

SUBJECT: Approval of March 21-22, 2018 Congress of Delegates Minutes
American College of Osteopathic Family Physicians (ACOFP)

SUBMITTED BY: Elizabeth A. Palmarozzi, DO, FACOFP
Speaker, ACOFP Congress of Delegates

REFERRED TO: 2019 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 1

- 1 RESOLVED, that the Minutes of the March 21-22, 2018 American College of Osteopathic
2 Family Physicians (ACOFP) Congress of Delegates be APPROVED as distributed.

ACTION _____

The Board recommends that Resolution 1 be APPROVED.

SUBJECT: Approval of 2019 Budget
American College of Osteopathic Family Physicians (ACOFP)

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 2

- 1 RESOLVED, that the 2019 budget for American College of Osteopathic Family Physicians
- 2 (ACOFP) be APPROVED as submitted by the ACOFP Board of Governors.

ACTION _____

The Board recommends that Resolution 2 be APPROVED.

SUBJECT: Revisions to Sunsetting ACOFP Position Statements of the
American College of Osteopathic Family Physicians (ACOFP)

SUBMITTED BY: ACOFP Constitution & Bylaws/Policy & Organization Review Committee

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 3

1 RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians
2 adopts and approves the sunsetting ACOFP Position Statements as recommended and
3 submitted by the ACOFP Constitution & Bylaws/Policy & Organization Review Committee.
4 (Old material crossed out, new material capitalized.)

5 **1. GME Funding for Residency Programs Using Volunteer Faculty**

6 The ACOFP supports the enactment of Federal legislation that increases and adequately
7 finances the training of osteopathic family medicine residents in ambulatory non-hospital
8 sites.

9

10 The ACOFP supports the enactment of Federal legislation that clarifies Congressional intent
11 as established in the Balanced Budget Act of 1997, allowing teaching hospitals and
12 physicians in non-hospital sites to enter into educational agreements to train osteopathic
13 family medicine residents regardless of financial arrangement.

14 *Committee Action: Recommended for approval.*

15

16 **2. Tax Credits for Health Profession Shortage Area**

17 The ACOFP supports the establishment of tax credits for physicians who practice in federally
18 designated health professions shortage areas (HPSAs) or Medicare physician scarcity areas.
19 These tax credits should be available, on a sliding scale, to physicians who provide services on
20 a part-time basis in these communities.

21 *Committee Action: Recommended for approval.*

22

23 **3. Certification Eligibility for New and Existing CAQs**

24 No new Basic Standard developed by the ~~Committee on Evaluation and Education (CEE)~~
25 COMMITTEE ON OSTEOPATHIC RECOGNITION & DEVELOPMENT (CORD) of the American
26 College of Osteopathic Family Physicians (ACOFP) for the ultimate purpose of gaining
27 Certification of Added Qualification status through the American Osteopathic Board of Family
28 Physicians (AOBFP) shall be approved or maintained by the ACOFP Board of Governors unless

29 the ACOFP Board receives the advanced assurance of the AOBFP that a pathway to that CAQ
30 will be provided for certified osteopathic family physicians for a minimum of five years.
31

32 The following explanatory statement accompanies the Board's policies on certification
33 eligibility for future new CAQs and revisions to existing CAQ: It is the responsibility of the
34 ACOFP Board of Governors through its ~~CEE~~ CORD to establish Basic Standards for
35 postdoctoral training in osteopathic family ~~practice~~ MEDICINE. These Basic Standards are
36 submitted to the Department of Education Affairs of the AOA for approval. The AOBFP under
37 direction of the Bureau of Osteopathic Specialists (BOS) is responsible for the certification or
38 verification of competence in those subjects being taught in the postdoctoral training
39 programs. This verification process generates a primary certification for residents and/or a
40 Certification of Added Qualification (CAQ) for certified osteopathic family physicians. New
41 Basic Standards can be developed at any time for potential CAQs, but it would take a
42 residency program to implement them before an examination or certification process would
43 be generated by the AOBFP. It is the policy of the ACOFP Board of Governors not to approve
44 or maintain a Basic Standard for any new CAQ if that certification process does not contain a
45 reentry pathway (grandfather clause).

46 *Committee Action: Recommended for approval with editorial changes.*
47

48 **4. Prescription Drugs – Direct Consumer Advertising**

49 The ACOFP continues to recommend that pharmaceutical company direct to consumer
50 advertising not be product specific. The ACOFP should work with the AOA to request
51 that state and federal governments adopt policies or legislation to promote disease-
52 specific public health education as the focus of direct to consumer advertising of
53 prescription medicines to the general public.

54 *Committee Action: Recommended for approval.*
55

56 **5. Separate Osteopathic Match**

57 The ACOFP continues to support the separate osteopathic match that is currently in place.

58 *Committee Action: Recommended for approval.*

59 *EXPLANATORY STATEMENT: The ACOFP Constitution & Bylaws Committee keeps this in place*
60 *to support this year's match.*

ACTION_____

The Board recommends that Resolution 3 be APPROVED.

SUBJECT: Revisions to Sunsetting ACOFP Position Statements - Telemedicine
SUBMITTED BY: ACOFP Federal Legislation Committee
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 4

1
2 WHEREAS, the 2018 Congress of Delegates of the American College of Osteopathic Family Physicians (ACOFP)
3 referred the ACOFP Telemedicine Position Statement to the ACOFP Washington office for review and
4 report to 2019 Congress.
5

6 RESOLVED, that Federal Legislation Committee of the American College of Osteopathic Family Physicians
7 (ACOFP) will revise the ACOFP Telemedicine Position Statement as follows.

8 Telemedicine – Definition of Telemedicine – Telemedicine is an area of medicine that utilizes
9 information and telecommunication technology to transfer medical information that assists in the
10 diagnosis, treatment, and education of the patient. The provision of telemedicine requires the same skills
11 and time as the delivery of that service in-person.
12

13 Benefits of Telemedicine – Telemedicine may be an effective tool to increase access, improve quality of
14 care, and reduce burdens for family physicians, especially when utilized for patients in rural and/or
15 underserved areas.
16

17 Current Barriers to Telemedicine – There are a number of barriers to the adoption of telemedicine
18 including inadequate reimbursement that disincentivizes the provision of telemedicine as well as
19 insufficient or limited broadband connectivity, making it difficult for both physicians and patients to
20 leverage telemedicine. Other barriers include: ~~state licensure requirements when a physician provides~~
21 ~~telemedicine services to a patient in a state where the physician is not currently licensed~~; current payer
22 and payment rules that were established before telemedicine existed; requirements related to the
23 settings (i.e., facility type) and locations (i.e., rural or urban) of physicians and patients for telemedicine
24 services to be approved; new payer and payment rules limiting the availability of telemedicine services
25 (e.g., rules related to types of patients who may receive telehealth services, rules limiting whether a
26 patient may receive related in-person care within a time period after receiving telehealth); and
27 variations in statutory and regulatory requirements and payment at the state level.
28

29 Promoting Increased Use and Availability of Telemedicine – Recent federal legislative and regulatory
30 activities have attempted to increase the availability of telemedicine within the existing Medicare
31 payment systems by providing flexibility both on who may receive coverage for telemedicine services as
32 well as the location of where the services are provided. More needs to be done to incentivize the
33 widespread adoption of telemedicine and to provide for adequate reimbursement for these services.
34 Specifically, payers, including Medicare, must recognize that telemedicine does not reduce the amount of
35 time a physician spends with patients; it provides patients with greater access to health care services.
36 The ACOFP supports federal efforts to promote the widespread adoption of telemedicine.

The Board recommends that Resolution 4 be AMENDED and APPROVED.

ACTION _____

SUBJECT: Student Delegation in the ACOFP Congress of Delegates
SUBMITTED BY: ACOFP Constitution & Bylaws/Policy & Organization Review Committee
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 5

WHEREAS, 2018 ACOFP Congress of Delegates Resolution 12 directed the ACOFP Constitution & Bylaws Committee/Policy & Organization Review Committee to propose an amendment to create a Student Delegate position in the ACOFP Congress of Delegates, now, therefore be it

RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians (ACOFP) adopts the following amendment as recommended and submitted by the ACOFP Constitution & Bylaws/Policy & Organization Review Committee. (Old material crossed out, new material capitalized.)

CONSTITUTION OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS, INC.

ARTICLE V - CONGRESS OF DELEGATES

Section 1. Composition

A. The ACOFP Executive Director shall provide to the Secretary of each ACOFP affiliate society in writing the number of delegates to which that Society is entitled at least 60 days before the first day of the annual meeting of the Congress of Delegates.

(1) Each affiliate society shall be entitled to at least one voting delegate, who shall be a member in good standing, and shall be entitled to an additional voting delegate for every 25 members thereafter, or the majority fraction thereof, active members, plus one voting delegate from each approved undergraduate chapter located within the geographic boundaries served by the ACOFP affiliate society. **IN ADDITION, A SEPARATE STUDENT SOCIETY SHALL REPRESENT THE STUDENT ASSOCIATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS (STUDENT ASSOCIATION OF THE ACOFP) AND BE ENTITLED TO ONE VOTING DELEGATE AND ONE ALTERNATE DELEGATE APPOINTED ANNUALLY BY THE PRESIDENT OF THE STUDENT ASSOCIATION OF THE ACOFP FROM WITHIN THE STUDENT RESOLUTIONS COMMITTEE, WITH APPROVAL FROM THE NATIONAL STUDENT EXECUTIVE BOARD.**

ACTION _____

The Board recommends that Resolution 5 be APPROVED.

SUBJECT: Creation of a National Resident Delegation for the American College of Osteopathic Family Physicians (ACOFP)

SUBMITTED BY: Pennsylvania Osteopathic Family Physicians Society on Behalf of the ACOFP Resident Council

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 6

- 1 WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) Resident Council was
2 created in 2017 to bring residents together and provide a larger resident voice to the ACOFP and
3 encourage active participation by residents in the ACOFP; and
- 4 WHEREAS, the current process for submission of resolutions requires residents as an entity to submit
5 resolutions through an ACOFP State Society and a direct pathway does not currently exist for a
6 resolution to be submitted by a collective resident voice with the official indication that it is
7 being submitted by a resident voice; and
- 8 WHEREAS, the ACOFP Resident Council has created a resolution sub-committee within the Resident
9 Council to create awareness and interest amongst residents in the resolution process and function
10 of the Congress of Delegates; and
- 11
- 12 WHEREAS, similarly the Student Association of American College of Osteopathic Family Physicians
13 (Student Association of the ACOFP) successfully submitted a resolution at the 2018 Congress of
14 Delegates that created a specific delegation seat for a student representative; and
- 15
- 16 WHEREAS, resident written resolutions encouraged through the resident council are done as a
17 collaboration by multiple residents spanning across states, the collective resident voice is lost as
18 individual resident voices are unable to span across state society lines; and
- 19 WHEREAS, the resident council highly recommends and encourages residents to be involved and work
20 within their state society; however, an additional submission pathway should be available in the
21 circumstances where residents are unable to submit through their respective state societies due
22 to an inactive state society, communication difficulties, or resolution content disagreements; and
- 23 WHEREAS, the resident council has an ACOFP Board Member Liaison, ACOFP Staff Liaison and a
24 Resident Governor who are available to offer guidance including but not limited to resolution
25 writing and submission; now, therefore be it
- 26 RESOLVED, that a single resident delegate position be created in the American College of Osteopathic
27 Family Physicians (ACOFP) Congress of Delegates to specifically represent the collective
28 resident voice with the full rights and voting privileges of a delegate; and, be it further
- 29 RESOLVED, that the resident delegate position be appointed to a one-year term by the Resident
30 Council; and, be it further
- 31 RESOLVED, that the ACOFP create such a position so that the delegate member would be able to
32 submit resolutions directly to the Congress of Delegates from the resident council.

The Board recommends that resolution 6 be APPROVED.

SUBJECT: Inclusion of Distinguished Fellow Status in ACOFP Bylaws
SUBMITTED BY: ACOFP Board of Governors
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 7

WHEREAS, the ACOFP Board of Governors believes that the ACOFP Constitution & Bylaws should be updated to include reference to the designation of Distinguished Fellow, now, therefore be it

RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians (ACOFPP) adopts the following amendment as recommended and submitted by the ACOFP Board of Governors. (Old material crossed out, new material capitalized.)

CONSTITUTION OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS, INC.

Section 6. Duties

The duties of the Board of Governors shall be:

- I. To approve the granting of the designation "Fellow of the American College of Osteopathic Family Physicians (FACOFPP)" **AND "DISTINGUISHED FELLOW OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS (FACOFPP *dist.*)"**

ACTION _____

The Board recommends that Resolution 7 be APPROVED.

SUBJECT: **REVISED** - American College of Osteopathic Family Physicians (ACOFP) Gun Safety Policy

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 8

- 1 **WHEREAS, the 2018 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates**
2 **referred the resolution on Gun Safety to the Public Health & Wellness Committee; and**
- 3 **WHEREAS, the ACOFP President formed a task force to develop a white paper; now, therefore be it**
- 4 **RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) Board of Governors**
5 **presents the following white paper for your approval.**

ACTION _____

ACOFP Policy on Gun Safety

Gun violence, mass shootings and suicides now claim the lives of nearly 40,000 Americans a year. More than 70,000 additional non-fatal shootings occur as well. ~~We have become so accustomed to events that previously stunned our nation that some are not even reported or deemed newsworthy. People are dying in their homes, places of worship, schools, public gatherings and street corners. Everyday physicians in emergency rooms treat suicide victims, domestic and intimate partner violence victims, and all too often men, women and children who are just in the wrong place at the wrong time.~~

The American College of Osteopathic Family Physicians (ACOFP) recognizes and declares that gun violence has become a public health emergency and calls on local, state and federal legislators, our nation's governors and the President to enact legislation supporting the following policies.

1. The ACOFP supports lifting the restrictions and the restoration of funding for gun violence research at the CDC and NIH that can develop policies to help decrease gun violence and promote gun safety. The ACOFP also supports additional research in risk factor identification and gun violence. **(C-XX/2019)**
2. The ACOFP supports the development of evidence-based strategies and supporting educational materials to be used by physicians and health care professionals during wellness screenings for adults and children, regardless of whether patients own guns or not. Further, the ACOFP supports allowing physicians to distribute firearm safety materials in the clinical setting.
3. The ACOFP supports the repair and re-enactment of the National Instant Criminal Background Check System (NICS) ~~for all handgun purchases.~~
4. The ACOFP supports increased funding at the federal, state and local levels for mental health services. The ACOFP believes that mental health care accessibility and funding have a critical role to play in efforts to decrease gun violence.

5. The ACOFP calls for implementation and continued funding of the March 2018 Bipartisan School Security Funding Bill, which proposed and temporarily funded evidence-based safety programs in our nation's schools. The ACOFP supports increased security on K-12 school properties, as well as institutions of higher learning. The ACOFP endorses policies that require that education respective of gun violence be provided to students of all levels of education: elementary, middle and high school.
6. The ACOFP supports the establishment of federal laws allowing family members, intimate partners, household members, physicians, mental health providers and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence.
7. The ACOFP supports increasing the legal age to purchase ammunition and firearms from 18 to 21 nationally.
8. The ACOFP supports legislative efforts to extend the definition of domestic violence to include violence against a current or former dating partner. The ACOFP also supports firearm surrender policies with firearm purchase and possession prohibition for persons under a domestic violence restraining order or anyone convicted of misdemeanor domestic violence, stalking and ex parte protective orders.
9. The ACOFP supports the implementation and enforcement of a ban of bump stocks and similar devices that enable the rapid fire of ammunition; or allow a semiautomatic weapon to operate like an automatic weapon.
10. The ACOFP supports federal legislation requiring gun purchasers to complete a gun safety course or live fire exercise with a range instructor prior to purchasing a gun. A certificate of course training completion will be required and presented at the time of purchasing a gun. These requirements reflect the basic understanding that gun owners who are not sufficiently trained in how to use their weapon pose a danger to themselves and others.

ACOFP Policy on Gun Safety Supporting Document

Gun violence, mass shootings and suicides now claim the lives of nearly 40,000 Americans a year. More than 70,000 additional non-fatal shootings occur as well.¹ ~~We have become so accustomed to events that previously stunned our nation that some are not even reported or deemed newsworthy. People are dying in their homes, places of worship, schools, public gatherings and street corners. Everyday physicians in emergency rooms treat suicide victims, domestic and intimate partner violence victims, and all too often men, women and children who are just in the wrong place at the wrong time. The extraordinary has become the routine!~~

The American College of Osteopathic Family Physicians (ACOFP) recognizes and declares that gun violence has become a public health emergency and calls on local, state and federal legislators, our nation's governors and the President to enact legislation supporting the following policies.

Repeal the ban by Congress that defunded conducting research on gun violence at the CDC and NIH

The ACOFP supports lifting the restrictions and the restoration of funding for gun violence research at the CDC and NIH that can develop policies to help decrease gun violence and promote gun safety.^{2,3} The ACOFP also supports additional research in risk factor identification and gun violence.

In 1996, the US House of Representatives voted to remove 2.6 billion dollars from funding the National Center for Injury Prevention and Control at the Centers for Disease Control (CDC) and added language to the final appropriations bill that stated, "None of the funds made available for injury prevention and control at the CDC may be used to advocate for or promote gun control."^{4,5} Since that time, there has been no progress on decreasing gun violence in this country.^{6,7}

Develop evidence-based strategies physicians can use to promote gun safety and reduce firearm related accidents, including distribution of firearm safety material in the clinical setting

The ACOFP supports the development of evidence-based strategies and supporting educational materials to be used by physicians and health care professionals during wellness screenings for adults and children, regardless of whether patients own guns or not. Ideally, these materials would be used to guide and supplement discussions of safe gun practices, firearm storage, guns and mental issues, when to see the doctor, and how to identify danger signs in others.^{8,9}

Repair and enact a national instant universal criminal background check system for all handgun purchases

The ACOFP supports the National Instant Criminal Background Check System (NICS)¹⁰ for all handgun purchases and fixing the criminal background check system. According to the American Public Health Journal, eight states currently use universal background checks.¹¹ Other states that use this system have seen a decrease in suicide deaths.¹¹ In 2016, it was found that half of the suicide deaths were due to firearms.¹¹ That rate of death was found to be decreased when universal background checks and waiting periods were utilized. Evidence shows that purchases were prevented in 2017 using the NICS, therefore, using this same system for non-licensed individuals could prevent even more individuals who could misuse them from obtaining firearms.¹¹ This may prove to be beneficial in all firearm related deaths, thus making universal background checks effective.

Increase government funding for mental health services at federal, state and local levels

The ACOFP believes that mental health care accessibility and funding have a critical role to play in efforts to decrease gun violence. Although the vast majority of mentally ill do not engage in violence against others, there is an increase in violent behavior in those with serious illnesses like paranoid schizophrenia, bipolar disease with psychosis and depression with psychosis. This risk increases substantially when combined with substance abuse. Among the 20+ million Americans with substance abuse disorder, greater than 50 percent have a co-occurring mental illness. While this still represents a relatively small percentage of all gun violence in this country, when suicide is considered as part of the crisis, mental illness becomes the single biggest contributor to gun violence in the US.¹²

Suicide accounts for accounts for 61 percent of all gun deaths. Greater than 90 percent of suicide victims show signs of serious mental illness. The shortage of mental health care access and underfunding are a public health emergency in their own right. Only approximately 40 percent of American adult with mental illness received mental health services in the past year and only a little over 60 percent of those with serious mental illness received mental health services. Among children aged 8-15, only 50 percent of those with mental illness received mental health services.¹³

The ACOFP supports increased funding and access to mental health services. The ACOFP thinks this is critical if we are to significantly decrease gun violence and gun deaths in this country.

Advocate for increased security and government funding for security professionals on K-12 school property

The ACOFP calls for implementation and continued funding of the Stop School Violence Act of 2108.¹⁴ which proposed and temporarily funded evidence-based safety programs in our nation's schools. Among the proposed services were:

1. Training school personnel and students to prevent student violence
2. The development and operation of anonymous reporting systems for threats of school violence including mobile telephone apps, hotlines and internet websites
3. The development and operation of school threat assessment and intervention teams that include coordination with law enforcement agencies and school personnel, and specialized training of school officials in responding to mental health crises
4. Training law enforcement offices to prevent student violence against themselves and others
5. Placement of metal detectors, locks, lighting and other deterrent means in school entry and exit points
6. Acquisition and implementation of technologies for expedited notification of local law enforcement during an emergency

The ACOFP endorses policies that require the education respective of gun violence be provided to students of all levels of education: elementary, middle and high school. Likewise, recommend to institutions of higher learning that similar programs in gun safety and gun violence be provided to students at that level.

Recommend removing firearms from high risk individuals by allowing family members, intimate partners, household members, law enforcement, mental health providers or physicians to petition the court to remove firearms

Gun violence restraining orders (GVROs)¹⁵ allow for family members, intimate partners, household members, or law enforcement to petition the court to temporarily remove firearms and prohibit purchasing of new firearms or ammunition from high risk individuals who they have observed showing dangerous behaviors.^{16, 17}

The ACOFP supports the establishment of federal laws allowing family members, intimate partners, household members, physicians, mental health providers and law enforcement personnel to petition a court for the removal of a firearm when there is a high or imminent risk for violence.

Increase legal age of purchasing ammunition and firearms from 18 to 21 nationally (currently in 17 states)

Currently federal law requirements for gun purchase are complicated and frequently contradictory. To buy a handgun from a federally licensed dealer you must be 21 years of age.¹⁸ However, an 18-year-old can buy the same gun from a seller without a license. This results in young people who want a handgun having to buy from sellers who do not conduct a background check. Rifles may be bought from licensed gun dealers if the purchaser is 18 years old. Unlicensed sellers can sell the same gun to anyone regardless of age.

Young people are responsible for a disproportionate amount of gun violence in the United States. Nearly 50 percent of all gun homicides are committed by people younger than 25 years of age.¹⁹ Mass shooters have also been disproportionately committed by young people. 38 percent of all suicides are committed by people under 21 years of age with a gun. Raising the minimum age of gun purchase to 21 could potentially decrease gun related crime and suicides.²⁰

Expand domestic violence to include dating partners and restrict firearm purchases from anyone under a domestic violence restraining order or anyone convicted of a misdemeanor violent crime

The ACOFP supports legislative efforts to extend the definition of domestic violence to include violence against a current or former dating partner.²¹ The ACOFP also supports the Lautenberg Amendment,²¹ but takes this legislation one step further by supporting firearm surrender policies with firearm purchase and possession prohibition for persons convicted of misdemeanor domestic violence, stalking and ex parte protective orders.^{22, 23}

Support federal legislation requiring all gun purchasers to complete a gun safety course or live fire exercise with a range instructor

The ACOFP supports federal legislation requiring gun purchasers to complete a gun safety course or live fire exercise with a range instructor prior to purchasing a gun. A certificate of course training completion will be required and presented at the time of purchasing a gun. Currently 10 states require a permit to purchase a handgun that includes a safety class. Five states require completing a safety class to purchase a long gun. Twenty-three states require live fire training with an instructor. Forty states and the District of Columbia require gun owners to complete a safety class or complete a live fire exercise with an instructor to receive a conceal carry permit. These requirements reflect the basic understanding that gun owners who are not sufficiently trained in how to use their weapon pose a danger to themselves and others.^{24, 25}

Implementation and enforcement of a ban on bump stocks and similar devices that allow semiautomatic weapons to operate like an automatic weapon

The ACOFP supports the ban of bump stocks and similar devices that enable the rapid fire of ammunition. On February 20, 2018, President Trump issued a memorandum to the Attorney General "to dedicate all available resources to propose for notice and comment a rule banning all devices that turn legal weapons into machine guns." On December 18, 2018, Attorney General Mathew Whitaker announced that the Department of Justice had amended the regulations of the Bureau of Alcohol, Tobacco, and Firearms (ATF) clarifying that bump stocks fall within the definition of machine guns under federal law. The final law will go into effect March 26, 2019. The ban will not only affect further sales of bump stocks but will make them illegal to possess as well. Current owners of bump stock devices must divest themselves as of the date of the final rule. Current possessors have the option of abandoning their device at the nearest ATF office or destroying them in such a manner that they will be incapable of being readily restored to function.²⁶

FOOTNOTES

1. <https://www.cdc.gov/>
2. Effectiveness of denial of handgun purchase to persons believed to be at high risk for firearm violence, M.A. Wright, G.J. Wintemute, and Rivera, F.P., American Journal of Public Health, January 1999.
3. Effects of Policies Designed to Keep Firearms from High-Risk Individuals, Webster D.W., Wintemute, G.J., Annual Review of Public Health, Vol. 36:21-37, 2015
4. Silencing the Science on Gun Research, Kellerman, A.Z. and Rivera, F.P., JAMA.2013; 309(6): 549-550

5. Flawed gun policy research could endanger public safety. Webster, D., et. al., American Journal of Public Health, June 1997, pp. 918-921. Published on-line: August 30, 2011
6. Gun Policy, Opinion, Tragedy, and Blame Attribution: The Conditional Influence of Issue Frames, Harder-Markel, D. and Joslyn, M., The Journal of Politics, Vol. 63, Issue 2, May 2001. Pages 520-543.
7. Mental Illness, Mass Shootings, and the Politics of American Firearms, Metzler, J., and MacLead, K., American Journal of Public Health, 105, No. 2, February 2015; pp. 240-249.
8. Massachusetts office of the Attorney General – <http://www.massmed.org/firearmguidanceforpatients/>
9. Gun Safety - <https://familydoctor.org/gun-safety/>
10. Bureau of Alcohol, Tobacco, Firearms, and Explosives. <https://www.atf.gov/qa-category/national-instant-criminal-background-check-system-nics>.
11. Effects of the Repeal of Missouri’s Handgun Purchaser Licensing Law on Homicides. Journal of Urban Health. Vol 91, Issue 2. April 2014. Pages 293-302.
12. [National Alliance on Mental Illness](#): Mental health by the Numbers
13. [National Institute of Health](#): Mental Health Facts in America
14. <https://www.congress.gov/bill/115th-congress/house-bill/4909>
15. https://www.fbi.gov/file-repository/nics_firearm_checks_-_month_year.pdf/view
16. <https://www.fbi.gov/file-repository/2017-nics-operations-report.pdf/view>
17. <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/premium/csaph/physician-role-firearm-safety.pdf>
18. *Homicide Trends in the US*. US Dept of Justice, NCJ November 2011
19. *Teen Homicide, Suicide and Firearm Deaths, Child Trends*, August 23, 2016
20. *Washington Post*, Winkler and Natterson, January 6, 2016
21. The United States Department of Justice. 1117. Restrictions on the Possession of Firearms by Individuals Convicted of a Misdemeanor Crime of Domestic Violence. Criminal Resource Manual 1101-1199. Fall 1996. [July 2013; December 2018]. Available from <https://www.justice.gov/jm/criminal-resource-manual-1117-restrictions-possession-firearms-individuals-convicted>
22. The National Intimate Partner and Sexual Violence Survey’s definition of an intimate partner as “a romantic or sexual partner and includes spouses, boyfriends, girlfriends, people with whom they date, were seeing, or “hooked up.”
23. Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Lauphon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. American Journal of Public Health, 93(7), 1089-1097.
24. [Everytown For Gun Safety](#)
25. Outdoor Life: *The Gun Shots*, March 27, 2013
26. <https://www.atf.gov/>, [Federal Register, Final Rule on Bump Stocks, December 26, 2018](#)

SUBJECT: Partnering with ACGME to Increase the Number of Community-Based Primary Care Residency Programs

SUBMITTED BY: Seth H. Carter, DO on behalf of the ACOFP Resident Council

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 9

- 1 WHEREAS, on February 26, 2014, the American Osteopathic Association, along with the
2 Accreditation Council for Graduate Medical Education (ACGME) and the American
3 Association of Colleges of Osteopathic Medicine (AACOM), has agreed to a Memorandum of
4 Understanding outlining a Single Accreditation System (SAS) for graduate medical
5 education programs in the United States¹; and
- 6 WHEREAS, the SAS has adopted the academic teaching hospital residency model advocated by the
7 ACGME, which allocates more federal and state funding to training non-primary care
8 physicians at large academic health centers and increases administrative, research, and
9 cost requirements for residency programs^{2,3}; and
- 10 WHEREAS, the SAS has neglected the community-based residency training model, which
11 encourages resident training in community-based hospital settings, relies on physicians
12 who remain in full-time patient care for training resident physicians, and helps smaller
13 residency training programs to provide health care services in rural and underserved
14 areas⁴; and
- 15 WHEREAS, a 2015 analysis revealed that 63% of family medicine residency graduates stay within
16 100 miles of their residency training program, which leads to the conclusion that “state
17 and federal policy-makers should prioritize funding training in or near areas with poor
18 access to primary care services”⁵; and
- 19 WHEREAS, failure of osteopathic programs to transition to the new ACGME standards could result
20 in fewer licensed physicians being trained in primary care in health care shortage areas⁶;
21 and
- 22 WHEREAS, a 2016 report from iVantage Health Analytics expresses concern that 673 rural
23 hospitals are vulnerable to closure, further exacerbating access to needed medical care in
24 rural communities⁷; and
- 25 WHEREAS, many stakeholders interested in preserving community-based residency programs
26 have expressed public and private interest in providing the funds necessary to develop
27 resources devoted to the accreditation of community-based hospitals that provide services
28 to rural and underserved communities; now, therefore be it
- 29 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) directs its
30 advocacy firm to encourage legislative efforts in the United States Congress to amend title
31 XVIII of the Social Security Act to require the Centers for Medicare and Medicaid Services

32 to certify that a larger percentage of future graduate medical education funding be
33 allocated to Accreditation Council for Graduate Medical Education (ACGME) primary care
34 residency training programs in community-based hospitals that provide health care
35 services to rural and underserved areas; and, be it further

36 RESOLVED, that the ACOFP collaborate with ACGME to create an accreditation track for current
37 and future community-based, primary care residency training programs, with an emphasis
38 that the accreditation requirements limit the administrative, research, and cost
39 requirements for these community-based hospitals, and that these programs must exist in
40 community-based hospitals that provide health care services to rural and underserved
41 areas; and, be it further

42 RESOLVED, that the ACOFP Board of Governors collaborate with appropriate stakeholders
43 interested in preserving community-based, primary care residency training programs in
44 order to secure additional funding to assist in the development of future ACGME residency
45 training programs in community-based hospitals that provide health care services to rural
46 and underserved areas.

References:

¹ Single GME Accreditation System. (n.d.). Retrieved December 18, 2017, from <http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System>

² Common Program Requirements. (n.d.). Retrieved December 18, 2017, from <http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>

³ Longman, P. (2016, July 05). First Teach No Harm. Retrieved January 12, 2018, from <https://washingtonmonthly.com/magazine/julyaugust-2013/first-teach-no-harm/>

⁴ The Physician Shortage Problem. (n.d.). Retrieved January 23, 2018, from <http://thesmartcoalition.com/the-problem/>

⁵ Fagan, E. B., Gibbons, C., Finnegan, S. C., Petterson, S., Peterson, L. E., Phillips, R. L., Jr., & Bazemore, A. W. (2015). Family Medicine Graduate Proximity to Their Site of Training: Policy Options for Improving the Distribution of Primary Care Access. *Family Medicine*, 42(2), 124-130.

⁶ Novak, T. S. (2017, October 13). Vital Signs of U.S. Osteopathic Medical Residency Programs Pivoting to Single Accreditation Standards (Doctoral dissertation, University of South Florida, 2017). 1-144. Retrieved January 22, 2018.

⁷ Ellison, A. (n.d.). 673 rural hospitals vulnerable to closure: 5 things to know. Retrieved January 22, 2018, from <https://www.beckershospitalreview.com/finance/673-rural-hospitals-vulnerable-to-closure-5-things-to-know.html>

ACTION _____

REFERRED to Finance Committee

Explanatory Statement: Due to direct fiscal impact.

SUBJECT: Creating a Directory of Members for Hosting Medical Students on Away Rotations and Residency Interviews

SUBMITTED BY: Akruti Patel, OMS IV; Gregory Turissini, OMS II; Shikha Patel, OMS II, Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 10

- 1 WHEREAS, medical students spend an average of \$3,900 on travel and accommodation expenses to
2 attend residency interviews; and
3
- 4 WHEREAS, each student participates in an average of 12.3 residency interviews; and
5
- 6 WHEREAS, a recent study found that approximately 35% of students were not able to complete
7 away rotations due to financial limitations; and
8
- 9 WHEREAS, 64% of American medical students completed at least one audition rotation, with the
10 average number of audition rotations being 2.1; and
11
- 12 WHEREAS, the average cost incurred by a medical student for a single audition rotation is \$958; and
13
- 14 WHEREAS, the options for clerkship rotations away from medical students' base locations are
15 limited by the cost of accommodation and travel, which narrow the breadth of learning
16 opportunities for medical students; now, therefore be it
17
- 18 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) create a national
19 online directory of volunteer members (including local physicians, resident-physicians, and
20 medical students) who are willing to host medical student members for away rotations
21 and/or residency interviews.

References:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5733449/>
<https://www.ama-assn.org/residents-students/match/study-examines-what-it-costs-interview-medical-residency-programs>
https://journals.lww.com/academicmedicine/Fulltext/2015/10000/Going_Fourth_From_Medical_School_Fourth_Year.32.aspx
<https://students-residents.aamc.org/financial-aid/article/cost-residency-interviews/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5109707/>

ACTION _____

The Finance Committee reviewed Resolution 10: Creating a Directory of Members for Hosting Medical Students on Away Rotations and Residency Interviews. The Committee determined that there would be financial, legal and human resource implications if enacted. It was also noted that residency programs already have technology in place that should be used for this purpose.

MOTION: It was moved and seconded to disapprove this resolution due to fiscal and legal impact.

The motion PASSED.

SUBJECT: Osteopathic Manipulative Treatment (OMT) Boot Camp
SUBMITTED BY: Robert C. DeLuca, DO, FACOFP *dist.* ACOFP Board of Governors
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 11

- 1 WHEREAS, Osteopathic Manipulative Treatment (OMT) is an essential modality of osteopathic family
2 medicine; and
- 3 WHEREAS, the use of OMT can reduce the need for opioid medications; and
- 4 WHEREAS, the use of OMT in family medicine may reduce the need for further costly procedures; and
5
- 6 WHEREAS, the use of OMT can improve a patient's outcome; and
7
- 8 WHEREAS, osteopathic family physicians are certified in OMT by the American Osteopathic Board of
9 Family Physicians (AOBFP); and
10
- 11 WHEREAS, continuing hands-on education and review is necessary to maintain and improve skills in
12 OMT; and
13
- 14 WHEREAS, the American College of Osteopathic Family Physicians has developed, evaluated and
15 implemented an Osteopathic Manipulative Medicine program (OMT Boot Camp) that is
16 practical and valuable to the practicing osteopathic family physician; now, therefore be it
- 17 RESOLVED, that the Congress of Delegates of the American College of Osteopathic Family Physicians
18 supports the use of the ACOFP OMT Boot Camp for qualifying as an activity for Osteopathic
19 Continuing Certification Component 4; and, be it further
- 20 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) Congress forward
21 this resolution to the American Osteopathic Association (AOA) House of Delegates to
22 implement this program in American Board of Osteopathic Family Physicians (AOBFP) OCC.

ACTION _____

The Board recommends that Resolution 11 be APPROVED.

SUBJECT: Longitudinal Assessment Platform American Board of Osteopathic Family Physicians (AOBFP)

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 12

- 1 WHEREAS, the American Osteopathic Board of Family Physicians (AOBFP) and the American College of
2 Osteopathic Family Physicians (ACOFP) have been working to evaluate, revise and modernize the
3 osteopathic family medicine certification and recertification process; and
- 4 WHEREAS, many certified osteopathic family physicians practice exclusively in one specific area of family
5 medicine (Geriatrics, Emergency medicine etc.); and
- 6 WHEREAS, a high stakes general family medicine examination may not adequately address the educational
7 needs of many practicing physicians; and
- 8 WHEREAS, a longitudinal re-certification process could be employed and adapted to be more relevant to
9 the practicing physician; and
- 10 WHEREAS, a longitudinal assessment platform can be utilized as a learning tool also; and
- 11 WHEREAS, a longitudinal assessment platform can be updated frequently to remain pertinent and accurate;
12 and
- 13 WHEREAS, the American Board of Family Medicine (ABFM) has already developed and implemented a
14 longitudinal assessment tool for their members; and
- 15 WHEREAS, there is a trend in contemporary education toward online, on-going assessment and evaluation
16 processes; and
- 17 WHEREAS, the National Board of Osteopathic Medical Examiners (NBOME) has developed a working
18 longitudinal assessment platform (Catalyst); and
- 19 WHEREAS, the ACOFP Committee on Osteopathic Recognition & Development (CORD) is currently
20 evaluating the Catalyst platform for use during residency; now, therefore be it
- 21 RESOLVED, that the American Osteopathic Association (AOA) and the Certification Board Services work
22 with the American Osteopathic Board of Family Physicians to implement the Catalyst program for
23 use as a longitudinal evaluation tool for osteopathic family medicine re-certification; and, be it
24 further
- 25 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) submit this to the AOA
26 House of Delegates for consideration by the July 2019 meeting.

ACTION _____

The Resolution is WITHDRAWN.

Explanatory Statement: The content is covered in Resolution 29.

SUBJECT: Board Certification Test Results
SUBMITTED BY: Colorado ACOFP
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 13

1 WHEREAS, board certification and recertification exams are now conducted at a testing center;
2 and

3 WHEREAS, results are submitted to the testing board immediately after the test; and

4 WHEREAS, the results are taking the AOA four months or longer to notify the physician of his or
5 her test results; now, therefore be it

6 RESOLVED, that AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS (ACOFP)
7 ENCOURAGE ~~any specialty board under the auspice of~~ the American Osteopathic
8 Association (AOA) **AND ITS CERTIFYING BOARDS TO** notify the physician within eight
9 weeks of taking the test of their score; and, be it further

10 ~~RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) continue to~~
11 ~~streamline the process so board certification and recertification are professionally scored~~
12 ~~in a timely manner.~~

References:

The ABONMM board certification and recertification results under the auspice of the AOA completed in October 2018 took 16 weeks or longer to notify physicians of their results.

ACTION _____

The Board recommends that Resolution 13 be AMENDED and APPROVED.

SUBJECT: Past Resolutions and Position Statements Searchable Database Webpage

SUBMITTED BY: Elizabeth Pionk, D.O, Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 14

- 1 WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) encourages
2 physicians, residents, and students to author and submit resolutions to improve care,
3 processes, and communication; and
- 4 WHEREAS, the ACOFP strives to continue to enable strong representation and submission of ideas
5 embodied in the form of resolution writing in future years; and
- 6 WHEREAS, the Congress of Delegates has received continual submission of resolutions for a
7 number of years, with only 2014-2018 currently available online; and
- 8 WHEREAS, the ACOFP maintains documentation on their website listing past resolutions only by
9 year and position statements as a single document; now, therefore be it
- 10 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) create a
11 hyperlink with a searchable database of ACOFP resolutions and position statements by
12 topic on their website, in addition to each year's resolution submissions for Congress of
13 Delegates; and, be it further
- 14 RESOLVED, that the ACOFP maintain the searchable database annually after each Congress of
15 Delegates to allow physician, resident, and student members to seamlessly research
16 previous resolution submission topics and position statements for reference.

ACTION _____

REFERRED to Finance Committee

Explanatory Statement: Due to direct fiscal impact.

SUBJECT: Scope of Practice of Family Physicians

SUBMITTED BY: Iowa Chapter of the American College of Osteopathic Family Physicians

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 15

1 WHEREAS, family medicine is an essential component of the American health care
2 system, and
3
4 WHEREAS, family physicians are trained in all body systems and many procedures
5 to help patients maintain and restore health, and
6
7 WHEREAS, some insurance companies are refusing to pay family physicians for
8 providing some treatments even though they have been trained to provide
9 those treatments,
10
11 WHEREAS, this practice delays or prevents patients from receiving needed care and
12 significantly increases health care costs; now, therefore be it
13
14 RESOLVED, the American College of Osteopathic Family Physicians (ACOFP) will
15 advocate that family physicians be allowed to provide care and perform all
16 procedures for which they have been trained; and, be it further
17
18 RESOLVED, the ACOFP will, when necessary, educate insurers, regulators, and the
19 public on the ability of family physicians to provide particular procedures
20 and care.

ACTION _____

The Board recommends Resolution 15 be APPROVED.

SUBJECT: Interoperable Electronic Medical Records
SUBMITTED BY: Missouri Society of the American College of Osteopathic Family Physicians
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 16

- 1 WHEREAS, the American Recovery and Reinvestment Act required all health care providers to switch
2 to electronic medical records (EMRs) by January 1, 2014 to maintain reimbursements from
3 Medicare and Medicaid, and
- 4 WHEREAS, as of 2011, there are over 300 different types of electronic health record systems on the
5 market that rarely communicate amongst each other except via secondary means, and
- 6 WHEREAS, the office of the National Coordinator for Health Information Technology report of 2016
7 indicated that 48% of physicians and 82% of hospitals share partial information of patient
8 information, and
- 9 WHEREAS, lack of access to patients' entire medical records creates more burden of seeking
10 information in the clinic and increases repetitive tests among all providers, and
- 11 WHEREAS, the Family Medicine for America's Health ~~published~~CALLED in 2016 for a Principled
12 Redesign of Health Information Technology with the intent to seek comprehensive access to
13 health information among all health care providers; now, therefore be it
- 14 RESOLVED, that manufacturers of electronic medical record (EMR) systems pursue efficient
15 interoperability of all EMRs, which assumes that each is required to participate rather than
16 allowing each to opt in; and, be it further
- 17 RESOLVED, that the American College of Osteopathic Family Physicians and the ~~Family Medicine for~~
18 ~~America's Health~~ works with the Centers for Medicare and Medicaid Services to ensure
19 collaboration of EMRs and ensure that participants can meet Meaningful Use requirements
20 more efficiently.

Explanatory Statement:

The purpose of this resolution is to seek an efficient interoperability of the electronic medical records to ensure more efficient sharing of patient information amongst systems to ensure efficiency in clinical settings and reduce avoidable medical errors.

ACTION _____

The Board recommends Resolution 16 be AMENDED and APPROVED.

Explanatory Statement: The FMAH has completed its work and currently refers to the sponsoring organizations.

SUBJECT: Health Effects of Climate Change

SUBMITTED BY: Nicole Rye, OMS-IV, Michigan Association of Osteopathic Family Medicine (MAOFP)

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 17

- 1 WHEREAS, international studies have identified several health-related consequences of climate
2 change including heatwaves, storms, fires, droughts, floods, agriculture loss and changing
3 patterns of disease leading to increase in undernutrition, cardiovascular disease,
4 respiratory disease, vector-borne disease¹; and
- 5 WHEREAS, the World Health Organization 2014 assessment estimated an additional 250,000
6 potential annual deaths between 2030 and 2050 impacts of climate change including
7 38,000 to heat exposure in the elderly, 48,000 to diarrhea, 60,000 to malaria, and 95,000
8 to childhood undernutrition²; and
- 9 WHEREAS, the United States Surgeon General is responsible for publishing reports regarding
10 important public health issues such as but no limited to tobacco use, suicide prevention
11 and opioid addiction; now, therefore be it
- 12 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support that
13 climate change poses a threat to public health; and, be it further
- 14 RESOLVED, that the ACOFP encourage a publication from the United States Surgeon General
15 reporting the health-related consequences of climate change.

References:

- 1-Watts, Nick, et al. "Health and Climate Change: Policy Responses to Protect Public Health." *The Lancet* 386.10006 (2015): 1861-914. *ProQuest*. Web. 30 Jan. 2019.
- 2-Hales S, Kovats S, Lloyd S, Campbell-Lendrum D. Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. Geneva: World Health Organization, 2014.

ACTION _____

The Board recommends Resolution 17 be REFERRED back to author.

Explanatory Statement: The data is incomplete and will need more specifics, such as to define climate change.

SUBJECT: Housing Affects Health Care

SUBMITTED BY: Katherine MacMillan, OMS IV, Jaclyn Sylvain, OMS IV,
Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 18

- 1 WHEREAS, the 2017 Annual Homeless Assessment Report (AHAR) stated that nearly 600,000
2 people were experiencing homelessness on any given night in the United States; and
- 3 WHEREAS, the rates of homelessness increased for the first time in over seven years in 2017, and
4 the population living outside when compared to those living in shelters substantially
5 increased; and
- 6 WHEREAS, homelessness, including living outside or in a shelter, has been found to increase the
7 risk of mortality by 60% when compared to populations with homes due to unmanaged
8 chronic disease, poor mental health, exposure to infectious disease, and injury; and
- 9 WHEREAS, individuals experiencing homelessness access care at the emergency department three
10 times more than the general population, and are often hospitalized for conditions that
11 could be managed in a primary care setting; now, therefore be it
- 12 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) encourage all
13 physicians to partner with their communities to understand barriers to health and
14 improve access to health care for people living without homes; and, be it further
- 15 RESOLVED, that the ACOFP promote **AWARENESS OF** programs that deliver primary and
16 preventive health care to all underserved populations, including those experiencing
17 homelessness.

References:

1. The United States Department of Housing and Urban Development. 2017 Annual Homeless Assessment Report (AHAR) to Congress. December 2017.
2. Morrison, DS. Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *Int J of Epidemiology*. 2009;38: 877-883
3. White, BM, Newman, SD. Access to Primary Care Services Among the Homeless: A Synthesis of the Literature Using the Equity of Access to Medical Care Framework. *J Primary Care & Comm Health*. 2015;6(2): 77-87.

ACTION _____

The Board recommends Resolution 18 be AMENDED and APPROVED.

SUBJECT: Incorporating Nutrition Education into Core Medical School Curriculums

SUBMITTED BY: Akruti Patel, OMS IV, SAACOFPP Resolution Committee, Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 19

- 1 WHEREAS, proper nutrition is an essential aspect of disease prevention and health improvement¹; and
- 2 WHEREAS, patients depend on family physicians to provide nutritional information and consider
3 physicians a credible source of information; and
- 4 WHEREAS, data shows medical students only received an average of 23.9 contact hours towards
5 nutritional education medical school, and only 25% of medical schools have a required
6 nutrition course^{2,3}; and
- 7 WHEREAS, patients face challenges, including access to specialists such as nutritionists and registered
8 dieticians in their communities, specifically in rural areas, or lack of insurance coverage to afford
9 access to said specialists, leading patients to rely on their physicians to provide most of their
10 nutritional information; and
- 11
- 12 WHEREAS; 51% of medical school graduates report the perception of inadequate nutritional
13 education; now, therefore be it
- 14
- 15 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFPP) advocate for the
16 incorporation of nutritional education as a core aspect of osteopathic medical education to ensure
17 physicians are competent in providing nutritional education to patients.

References:

- 1-Adams, K. M., Kohlmeier, M., Powell, M., & Zeisel, S. H. (2010). Nutrition in medicine: nutrition education for medical students and residents. *Nutrition in clinical practice : official publication of the American Society for Parenteral and Enteral Nutrition*, 25(5), 471-80.
- 2-Adams, K. M., Lindell, K. C., Kohlmeier, M., & Zeisel, S. H. (2006). Status of nutrition education in medical schools. *The American journal of clinical nutrition*, 83(4), 941S-944S.
- 3-Adams, K. M., Kohlmeier, M., & Zeisel, S. H. (2010). Nutrition Education in U.S. Medical Schools: Latest Update of a National Survey. *Academic Medicine*, 85(9), 1537-1542.

ACTION _____

The Board recommends Resolution 19 be DISAPPROVED.

Explanatory Statement: The ACOFP cannot dictate curriculum. The resolution contains good ideas therefore the authors should consider sending to other areas such as Resident Council, Health Expo Committee and Knowledge of Learning and Assessment Committee.

SUBJECT: Opposition to Patient Discrimination of Osteopathic Family Physicians Because of Race, Color, Religion, Gender, Sexual Orientation, Gender Identity or National Origin

SUBMITTED BY: Joseph P. Molnar, DO, FACOFP on behalf of the ACOFP Ethics Committee

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 20

- 1 WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) has historically taken a
2 strong position against osteopathic family physicians discriminating against patients because of,
3 but not limited to their race, color, religion, gender, sexual orientation, gender identity or
4 national origin; and
5
- 6 WHEREAS, the ACOFP Code of Ethics assure that patients have autonomy and freedom of choice when
7 selecting an osteopathic family physician; and
- 8 WHEREAS, patients when exercising that choice, are refusing to have physicians treat them, basing
9 their refusal solely on the physician's race, color, religion, gender, sexual orientation, gender
10 identity or national origin; and
11
- 12 WHEREAS, this discrimination is an abuse and misinterpretation by the patient of their protected
13 autonomy; and
14
- 15 WHEREAS, physicians who have been discriminated against in such fashion continue to act in a
16 professional manner when engaging these patients; and
17
- 18 WHEREAS, these physicians, in cases that would without intervention lead to loss of life or limb, have
19 given emergency services to patients who have previously expressed a strong mandate that
20 those restricted physicians should not be involved in any aspect of their or their loved one's
21 care; and
22
- 23 WHEREAS, in these instances the physician is acting in a professional and ethical manner; and
24
- 25 WHEREAS, there is at this time no professional osteopathic organization that supports this action,
26 leaving the physician to singularly defend their action; now, therefore be it
27
- 28 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support osteopathic
29 family physicians who act in such a fashion to have acted ethically and professionally; and, be it
30 further
- 31 RESOLVED, that the ACOFP supports the education of the public that osteopathic family physicians
32 should be judged by their skill and knowledge rather than by the arbitrary and spurious
33 evaluation of their race, color, religion, gender, sexual orientation, gender identity or national
34 origin.

ACTION _____

The Board recommends that Resolution 20 be APPROVED.

SUBJECT: Naloxone Availability

SUBMITTED BY: Gregory R. Turissini OMS-II, OU-HCOM, Vincent Pan OMS-III, TUNCOM
Shikha Patel, OMS- II, RowanSOM
Michigan Association of Osteopathic Family Physicians (MAOFP)

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 21

1 WHEREAS, overdoses from both illicit and prescription opioids has increased almost 600% since
2 1999; and
3
4 WHEREAS, opioid overdoses have killed more than 47,000 Americans in 2017, 67.8% of all drug
5 overdose deaths involved opioids, and 36% of those deaths involved prescription opioids; and
6
7 WHEREAS, competitive opioid receptor antagonists, such as naloxone, are safe to use and are
8 recommended in the immediate treatment of opioid overdose; and
9
10 WHEREAS, naloxone is available without a prescription in 48 states, and is being administered by
11 emergency medical services (EMS) and pharmacy staff; and
12
13 WHEREAS, there are varying state laws and also a large variation in the availability and administration
14 of naloxone among health care providers and establishments; and
15
16 WHEREAS, osteopathic family physicians can play a vital role in the advocacy of increased affordability
17 and access to naloxone in both rural and urban communities; now, therefore be it
18
19 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support **AWARENESS**
20 **OF** an increase in public availability and use of naloxone; and, be it further
21
22 ~~RESOLVED, that the ACOFP promote the training of health care providers and other allied individuals~~
23 ~~(including public workers, police, emergency medical services, firefighters, teachers, librarians,~~
24 ~~public transportation operators, etc.) to use naloxone in emergent opioid-related overdoses.~~

References:

<https://osteopathic.org/about/leadership/policy-search/?aoatextsearchinline=naloxone>
<https://www.cvs.com/content/prescription-drug-abuse/save-a-life>
<https://www.cdc.gov/drugoverdose/data/index.html>

ACTION _____

The Board recommends that Resolution
21 be AMENDED and APPROVED.

SUBJECT: Opioid Education
SUBMITTED BY: California ACOFP State Society
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 22

- 1 WHEREAS, opioid prescriptions are still a major health issue in America; and
2 WHEREAS, opioid overdosed deaths are estimated at 100 people per day in the United States per
3 the Drug Enforcement Administration (DEA) statistics; and
4 WHEREAS, governmental agencies are watching all concerned and especially physicians in greater
5 numbers; and
6 WHEREAS, major United States government funding are allocated to the opioid crisis; and
7
8 WHEREAS, DEA and Department of Justice (DOJ) are employing joint forces focusing on opioid
9 overuse; and
10
11 WHEREAS, documentation with correct diagnoses are required in all chart audits; and
12
13 WHEREAS, specific diagnoses are mandatory and required for opioid prescriptions; and
14
15 WHEREAS, all other medications must be used prior to opioid prescriptions; and
16
17 WHEREAS, education is the cornerstone of medical knowledge; now, therefore be it
18
19 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) Congress of
20 Delegates requests that the Board of Governors direct the Program Committee to offer a
21 minimum of 12 hours per year on pain management in continuing medical education
22 (CME).

ACTION _____

The Board recommends that Resolution 22 be DISAPPROVED.

SUBJECT: The Identity and Uniqueness of Osteopathic Medicine
SUBMITTED BY: Pennsylvania Osteopathic Family Physicians Society
REFERRED TO: 2018 ACOFP Congress of Delegates

RESOLUTION NO. 23

- 1 WHEREAS, the profession of Osteopathic Medicine has been in an era of unprecedented growth in
2 numbers of students enrolled in Colleges of Osteopathic Medicine; and
- 3 WHEREAS, Osteopathic Graduate Medical Education has evolved under the Single Accreditation
4 System where programs will need to determine the importance of Osteopathic Recognition
5 as an additional requirement; and
- 6 WHEREAS, the ability to emphasize the distinctiveness of Osteopathic Medicine has never been
7 more necessary; now, therefore be it
- 8 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) **actively**
9 **CONTINUE TO** emphasize Osteopathic Practices and Principles (OPP) and the benefits of
10 osteopathic distinctiveness **~~in-all communication and branding.~~**

ACTION _____

The Board recommends that Resolution 23 be AMENDED and APPROVED.

SUBJECT: Pennsylvania Osteopathic Family Physicians Society 60th Anniversary
SUBMITTED BY: Pennsylvania Osteopathic Family Physicians Society
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 24

- 1 WHEREAS, the Pennsylvania Osteopathic Family Physicians Society (POFPS) was founded in 1959;
2 and
- 3 WHEREAS, the POFPS will celebrate its 60th anniversary on August 10, 2019; and
- 4 WHEREAS, the POFPS continues to lead the osteopathic family medicine profession in education,
5 advocacy, practice enhancement and wellness for the state of Pennsylvania; and
- 6 WHEREAS, the POFPS supports osteopathic family physicians to provide the highest level of
7 healthcare to the patients we serve; now, therefore be it
- 8 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) recognize this
9 60th anniversary of the Pennsylvania Osteopathic Family Physicians Society (POFPS)
10 founding; and the members, officers and staff whose sacrifices over the years have made
11 the POFPS organization for osteopathic family physicians in the Commonwealth.

ACTION _____

The Board recommends that Resolution 24 be APPROVED.

SUBJECT: MD's as ACOFP Active Members

SUBMITTED BY: ACOFP Constitution & Bylaws/Policy & Organization Review Committee

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 25

WHEREAS, 2018 ACOFP Congress of Delegates Resolution 27 directed the ACOFP Constitution & Bylaws Committee/Policy & Organization Review Committee to propose amendments to allow MDs to have Active Members status, now, therefore be it

RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians (ACOFP) adopts the following amendment as recommended and submitted by the ACOFP Constitution & Bylaws/Policy & Organization Review Committee. (Old material crossed out, new material capitalized.)

CONSTITUTION OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS, INC.

ARTICLE II – MISSION AND OBJECTIVES

Section 2.

The objectives of the College are:

3. To support high standards of ongoing osteopathic education for ~~osteopathic~~ family physicians;
5. To encourage and improve the educational opportunities for the training of ~~osteopathic~~ family physicians in all branches of osteopathic medicine and surgery, including the osteopathic family medicine training programs **WITH OSTEOPATHIC RECOGNITION STATUS**;

ARTICLE IV – MEMBERSHIP

The membership of this College shall consist of osteopathic family physicians, **ALLOPATHIC FAMILY PHYSICIANS** and such other persons who have met the requirements of membership prescribed by the ACOFP Bylaws.

ARTICLE VII - BOARD OF GOVERNORS

Section 1.

The Board of Governors shall be composed of the President, President-Elect, the Past Presidents for the preceding two years, Vice President, Secretary/Treasurer, six (6) Governors-at-large, one osteopathic **RESIDENT GOVERNOR OR ALLOPATHIC Resident Governor IN OSTEOPATHIC FOCUSED EDUCATION AT A FAMILY MEDICINE RESIDENCY WITH ACGME OSTEOPATHIC RECOGNITION STATUS**, one osteopathic Student Governor, and the Speaker of the Congress of Delegates, all to be selected as provided in the Bylaws. The Speaker has voice but no vote.

BYLAWS OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS, INC.

ARTICLE III – MEMBERSHIP

Section 1. Qualifications

An applicant for membership, except as provided herein, shall be a graduate of a college of osteopathic medicine approved by the **COMMISSION ON OSTEOPATHIC**

COLLEGE ACCREDITATION (COCA) ~~American Osteopathic Association~~ OR A GRADUATE OF A COLLEGE OF ALLOPATHIC MEDICINE APPROVED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION at the time of graduation and shall be licensed to practice ~~osteopathic~~ medicine. Each applicant shall be of good moral character, and shall conform to the ACOFP Code of Ethics.

Section 3. Active Members in Good Standing

The phrase "in good standing" shall describe only those active members whose dues and assessments are current, and who document CME hours ~~earned within a three-year period of educational programs~~ consistent with the AOBFP OR AMERICAN BOARD OF FAMILY MEDICINE (ABFM) requirements, and who are in compliance with the ACOFP Code of Ethics. National officers, affiliate officers, and residency program directors must be members in good standing.

ARTICLE V – CONGRESS OF DELEGATES

Section 1. Composition

- (4) Each affiliate society shall be entitled to one voting ~~osteopathic~~ family medicine resident delegate who meets the following criteria.
 - (a) Be currently enrolled and in good standing in an AOA or ACGME residency program in the state which the delegate represents.
 - (b) Be a member in good standing of the ACOFP affiliate society in the state (if such an affiliate society exists).
 - (c) Be a member in good standing with ACOFP ~~and AOA~~.

ARTICLE VI - BOARD OF GOVERNORS

Section 2. Composition

- A. The Board of Governors shall consist of the President, President-Elect, the Past Presidents for the preceding two years, Vice President, Secretary/Treasurer, six (6) Governors-at-large, one Osteopathic ~~RESIDENT GOVERNOR OR ALLOPATHIC~~ Resident Governor ~~IN OSTEOPATHIC FOCUSED EDUCATION AT A FAMILY MEDICINE RESIDENCY WITH ACGME OSTEOPATHIC RECOGNITION STATUS~~, and one Osteopathic Student Governor as provided for in the Bylaws.

ARTICLE X - DEPARTMENTS AND COMMITTEES

Section 2. Qualifications of ~~Standing~~ Committee CHAIRS AND Members

~~Standing~~ Committee chairs ~~and committee members~~ shall be ~~OSTEOPATHIC PHYSICIANS WHO ARE~~ active members of this College in good standing, or academic or associate members of this College, ~~OR ALLOPATHIC PHYSICIANS WHO MEET THESE REQUIREMENTS AND HAVE COMPLETED OSTEOPATHIC FOCUSED EDUCATION AT RESIDENCY PROGRAMS WITH ACGME OSTEOPATHIC RECOGNITION STATUS.~~

COMMITTEE MEMBERS SHALL BE OSTEOPATHIC OR ALLOPATHIC PHYSICIANS WHO ARE ACTIVE MEMBERS OF THIS COLLEGE IN GOOD STANDING, OR ACADEMIC OR ASSOCIATE MEMBERS OF THIS COLLEGE.

ACTION _____

The Board recommends that Resolution 25 be APPROVED.

SUBJECT: The American Osteopathic Association (AOA) Exercises Caution When Considering Certification Changes

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 26

1 WHEREAS, the American Osteopathic Association (AOA) is one of two deemed certifying bodies for
2 physicians; and

3 WHEREAS, the AOA certifies many different specialties; and

4

5 WHEREAS, certification is now an ongoing, continuous process throughout a physician's career; and

6

7 WHEREAS, once a physician becomes certified, it is likely for that physician to continue certification
8 with his or her certifying body; and

9

10 WHEREAS, the various specialty certifying boards are most likely the best informed regarding their
11 candidates' desires in relation to their needs regarding certification; and

12

13 WHEREAS, each specialty has its own unique needs based on its own practice parameters and job task
14 analysis; and

15

16 WHEREAS, it is not reasonable to approach each specialty as if it was the same as all other specialties;
17 and

18

19 WHEREAS, the Bureau of Osteopathic Specialists (BOS) is to be the oversight bureau for certification;
20 and

21

22 WHEREAS, the BOS needs to function as a full body and not a validating group for the BOS Executive
23 Committee; and

24

25 WHEREAS, certification is a physician issue and not a staff issue; and

26

27 WHEREAS, physicians are the major stakeholders in certification decision outcomes; and

28

29 WHEREAS, there is an ongoing concerted effort to develop a universal approach to certification for all
30 specialties; now, therefore, be it

31

32 RESOLVED, that the American Osteopathic Association (AOA), as the certifying entity, move more
33 cautiously with sweeping changes in certification process; and, be it further

34

35 RESOLVED, that the full body of the Bureau of Osteopathic Specialties (BOS) needs to have open and
36 valid discussion of any changes in certifications; and, be it further

37
38 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) urge the AOA Board
39 of Trustees to become actively involved in true discussions with the certifying boards before
40 adopting changes in the certification process; and, be it further
41
42 RESOLVED, that the ACOFP forward this resolution to the AOA House of Delegates.

ACTION _____

The Resolution is WITHDRAWN.

Explanatory Statement: The content is covered in Resolution 29.

SUBJECT: Certification Component Development

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 27

- 1 WHEREAS, family physicians comprise a large number of American Osteopathic Association (AOA)
2 membership; and
3
4 WHEREAS, family physicians comprise more than one half of all AOA certified physicians; and
5
6 WHEREAS, decoupling from membership by the AOA has made certification the primary income source for
7 the AOA; and
8
9 WHEREAS, family physician certification has consistently provided considerable positive income; and
10
11 WHEREAS, American Osteopathic Board of Family Physicians (AOBFP) certification enhances and promotes
12 membership in American College of Osteopathic Family Physicians (ACOFP) and the AOA; and
13
14 WHEREAS, survival of ACOFP and survival of the AOA is likely to be heavily dependent on maintaining and
15 enhancing valid osteopathic family physician certification; and
16
17 WHEREAS, without the income provided by family physicians, most of the other specialty certifying boards,
18 as well as the AOA, would not be able to function; and
19
20 WHEREAS, a significant number of family physicians are expressing confusion, anger, and disbelief that
21 their role is being taken for granted and their interests in osteopathic medicine are being shunned
22 **BY THE AOA AND ITS CURRENT CERTIFYING BOARD REALIGNMENT PROCESS**; and
23
24 WHEREAS, many AOBFP certified physicians and many future certified family physicians question the
25 integrity of “simplified” certification with little concern for osteopathic content; now, therefore be it
26
27 RESOLVED, that the American Osteopathic Association (AOA) allows and encourages interaction between
28 the American College of Osteopathic Family Physicians (ACOFP) and American Osteopathic Family
29 Physicians (AOBFP) to develop components for initial and ongoing osteopathic family medicine
30 certification; and, be it further
31
32 RESOLVED, that the resulting recommendations be submitted to the **Standards Review Committee** (SRC)
33 and the entire Bureau of Osteopathic Specialists (BOS) for consideration and discussion, without
34 outside influence **FROM AOA STAFF AND BOARD OF TRUSTEES**; and, be it further
35
36 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) meet and discuss these
37 and other possible recommendations with other primary specialty colleagues to discuss with their
38 own certifying boards; and, be it further
39
40 RESOLVED, that the ACOFP forward this resolution to the AOA House of Delegates.

ACTION _____

The Board recommends Resolution 27 be AMENDED and APPROVED.

SUBJECT: Osteopathic Manipulative Treatment (OMT) Performance Exam Pathway
SUBMITTED BY: ACOFP Board of Governors
REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 28

- 1 WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) membership strongly supports and
2 desires the continuing promotion and educational venues of Osteopathic Manipulative Treatment (OMT);
3 and
4
5 WHEREAS, American Osteopathic Board of Family Physicians (AOBFP) has developed, offered, and retired a
6 psychometrically validated OMT performance exam that is aimed at skills used in clinical practice; and
7
8 WHEREAS, other specialties have candidates who desire to utilize OMT in their clinical practice; and
9
10 WHEREAS, those other specialties do not have the number of candidates desiring an OMT performance exam
11 that would make their own exam economically reasonable; and
12
13 WHEREAS, ACOFP has developed “OMT Boot Camp” that can enhance OMT skills and satisfy requirements for
14 OCC component 3 for any interested physician regardless of specialty; and
15
16 WHEREAS, the AOBFP performance exam could be utilized as a focused exam for the needs of other specialties;
17 and
18
19 WHEREAS, a “Workforce Group” of ACOFP, American Association of Osteopathy (AAO), AOBFP, and American
20 Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) is tasked with meeting, evaluating,
21 discussing, and recommending a pathway for the OMT Performance exam; and
22
23 WHEREAS, the process of this “Workforce Group” needs to be driven by the physicians who understand OMT and
24 its utilization in clinical medical practice; now, therefore, be it
25
26 RESOLVED, that the American Osteopathic Association (AOA) ensures that the proper pathway to this
27 performance exam is followed; and, be it further
28
29 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) urge the AOA to review the final
30 product and require that it be approved by the physician members of the involved specialty colleges and
31 corresponding certifying boards before submission to the AOA Board of Trustees; and, be it further
32
33 RESOLVED, that the ACOFP forward this resolution to the AOA House of Delegates.

ACTION _____

The Resolution is WITHDRAWN.

Explanatory Statement: The content is covered in Resolution 29

SUBJECT: American Osteopathic Association Specialty Board Certification

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 American College of Osteopathic Family Physicians (ACOFP)
Congress of Delegates

RESOLUTION NO. 29

1 WHEREAS, the mission of the American Osteopathic Association is "to advance the distinctive
2 philosophy and practice of osteopathic medicine;" ¹ and

3
4 WHEREAS, one of the ways the AOA works to achieve this mission is through the
5 development and administration of osteopathic board certification and re-certification
6 examinations and processes; and

7
8 WHEREAS, the AOA Board of Trustees through the AOA Bureau of Osteopathic Specialists
9 oversees the certification/re-certification process; and

10
11 WHEREAS, the AOA recently received a report from the Boston Group, a consulting firm
12 engaged by the AOA to assist in improving and enhancing the AOA board certification
13 and re-certification process; and

14
15 WHEREAS, one of the recommendations of the Boston Group is to remove all osteopathic
16 principles and practices (OPP) material from the core certification and re-certification
17 examinations and to place this material in separate, optional modules; and

18
19 WHEREAS, the American Association of Colleges of Osteopathic Medicine's *Glossary of*
20 *Osteopathic Terminology* (AACOM GOT) defines OPP (Osteopathic ~~Philosophy~~
21 **PRINCIPLES AND PRACTICE**) as "a concept of health care supported by expanding
22 scientific knowledge that embraces the concept of the unity of the living organism's
23 structure (anatomy) and function (physiology). Osteopathic philosophy emphasizes
24 the following principles: 1. The human being is a dynamic unit of function. 2. The body
25 possesses self-regulatory mechanisms that are self-healing in nature. 3. Structure and
26 function are interrelated at all levels. 4. Rational treatment is based on these
27 principles;" ² and

28
29 WHEREAS, implementing this recommendation of the Boston Group would prohibit the AOA
30 from fulfilling its stated mission; now, therefore be it

31
32 **RESOLVED, THAT THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS**
33 **RECOMMENDS THAT** the AOA Board of Trustees through the AOA Bureau of
34 Osteopathic Specialists shall ensure that osteopathic principles and practices
(OPP)

35 remains an integral and required part of AOA board certification and re-certification
36 examinations as appropriate for each specialty; and, be it further

37
38 RESOLVED, the ACOFP calls on the AOA to collaborate in an open, transparent, and inclusive
39 manner with its specialty colleges, its specialty certifying boards, its state societies,
40 and other interested members to ensure that the redesigned specialty board
41 certification/re-certification processes it implements:

- 42
43 1. Continues the opportunity for inclusion of osteopathic content that assesses
44 osteopathic principals and practices (OPP) in osteopathic certification
45 examinations relevant to that specialty.
46 2. Continues the opportunity for osteopathic certifying boards to develop and
47 administer OMM practical examinations which are specific and appropriate for
48 their specialty.
49 3. Continues a requirement for specialty specific content in CME for re-
50 certification/continuing certification.
51 4. Continues the requirement of osteopathic CME relevant to that specialty to
52 maintain osteopathic board certification.
53 5. Includes as a component of the re-certification process a longitudinal learning
54 program developed and operated by an organization with nationally recognized
55 expertise in osteopathic learning and testing, and be it further,

56
57 RESOLVED the ACOFP also calls on the AOA to:

- 58 1. Continue to encourage ACGME to include an osteopathic educational component
59 in Osteopathic Recognized residencies.
60 2. Continue to support the inclusion of osteopathic content in residency In-Service
61 Exams.
62 3. Continue a requirement for osteopathic content in osteopathic CME programs, and
63 be it further

64 RESOLVED, the ACOFP seek support for this resolution from osteopathic specialty
65 colleges, AOA state societies, and other interested parties with standing in the AOA
66 House of Delegates; and, be it further.

67
68 RESOLVED, that the ACOFP forward this resolution to the AOA House of Delegates.

ACTION _____

1. <http://www.osteopathic.org/inside-aoa/about/Pages/default.aspx>, accessed May 6, 2018
2. Educational Council on Osteopathic Principles (ECOP) of the American Association of Colleges of Osteopathic Medicine (AACOM), *Glossary of Osteopathic Terminology, November, 2011*, pg 33

The Board recommends Resolution 29 be AMENDED and APPROVED.