recruitment and retention of medical students, residents, fellows, and physicians with language competency aligned with the linguistic needs of the California population</p> <p><b>RESOLVED:</b> The CAFP surveys and reports existing bilingual pay structures among its members’ practices and institutions to create</p>

	<p>transparency around bilingual compensation</p> <p><b>RESOLVED:</b> The CAFP advocates for the inclusion of higher compensation for multilingual proficiency in residency, fellowship, and physician contracts,</p> <p><b>RESOLVED:</b> The CAFP promotes medical language training programs at the medical school, residency, and continuing medical education level.</p>
<p><b>Recommended Actions and Progress Notes:</b></p>	<p>The BOD met on 5.23.24 and referred to MPAC, for report back at a future Board meeting. Author informed.</p> <p>BOD met on 11.8.24 and accepted the recommendation by MPAC to Adopt as Amended, below:</p> <p><b>RESOLVED:</b> The CAFP encourages the recruitment and retention of medical students, residents, fellows, and physicians with language competency aligned with the linguistic needs of the diverse California communities,</p> <p><b>RESOLVED:</b> The CAFP supports transparency of existing bilingual pay structures among its members’ practices and institutions to create awareness around bilingual compensation,</p> <p><b>RESOLVED:</b> The CAFP advocates for the inclusion of higher compensation for multilingual proficiency in residency, fellowship, and physician contracts, and,</p> <p><b>RESOLVED:</b> The CAFP promotes medical language training programs at the medical school, residency, and continuing medical education level.</p>
<p><b>Final Action:</b></p>	<p>BOD met on 11.8.24 and Adopted as Amended. Author informed.</p>
<p><b>Resolution #/Title/Date Submitted</b></p>	<p><b>A-32-24 - Ensuring Equity in Rural Health Policy</b></p>
<p><b>Original RESOLVEDS:</b></p>	<p><b>RESOLVED:</b> That CAFP ensure that a Rural Health perspective is considered and accounted for as part of their legislative and regulatory advocacy activities; and be it further</p> <p><b>RESOLVED:</b> That CAFP promote or support State legislation requiring the following:</p> <ol style="list-style-type: none"> <li>1. As State departments develop regulation, a rural analysis must be performed that identifies any challenges in applying the policy equally and equitably in rural communities. This analysis should include direct feedback from key advisors and associations that represent rural communities.</li> </ol>



	<p>2. If a challenge affecting rural application is identified, the policy shall be amended to equitably impact rural areas, with accommodations in regulations and requirements that remedy these challenges. When necessary, this may include a higher level of funding for rural areas compared to urban areas so that the policy can be applied equitably.</p> <p>3. The documentation of each policy that is promulgated attests that the above process has been followed.</p>
<b>Recommended Actions and Progress Notes:</b>	<p>The BOD met on 5.23.24 and Adopted as amended below:</p> <p><b>RESOLVED:</b> That CAFP ensure that a Rural Health perspective is considered and accounted for as part of their legislative and regulatory advocacy activities</p>
<b>Final Action:</b>	The BOD met on 5.23.24 and Adopted as amended. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-36-24 - Support for Medi-Cal and Medicaid Coverage of Medication Abortion Services Without Gestational Age Limits</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> the California Academy of Family Physicians supports both legislation and executive action to remove the unnecessary Medi-Cal limitation on medication abortion access, thereby leaving the decision about appropriate medication use to the patient and provider.</p> <p><b>RESOLVED:</b> the California Academy of Family Physicians presents this resolution to the American Academy of Family Physicians to also support the removal of any gestational limits for patients who are seeking an abortion and are insured by Medicaid.</p>
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and Adopted as written. Author informed.
<b>Final Action:</b>	<p>CAFP's delegation amended the resolution language as below, prior to submitting to COD, to help ensure a successful outcome. The resolution as amended was deemed current policy at COD. Author informed.</p> <p><b>RESOLVED:</b> That the AAFP oppose limitations on Medicaid coverage of medication abortion.</p>
<b>Resolution #/Title/Date Submitted</b>	<b>B-01-24 Ethical Application of AI/ML in Family Medicine</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> that the California Academy of Family Physicians supports regulation and review of applied artificial intelligence and machine learning in healthcare based on the Principles of Ethical Application of Artificial Intelligence in Family Medicine set forth by the American

	<p>Academy of Family Physicians</p> <p><b>RESOLVED:</b> that the Medical Practice Affairs Committee (MPAC) is charged with regularly reviewing, assessing and summarizing rapid changes in technology implementation for membership at large</p> <p><b>RESOLVED:</b> that the Committee on Public Health and Equity (CPHE) and the Justice, Equity, Diversity &amp; Inclusion (JEDI) Committee continues to summarize and offer updates to policy recommendations as AI/ML evolves.</p>
<p><b>Recommended Actions and Progress Notes:</b></p>	<p>BOD met on 7.13.24 and Adopted as Amended below:</p> <p><b>RESOLVED:</b> that the California Academy of Family Physicians supports regulation and review of applied artificial intelligence and machine learning in healthcare based on the Principles of Ethical Application of Artificial Intelligence in Family Medicine set forth by the American Academy of Family Physicians</p> <p><b>RESOLVED:</b> that the Medical Practice Affairs Committee (MPAC) is charged with regularly reviewing and to recommend policy and action to address rapid changes in technology implementation.</p>
<p><b>Final Action:</b></p>	<p>The BOD met on 5.23.24 and Adopted as amended. Author informed.</p>
<p><b>RED: Resolutions NOT ADOPTED by the CAFP Board of Directors</b></p>	
<p><b>Resolution #/Title/Date Submitted</b></p>	<p><b>A-05-24 - Therapy- a Necessary Investment for the Future of Medicine</b></p>
<p><b>Original RESOLVEDS:</b></p>	<p><b>RESOLVED:</b> UCI School of Medicine will increase the number of free therapy sessions available to all medical students from 6 to 12 each year. To accommodate this increase, UCISOM will also hire 3 additional therapists to reduce the burden on the existing therapists and increase accessibility to students.</p>
<p><b>Recommended Actions and Progress Notes:</b></p>	<p>BOD met on 5.23.24 and voted to not adopt.</p>
<p><b>Final Action:</b></p>	<p>BOD met on 5.23.24 and voted to not adopt. Author informed.</p>
<p><b>Resolution #/Title/Date Submitted</b></p>	<p><b>A-06-24 - Protecting CA Residents Who Provide Out of State Residents with Gender-Affirming Care</b></p>

<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That the California Academy of Family Physicians advocates to the California Governor to add gender-affirming care to Executive Order N-12-22 so that these providers can also be broadly protected against extradition.</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians advocates to the Attorney General to issue guidance to law enforcement officers to ensure that they comply with existing shield law and Executive Order N-12-22.</p>
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to not adopt.
<b>Final Action:</b>	BOD met on 5.23.24 and voted to not adopt. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-10-24 – Universal Income is Urgently Needed for Our Patients</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That the California Academy of Family Physicians advocate for state-wide universal basic income, and</p> <p><b>RESOLVED:</b> That the California Academy of Family Physicians bring this resolution to the national academy for national support of universal basic income.</p>
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to not adopt.
<b>Final Action:</b>	BOD met on 5.23.24 and voted to not adopt. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-13-24 Screening, Intervening, and Advocating to Address Food Insecurity</b>
<b>Original RESOLVEDS:</b>	<p><b>RESOLVED:</b> That the CAFP supports policies that include increased physician screening of patients on food insecurity and tangible resources to address patient’s food insecurity using the SEARCH (screen, educate, adjust, recognize, connect, and help) method.</p> <p><b>RESOLVED:</b> That the CAFP educates its members on the importance of educating patients at risk of food insecurity on nutrition and appropriate coping strategies.</p>
<b>Recommended Actions and</b>	BOD met on 7.13.24 and refer this resolution to CPHE, for report back to the November BOD meeting. Author informed.

<b>Progress Notes:</b>	
<b>Final Action:</b>	BOD met on 11.8.24 and voted to Not Adopt, as recommended by the CPHE. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-19-24 - Medi-Cal Audits</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> Be it so resolved that Medi-Cal cease and desist all current and future audits of primary care clinics in non-FQHC settings.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to not adopt.
<b>Final Action:</b>	BOD met on 5.23.24 and voted to not adopt. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-20-24 - New Age Band Ratio of 2-1 for Health Insurance</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> the consideration of a 2:1 age band requires a thorough evaluation of its potential benefits and drawbacks, as well as the implementation of complementary policies to address associated challenges.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to not adopt.
<b>Final Action:</b>	BOD met on 5.23.24 and voted to not adopt. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-22-24 - Support for Appropriate Visit Times in Primary Care</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> That the California Academy of Family Physicians support primary care models and alternative payment systems in all practice settings that allow for patient-physician visit times to be extended to meet the complex medical needs of the populations we serve, and  <b>RESOLVED:</b> That the California Academy of Family Physicians advocates for the creation of a new industry standard of a 40-minute average primary care visit, and

	<b>RESOLVED:</b> That the California Academy of Family Physicians write a letter to the California Department of Health Care Services advocating for a new industry standard of a 40-minute average primary care visit with appropriate reimbursement.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and referred to MPAC, for report back at a future BOD meeting. Author informed
<b>Final Action:</b>	BOD met on 11.8.24 and voted to Not Adopt, as recommended by MPAC. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-30-24 - Syringe Exchange Programs in Orange County</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> That the Santa Ana City Council re-establish needle exchange programs in service of adequate and equitable health care for all.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to not adopt.
<b>Final Action:</b>	BOD met on 5.23.24 and voted to not adopt. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-33-24 - Increasing Diversity for Research in Asian American and Native Hawaiian Pacific Islander Communities</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> the CAFP supports policies that encourage greater funding for research such as creating and establishing grants for projects that examine AAHPI health  <b>RESOLVED:</b> That the CAFP supports policies that implores current research to diversify the sampling of AAHPI groups and identify barriers in care that exist amongst subgroups
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to not adopt.
<b>Final Action:</b>	BOD met on 5.23.24 and voted to not adopt. Author informed.

<b>Resolution #/Title/Date Submitted</b>	<b>A-34-34 - Supporting Medical Students Attending Educational and Research Conferences</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> Public medical schools in California will create three vouchers per year in the M1 and M2 years of medical school that students with attending physician or research mentor approval, can use to supplement their medical education outside of campus.
<b>Recommended Actions and Progress Notes:</b>	BOD met on 5.23.24 and voted to not adopt.
<b>Final Action:</b>	BOD met on 5.23.24 and voted to not adopt. Author informed.
<b>Resolution #/Title/Date Submitted</b>	<b>A-37-24 - Transgender Medicine as Core Curriculum in Graduate Medical Education</b>
<b>Original RESOLVEDS:</b>	<b>RESOLVED:</b> that the American Academy of Family Physicians encourage at least one core faculty to receive transgender medicine and non-binary health care training and  <b>RESOLVED:</b> that the American Academy of Family Physicians draft a letter to the ACGME to advocate for the inclusion of transgender medicine and LGBTQI+ health as a core curriculum in family medicine residency programs.
<b>Recommended Actions and Progress Notes:</b>	The BOD met on 5.23.24 and referred to CRN, for report back at a future Board meeting. Author informed.
<b>Final Action:</b>	BOD met on 11.8.24 and did Not Adopt. The Board invited the authors to consider addressing the topic more clearly in another resolution to the Board next year. Author informed.