

Resolutions may be submitted to the CAFP Board of Directors at any time during the year. This **DASHBOARD** includes action on those heard at the 2018 All Member Advocacy Meeting and others submitted outside the AMAM timeframe as of 7.14.18.

- Resolutions submitted to the Board at the AMAM are designated “A,” as in Res. A-04-18 or ER for “emergency”, i.e., submitted after the deadline..
- Resolutions submitted too late for consideration by the Board at the current year’s AMAM are designated “B,” as 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. 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.

Resolution #/Name	Recommended Action	Progress Notes	Final Action
GREEN – Resolutions ADOPTED/AMENDED and ADOPTED by the Board			
A-02-18 Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis 12.13.17	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. ORIGINAL RESOLVED: RESOLVED , that our CAFP work with state and local health departments to achieve the legalization and implementation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or	3.11.18: The resolution was presented and testimony was heard at the AMAM. The Public Health Committee reviewed on June 12; the LAC reviewed by email.	Referred Res. A-02-18 CAFP Legislative Affairs Committee and to Committee on Health of the Public for review and recommendation. ADOPTED an AMENDED Resolved at its July 14, 2018 meeting as follows: RESOLVED , that California Academy of Family Physicians (CAFP) support the creation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk

	volunteering in such facilities and without risk of criminal penalties for recipients of such services.		of criminal penalties for recipients of such services. The author was present at the July 14, 2018 Board meeting as a Student Co-Director; he abstained from voting.
A-03-18 FP PAC Dues	ADOPTED by the 2018 All Member Advocacy Meeting – no Board action required.		
A-04-18 Removing REMS Categorization on Mifepristone 12.13.17	<p>4.13.18 BOD: ADOPT Resolveds 1, 3 and 4 and DO NOT ADOPT Resolved 2 (highlighted in red) of Res. A-04-18, Removing REMS categorization of Mifepristone:</p> <p>ORIGINAL RESOLVEDS:</p> <p>RESOLVED, 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</p> <p>RESOLVED, that the CAFP engage in advocacy and lobbying efforts to overturn the REMS classification on mifepristone; and be it further</p> <p>RESOLVED, 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 evidence and limits access to abortion care; and be it further</p> <p>RESOLVED, 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</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Board ADOPTED Resolveds 1, 3 and 4 and DID NOT ADOPT Resolved 2 of Res. A-04-18</p> <p>CAFP already is engaged in a lawsuit to overturn the REMS on mifepristone and AAFP lobbies at the federal level.</p> <p>CAFP submitted a resolution to the 2018 AAFP Congress calling for the actions in Resolveds 3 and 4.</p> <p>Authors notified 4.23.18</p> <p>RESOLVED, 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</p> <p>RESOLVED, 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 evidence and limits access to abortion care; and be it further</p> <p>RESOLVED, that the CAFP submit a resolution to the 2018 AAFP Congress of Delegates</p>

	<p>the REMS classification on mifepristone.</p>		<p>calling on the AAFP to engage in advocacy and lobbying efforts to overturn the REMS classification on mifepristone.</p>
<p>A-05-18 Increased percentage of Women’s Reproductive Health Topics at AAFP FMX and at National Conference for Residents and Students</p> <p>12.17.17</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>ORIGINAL RESOLVEDS:</p> <p>RESOLVED, That the California Academy of Family Physicians will advocate through the American Academy of Family Physicians to the Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women’s reproductive health topics at future FMX events and remove the four percent cap; and be it further</p> <p>RESOLVED, That the California Academy of Family Physicians via its delegation will submit a resolution to the American Academy of Family Physicians (AAFP) calling on the AAFP to increase the representation of women’s reproductive health topics among future AAFP CME events.</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>ADOPT original Resolveds 1 and 2:</p> <p>RESOLVED, That the California Academy of Family Physicians will advocate through the American Academy of Family Physicians to the Family Medicine Experience (FMX) Curriculum Advisory Panel (CAP) to increase the weight of women’s reproductive health topics at future FMX events and remove the four percent cap; and be it further</p> <p>RESOLVED, That the California Academy of Family Physicians via its delegation will submit a resolution to the American Academy of Family Physicians (AAFP) calling on the AAFP to increase the representation of women’s reproductive health topics among future AAFP CME events.</p> <p>Resolution to AAFP approved by the CAFP Board of Directors on July 14, 2018 and forwarded to AAFP on July 17, 2018.</p> <p>Authors informed July 17, 2018 by email.</p>

<p>A-06-18 Reducing the Carbon Footprint of California Hospitals through New Renewable Energy Standards</p> <p>1.11.18</p>	<p>4.13.18 BOD: DO NOT ADOPT Res. A-06-18 <u>or</u> ADOPT AMENDED resolutions as follow:</p> <p>ORIGINAL RESOLVEDS:</p> <p>RESOLVED, 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>RESOLVED, 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>RESOLVED: 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. (AMENDED RESOLVED)</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</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>Author contacted 4.23.18</p> <p>RESOLVED, 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>RESOLVED, 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>RESOLVED: That new and existing medical office buildings and other locations with physician offices be encouraged to</p>
--	--	---	---

			undertake energy saving efforts to help them achieve a goal of 30 percent renewable energy by the year 2030 and 50 percent by 2050. (AMENDED RESOLVED)
A-07-18 Call for Physician Wellness as a Quality Indicator of Health Organizations 1.11.18	4.13.18 BOD: Adopt Res. A-07-18: ORIGINAL RESOLVED: RESOLVED: 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.	3.11.18: The resolution was presented and testimony was heard at the AMAM.	The Board ADOPTED Res. A-07-18 . A letter was written to AAFP asking it to work to make Physician Wellness a quality measure for health care systems and sent July 5, 2018; its receipt was acknowledged by AAFP. Authors contacted 4.23.18. RESOLVED , 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.
A-09-18 One Cent Per Ounce Excise Tax on Sugar-Sweetened Beverages* 1.14.18	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: ORIGINAL RESOLVEDS: RESOLVED , That the CAFP work with state legislators for a state-wide excise tax of one cent per ounce on sugar-sweetened beverages and advocate for the AAFP to work with Congressional leaders to implement a nation-wide excise tax of one cent per ounce on sugar-sweetened beverages, exempting	3.11.18: The resolution was presented and testimony was heard at the AMAM.	Informed author of Res. A-09-18 that CAFP has existing policy supporting a sugar-sweetened beverage/soda tax; Board on 4.13.18 ADOPTED 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 was sent to AAFP on July 5 and receipt was acknowledged. Author contacted 4.23.18.

beverages sweetened with artificial sweeteners, such as aspartame or saccharine given the current lack of strong scientific evidence that they are associated with deleterious health effects, but closely tracking studies to determine whether taxing might be justified in the future; and be it further

RESOLVED: That the revenue generated from a state-wide and/or a nation-wide excise tax of one cent per ounce on sugar-sweetened beverages be earmarked to support childhood nutrition programs, obesity-prevention research, and subsidizing healthier foods and beverages.

AMENDED RESOLVEDS:

RESOLVED: 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

RESOLVED: 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.

RESOLVED: 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

RESOLVED: 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>ER-01-18 A Call for Guidelines to Manage ICE Threats in Health Care Settings</p> <p>2.28.18</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>Comment from MPAC:</p> <p>MPAC recommended adoption of the resolution as amended in RESOLVED 1, adding “and obligations” after “the legal rights” on line 1.</p> <p>Comment from CRN Response to the request for comment was limited, but indicated two issues of which to be aware: 1) residency programs are unlikely to include civil rights and immigration policy curricula unless it is fully-developed and presented to them as a module ready for adoption; and 2) residency program directors are obligated to adhere to existing organizational policy and curricula on these matters, which may in some cases preclude uptake of any CAFP-developed module. This leads staff to believe that the resources required to achieve this aspect of the resolution are significant and greater than the value it may yield to members in the long-term.</p> <p>Recommendation of CRN on Resolved 4: Do not adopt Resolved 4 of ER-01-18.</p> <p>ORIGINAL RESOLVEDS:</p> <p>RESOLVED, that the CAFP create or endorse a policy that clarifies the legal rights of physicians, health care workers and patients relating to ICE raids in health care settings and that the CAFP distribute</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Referred 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>Board ADOPTED Resolved 1 of ER-01-18, A Call for Guidelines to Manage ICE Threats in Health Care Settings; ADOPTED AN AMENDED Resolved 2 and DID NOT ADOPT Resolveds 3 and 4 at its meeting on July 14, 2018.</p> <p>RESOLVED, that the CAFP create or endorse a policy that clarifies the legal rights and obligations of physicians, health care workers and patients relating to ICE raids in health care settings and that the CAFP distribute this policy among CAFP members, including but not limited to members practicing in Federally Qualified Health Centers, and be it further</p> <p>RESOLVED, that CAFP investigate the existence of and evaluate a toolkit and protocol, similar to Code Blue, with the scripts, roles, and algorithms for health care staff (legal observer, recorder, video recorder, etc.) that family physicians might use when responding to an ICE raid in a health care setting and make their availability known to CAFP members.</p> <p>Authors advised 7.18.18 by email.</p>
--	---	---	--

	<p>this policy among CAFP members, including but not limited to members practicing in Federally Qualified Health Centers; and be it further</p> <p>RESOLVED, that the CAFP create or endorse a toolkit and protocol, similar to Code Blue, with the scripts, roles, and algorithms for health care staff (legal observer, recorder, video recorder, etc.) to use when responding to an ICE raid in a health care setting; and be it further</p> <p>RESOLVED, that the CAFP create or endorse a plan, including a script and templates for print, that healthcare organizations can use to communicate information with their communities following an ICE raid; and be it further</p> <p>RESOLVED, that the CAFP advocate for the addition of civils rights and immigration policy curricula to California residencies.</p>		
<p>B-10-18 Two Percent Tax on Gun Sales and Sales to Fund Mental Health Support Services and Education at Public Schools 3.16.18</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>ORIGINAL RESOLVED:</p> <p>RESOLVED: that the California Academy of Family Physicians (CAFP) advocate that the American Academy of Family Physicians (AAFP) encourage</p>	<p>4.13.18: B-10-18 asks for a resolution to be submitted to the AAFP/deadline 9.11.18.</p>	<p>Referred Res. B-10-18 to the Committee on Health of the Public 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>The Board ADOPTED Resolved 1 and ADOPTED an additional Resolved 2 as shown in red on Res. B-10-8, Two Percent Tax on Gun Sales and Ammunition Sales to Fund Mental Health Support Services and Education at</p>

	<p>lawmakers to add a two per cent tax on gun and gun ammunition sales to fund mental health support services and education at public schools to:</p> <ul style="list-style-type: none"> - Increase the availability of behavioral health therapists at schools; - Develop strategies for educators and administrators to identify at risk children; - Provide parenting support services and parenting classes; - Provide post-incident support services for students affected by any gun violence; and - Develop curriculum for life skills and stress management including conflict resolution, mindful meditation, and anger management that would be offered to all students. 	<p>Public Schools:</p> <p>RESOLVED: that the California Academy of Family Physicians (CAFP) support a tax on gun and ammunition sales and that the revenue generated from such a tax be used to fund mental health support services, such as behavioral health therapists at schools, programs to identify at risk children, and post-incident support services for individuals affected by any gun violence; and be it further</p> <p>RESOLVED: That CAFP submit a resolution to the American Academy of Family Physicians (AAFP) to support a tax on gun and ammunition sales, and that the revenue generated from such a tax be used to fund mental health support services, such as behavioral health therapists at schools, programs to identify at risk children and post-incident support services for individuals affected by any gun violence.</p> <p>Resolution submitted to AAFP 7.17.18.</p> <p>Authors advised 7.17.18 by email.</p>
--	---	---

<p>B-12-18 Including 2017 AAFP Board Report F in Evidence-Based Academy Educational Programs</p> <p>3.11.18</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>ORIGINAL RESOLVED:</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. A letter was sent to AAFP on July 5 asking that Board Report F data and conclusions be included 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. AAFP acknowledged receipt of the letter.</p> <p>RESOLVED: 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>Author contacted 4.23.18.</p>
<p>B-13-18 Open, Member-Driven Process for Policy Development for CAFP</p> <p>3.11.18</p>	<p>4.13.18 BOD:</p> <p>1) DO NOT ADOPT the first RESOLVED of Res. B-13-18: 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) ADOPT Resolveds 2 and 3 of Res. B-13-18: RESOLVED: 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>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 encouraged the author to submit a new resolution that would seek to change any CAFP policy with which she disagrees; the Board determined it acted within the authority granted to it in the CAFP bylaws.</p> <p>Author contacted 4.23.18.</p>

	<p>RESOLVED: 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 Member Advocacy Meeting for consideration by the Board of Directors before such a policy is adopted;</p> <p>3) DO NOT ADOPT the Resolved 4 of Res. B- 13-18: RESOLVED: 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>		<p>RESOLVED: 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>RESOLVED: 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 Member Advocacy Meeting for consideration by the Board of Directors before such a policy is adopted.</p> <p>A process for obtaining member comments and input on resolutions received between meetings of the AMAM was developed and approved at the July 14, 2018 meeting of the Board. Members have been advised via Academy in Action newsletter and on the CAFP website. A chart outlining all Board actions is updated after each quarterly meeting of the Board and new resolutions must be posted at least one month prior to their consideration by the Board, so members may comment on them.</p>
--	--	--	---

YELLOW– Resolutions REFERRED by the Board to CAFP Committees for Review and Recommendation

<p>A-01-18 Food Insecurity Screening in Healthcare Settings as Higher Standard of Health Care</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>ORIGINAL RESOLVEDS:</p>	<p>3.11.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>4.13.18 – Refer Res. A-01-18 to Medical Practice Affairs Committee and to the Health of the Public Committee for review and recommendation.</p> <p>7.14.18 – The CAFP Board of Directors referred the resolution back to the</p>
---	---	---	---

<p>12.18.17</p>	<p>RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages clinicians to identify children and adults who are food-insecure to avoid detrimental development and co-morbidities by asking the following two screening tool questions:</p> <p>1) Are you worried that your food will run out before you get money to buy more? and 2) Does the food you buy last and, if not, do you have money to get more?</p> <p>and, be it further</p> <p>RESOLVED, that the California Academy of Family Physicians (CAFP) support various ways for healthcare centers to connect families that are food insecure with short- and long-term food resources, by, for example, referring positively screened patients to local Calfresh representatives who may connect families with such resources.</p> <p>MPAC recommends AMENDED resolveds: RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages healthcare centers to screen for food insecurity if appropriate by using validated screening tool questions as a higher standard of health care, such as:</p> <p>1. Are you worried that your food will run out before you get money to buy more? and 2. Does the food you buy last and, if not, do you have money to get more?</p> <p>RESOLVED, that the California Academy of Family Physicians (CAFP) develop and collect resources and guidance to support various ways for healthcare</p>	<p>MPAC and CHOP reviewed and came to differing recommendations.</p>	<p>Committee on Health of the Public with a request that the resolution be considered in the context of AAFP’s work on the social determinants of health as well as in the context of social risk factors; ask for clarification of the term “health care center.”</p> <p>Authors were informed on July 17; one author of A-01-18 was present at the July 14 Board meeting as a Resident Co-Director.</p>
------------------------	--	--	---

	<p>centers to connect families that are food insecure with short- and long-term food resources, by, for example, referring positively screened patients to local Calfresh representatives who may connect families with such resources.</p> <p>CHOP recommends adoption of the resolution as AMENDED:</p> <p>RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages health care centers screen for food-insecurity by using two validated screening tool questions as a higher standard of health care, such as</p> <p>1) Are you worried that your food will run out before you get money to buy more? and 2) Does the food you buy last and, if not, do you have money to get more?</p> <p>and, be it further</p> <p>RESOLVED, that the California Academy of Family Physicians (CAFP) educate the membership about how to use and interpret the validated food insecurity screening tools and identify local resources to which to refer patients in need.</p>		
<p>A-08-18 Requiring an Evidence-Based Nutrition Curriculum for US Medical Schools</p> <p>1.7.18</p>	<p>4.13.18 BOD: Refer to the CAFP Residency Network for review and recommendation.</p> <p>ORIGINAL RESOLVED:</p> <p>RESOLVED: that the California Academy of Family Physicians (CAFP) advocate for the American Academy of Family Physicians (AAFP) to work with the Liaison Committee on Medical Education (LCME) and Commission on Osteopathic College</p>	<p>4.13.18: The resolution was presented and testimony was heard at the AMAM.</p>	<p>Referred Res. A-08-18 to the CAFP Residency Network for review and recommendation back to the Board.</p> <p>Authors advised on 7.17.18.</p>

	<p>Accreditation (COCA) to improve the nutrition curriculum for US medical schools through the following curricular changes:</p> <ol style="list-style-type: none"> 1. Increase clinical nutrition education from the current 25-30 hours <i>recommendation</i> to a <i>requirement</i> of 50-60 hours (still less than two percent of estimated total lecture hours); 2. Recommend nutrition instruction in both preclinical <i>and</i> clinical settings with a focus on historical nutrition trends and current evidence using an integrated format with lectures, problem-based learning, online self-learning modules, and clinical practice; 3. Recommend teaching motivational interviewing and mindfulness training; 4. Consider other creative innovations such as the establishment of teaching kitchens and self-care curriculums with elective laboratory instruction in nutrition and food preparation; 5. Consider incorporating healthy diet and weight loss counseling cases in the National Objective Structured Clinical Exam (OSCE); and 6. Require that the United States Medical Licensing Exam (USMLE) evaluate students' knowledge of current evidence-based nutrition. 		
<p>B-11-18 Single Payer Option (A Viable Solution to America's Health Care Crisis)</p> <p>3.11.18</p>	<p>4.13.18 BOD: Wait and see whether AAFP adopts a revised health reform policy that includes single payer.</p> <p>ORIGINAL RESOLVED:</p> <p>RESOLVED, that the California Academy of Family Physicians submit a resolution to the American Academy of Family Physicians (AAFP) that calls on AAFP to include single payer national health insurance in AAFP policy as one viable solution to America's</p>	<p>4.13.18: B-11-18 asks for a resolution to be submitted to the AAFP/deadline 9.11.18.</p>	<p>4.13.18: The BOD agreed to wait and see whether AAFP adopts a revised health reform policy that includes single payer.</p>

	current health care crisis.		
--	-----------------------------	--	--