

**California Academy of Family Physicians  
2018 Resolutions Submitted to the CAFP Board of Directors  
Actions at 4.13.18 – Revised 4.20.18**

Resolutions may be submitted to the CAFP Board of Directors at any time during the year. This DASHBOARD includes those heard at the 2018 All Member Advocacy Meeting and other submitted outside the AMAM timeframe as of 4.13.18. Resolutions submitted to the Board at the AMAM are designated “A,” as in Res. A-04-18. Resolutions submitted too late for consideration by the Board at the current year’s AMAM are designated “B,” as in Res. B-12-18. Resolutions will be tracked through the process and moved from Red to Green as final actions are determined. The full resolutions are available for review on the CAFP website, [www.familydocs.org](http://www.familydocs.org).

Resolution #/Name	Recommended Action	Progress Notes	Final Action
<b>GREEN – Resolutions ADOPTED/AMENDED and ADOPTED by the Board</b>			
<b>A-04-18</b> <b>Removing REMS Categorization on Mifepristone</b>  <b>12.13.17</b>	4.13.18 BOD: ADOPT Resolveds 1, 3 and 4 and DO NOT ADOPT Resolved 2 of Res. A-04-18, Removing REMS categorization of Mifepristone:  <b>RESOLVED</b> , that the California Academy of Family Physicians (CAFP) endorse the principle that the REMS classification on mifepristone is not based on scientific evidence and limits access to abortion care; and be it further  <b>RESOLVED</b> , that the CAFP engage in advocacy and lobbying efforts to overturn the REMS classification on mifepristone; and be it further  <b>RESOLVED</b> , that the CAFP submit a resolution to the 2018 AAFP Congress of Delegates calling on the AAFP also to endorse the principle that the REMS classification on mifepristone is not based on scientific	3.11.18: The resolution was presented and testimony was heard at the AMAM.	Board ADOPTED Resolveds 1, 3 and 4 and DID NOT ADOPT Resolved 2 of Res. A-04-18 (highlighted in red).  CAFP already is engaged in a lawsuit to overturn the REMS on mifepristone and AAFP lobbies at the federal level.  CAFP will submit a resolution to the 2018 AAFP Congress calling for the actions in Resolveds 3 and 4.

	<p>evidence and limits access to abortion care; and be it further</p> <p><b>RESOLVED</b>, that the CAFP submit a resolution to the 2018 AAFP Congress of Delegates calling on the AAFP to engage in advocacy and lobbying efforts to overturn the REMS classification on mifepristone.</p>		
<p><b>A-06-18</b>  <b>Reducing the Carbon Footprint of California Hospitals through New Renewable Energy Standards</b>  <b>1.11.18</b></p>	<p>4.13.18 BOD: DO NOT ADOPT Res. A-06-18 <u>or</u> ADOPT AMENDED resolveds as follow:</p> <p><b>RESOLVED</b>, that California Academy of Family Physicians (CAFP) support stronger regulations regarding the sources of energy for California hospitals and standards for energy efficiency in new hospitals, such that all existing hospitals in California reach a minimum of 30 percent renewable energy by the year 2030 and 50 percent by 2050, and all new hospitals are required to use a minimum of 90 percent renewable energy starting in the year 2020; and be it further</p> <p><b>RESOLVED</b>, that in order for hospitals to reach the goals of a minimum of 30 percent renewable energy by the year 2030 and 50 percent by 2050 and all new hospitals using a minimum of 90 percent renewable energy by the year 2020, hospitals should be encouraged to install rooftop solar panels, switch to LED light bulbs, maximize insulation within new hospital buildings, shut off air conditioning in operating rooms that are not in use, use hybrid and electric vehicles in their fleet and for transporting supplies, initiate recycling and compost programs, and re-use sterilized instruments for procedures; and be it further</p>		<p>Board ADOPTED Resolveds 1 and 2 of Res. A-06-18 and ADOPTED an AMENDED RESOLVED 3 as shown in red.</p>

	<p><b>RESOLVED:</b> That new and existing medical office buildings and other locations with physician offices be encouraged to undertake energy saving efforts to help them achieve a goal of 30 percent renewable energy by the year 2030 and 50 percent by 2050. <b>(AMENDED RESOLVED)</b></p>		
<p><b>A-07-18</b>  <b>Call for Physician Wellness as a Quality Indicator of Health Organizations</b>   <b>1.11.18</b></p>	<p>4.13.18 BOD: Adopt Res. A-07-18:</p> <p><b>RESOLVED</b>, that the California Academy of Family Physicians advocate for the Triple Aim to be expanded to the Quadruple Aim, adding the goal of improving the work-life balance of health care providers, and to make Physician Wellness a quality measure for healthcare systems and ask the American Academy of Family Physicians to do the same by working with Congressional leaders.</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>The Board ADOPTED Res. A-07-18. A letter will be written to AAFP asking it to work to make Physician Wellness a quality measure for health care systems.</p>
<p><b>A-09-18</b>  <b>One Cent Per Ounce Excise Tax on Sugar-Sweetened Beverages*</b>   <b>1.14.18</b></p>	<p>4.13.18 BOD: Inform author of Res. A-09-18 that CAFP has existing policy supporting a sugar-sweetened beverage/soda tax; ADOPT AMENDED RESOLVEDS as follow:</p> <p><b>RESOLVED:</b> That the CAFP advocate for the AAFP to work with Congressional leaders to implement a nationwide excise tax on sugar-sweetened beverages; and be it further</p> <p><b>RESOLVED:</b> That the revenue generated from a statewide and/or nationwide excise tax on sugar-sweetened beverages be earmarked to support health care programs, such as those related to childhood nutrition, obesity prevention and subsidizing healthier foods and beverages for those who need them.</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Inform author of Res. A-09-18 that CAFP has existing policy supporting a sugar-sweetened beverage/soda tax; ADOPT AMENDED RESOLVEDS 1 and 2 as shown in red. Resolution does not request CAFP submit a resolution to AAFP, only that we ask AAFP to work with Congressional leaders, etc. A letter so requesting will be sent to AAFP.</p>

<p><b>B-12-18</b>  <b>Including 2017 AAFP Board Report F in Evidence-Based Academy Educational Programs</b></p> <p><b>3.11.18</b></p>	<p>4.13.18 BOD: Adopt Res. B-12-18, Including 2017 AAFP Board Report F in Evidence-Based Academy Educational Programs. (CAFP is directed to “ask” AAFP to include this information, not submit a resolution to do so.):</p> <p>That the California Academy of Family Physicians ask the American Academy of Family Physicians (AAFP) to include the data and conclusions of 2017’s Board Report F in evidence-based Academy educational programs, continuing professional development/education activities, and stage presentations at AAFP meetings in the areas of health care policy, health care economics and health care systems.</p>	<p>No testimony was presented at AMAM because the resolution was submitted too late.</p>	<p>The Board ADOPTED Res. B-12-18.</p>
<p><b>B-13-18</b>  <b>Open, Member-Driven Process for Policy Development for CAFP</b></p> <p><b>3.11.18</b></p>	<p>4.13.18 BOD:</p> <p>1) <b>DO NOT ADOPT the first RESOLVED of Res. B-13-18:</b> That all policies passed between meetings of the All Member Advocacy Meeting without a process for member comments and input be rescinded immediately;</p> <p>2) <b>ADOPT Resolveds 2 and 3 of Res. B-13-18:</b></p> <p><b>RESOLVED:</b> That a process for obtaining member comments and input on resolutions received between meetings of the All Member Advocacy Meeting be developed; and be it further</p> <p><b>RESOLVED:</b> That CAFP members have an opportunity to comment on and provide input into the proposed new process for soliciting member input on resolutions received between meetings of the All</p>	<p>No testimony was presented at AMAM because the resolution was submitted too late.</p>	<p>The Board DID NOT ADOPT Resolved 1; the Board ADOPTED Resolveds 2 and 3; the Board DID NOT ADOPT Resolved 4 of Res. B-13-18.</p> <p>The Board encourages the author to submit a new resolution that would seek to change any CAFP policy with which she disagrees; it determined it acted within the authority granted to it in the CAFP bylaws.</p>

	<p>Member Advocacy Meeting for consideration by the Board of Directors before such a policy is adopted;</p> <p>3) <b>DO NOT ADOPT the Resolved 4 of Res. B- 13-18: RESOLVED:</b> That authors of policies rescinded by virtue of the fact that CAFP member input on them was not obtained by the Board of Directors before adoption be offered an opportunity to resubmit their resolutions to go through the new process that is developed for reconsideration.</p> <p>4) Encourage the author to submit a new resolution that would seek to change any CAFP policy with which the author disagrees; it determined it acted within the authority granted to it in the CAFP bylaws.</p>		
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**YELLOW– Resolutions REFERRED by the Board to CAFP Committees for Review and Recommendation**

<p><b>A-01-18</b>  <b>Food Insecurity Screening in Healthcare Settings as Higher Standard of Health Care</b>  <b>12.18.17</b></p>	<p>4.13.18 BOD: Refer to CAFP Medical Practice Affairs Committee for review and recommendation and to Health of the Public Committee (if establishment is approved by the Board) for review and recommendation.</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Refer Res. A-01-18 to Medical Practice Affairs Committee for review and recommendation and to the Health of the Public Committee (whatever final name is) for review and recommendation.</p>
<p><b>A-02-18</b>  <b>Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis</b>  <b>12.13.17</b></p>	<p>4.13.18 BOD: Refer to CAFP Legislative Affairs Committee and to Health of the Public Committee (if establishment is approved by the Board) for review and recommendation.</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Refer Res. A-02-18 CAFP Legislative Affairs Committee and to Health of the Public Committee (if establishment is approved by the Board) for review and recommendation.</p>

<p><b>A-05-18</b>  <b>Increased percentage of Women’s Reproductive Health Topics at AAFP FMX and at National Conference for Residents and Students</b></p> <p><b>12.17.17</b></p>	<p>4.13.18 BOD: Refer to CAFP Committee on Continuing Professional Development for review and recommendation no later than the July Board meeting.</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Refer Res. A-05-18 to CAFP Committee on Continuing Professional Development for review and recommendation no later than the July Board meeting.</p>
<p><b>A-08-18</b>  <b>Requiring an Evidence-Based Nutrition Curriculum for US Medical Schools</b></p> <p><b>1.7.18</b></p>	<p>4.13.18 BOD: Refer to the CAFP Residency Network for review and recommendation.</p>	<p>4.13.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Refer Res. A-08-18 to the CAFP Residency Network for review and recommendation back to the Board. Advise the author of this action.</p>
<p><b>ER-01-18</b>  <b>A Call for Guidelines to Manage ICE Threats in Health Care Settings</b></p> <p><b>2.28.18</b></p>	<p>4.13.18 BOD: Refer to CAFP Medical Practice Affairs Committee for review and recommendation of Resolveds 1, 2 and 3. Ask the CA Residency Network for review and recommendation on Resolved 4.</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Refer ER-01-18 to CAFP Medical Practice Affairs Committee for review and recommendation of Resolveds 1, 2 and 3. Ask the CA Residency Network for review and recommendation on Resolved 4.</p>
<p><b>B-10-18</b>  <b>Two Percent Tax on Gun Sales and Sales to Fund Mental Health Support Services and Education at Public Schools</b></p>	<p>4.13.18 BOD: Refer Res. B-10-18 to the Committee on Health of the Public (if establishment is approved by the Board) with a request to report back at the July Board meeting (resolved calls for submission of a resolution to the AAFP Congress).</p> <p>Request that the CAFP Committee on Health of the Public consider whether a tax on guns and ammunition might better be imposed on gun makers and retailers.</p>	<p>4.13.18: B-10-18 asks for a resolution to be submitted to the AAFP/deadline 9.11.18.</p>	<p>Refer Res. B-10-18 to the Committee on Health of the Public (if establishment is approved by the Board) with a request to report back at the July Board meeting (resolved calls for submission of a resolution to the AAFP Congress).</p> <p>Request that the CAFP</p>

			Committee on Health of the Public consider whether a tax on guns and ammunition might better be imposed on gun makers and retailers.
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<b>3.16.18</b>	ammunition might better be imposed on gun makers and retailers.		
<b>B-11-18 Single Payer Option (A Viable Solution to America's Health Care Crisis)  3.11.18</b>	4.13.18 BOD: Wait and see whether AAFP adopts a revised health reform policy that includes single payer.	4.13.18: B-11-18 asks for a resolution to be submitted to the AAFP/deadline 9.11.18.	Wait and see whether AAFP adopts a revised health reform policy that includes single payer.