ACOFP 2019 CONGRESS OF DELEGATES - RESOLUTIONS

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2019 Congress of Delegates

REFERENCE COMMITTEE # 1

1	Approval of March 21-22, 2018 Congress of Delegates Minutes
2	Approval of 2019 Budget
3	Revisions to Sunsetting ACOFP Position Statements of the ACOFP
4	Revisions to Sunsetting ACOFP Position Statements - Telemedicine
5	Student Delegation in the ACOFP Congress of Delegates
6	Creation of a National Resident Delegation for the American College of Osteopathic Family Physicians (ACOFP)
7	Inclusion of Distinguished Fellow Status in ACOFP Bylaws
23	The identity and uniqueness of Osteopathic Medicine
24	Pennsylvania Osteopathic Family Physicians Society 60th Anniversary

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RES 1
C-3/19

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

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RESOLUTION NO. 1

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

ACTION _____

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RES 2
C-3/19

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

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RESOLUTION NO. 2

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

ACTION _____

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RES 3
C-3/19

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

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

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

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

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

Committee Action: Recommended for approval.

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

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

Committee Action: Recommended for approval.

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

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

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

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

Committee Action: Recommended for approval with editorial changes.

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

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

Committee Action: Recommended for approval.

5. **Separate Osteopathic Match**

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

Committee Action: Recommended for approval.

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

ACTION_____

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RES 4
C-3/19

SUBJECT: Revisions to Sunsetting ACOFP Position Statements - Telemedicine

SUBMITTED BY: ACOFP Federal Legislation Committee

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 4

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

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

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

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

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

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

ACTION _____

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RES 5
C-3/19

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 _____

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RES 6

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

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) Resident Council was created in 2017 to bring residents together and provide a larger resident voice to the ACOFP and encourage active participation by residents in the ACOFP; and

WHEREAS, the current process for submission of resolutions requires residents as an entity to submit resolutions through an ACOFP State Society and a direct pathway does not currently exist for a resolution to be submitted by a collective resident voice with the official indication that it is being submitted by a resident voice; and

WHEREAS, the ACOFP Resident Council has created a resolution sub-committee within the Resident Council to create awareness and interest amongst residents in the resolution process and function of the Congress of Delegates; and

WHEREAS, similarly the Student Association of American College of Osteopathic Family Physicians (Student Association of the ACOFP) successfully submitted a resolution at the 2018 Congress of Delegates that created a specific delegation seat for a student representative; and

WHEREAS, resident written resolutions encouraged through the resident council are done as a collaboration by multiple residents spanning across states, the collective resident voice is lost as individual resident voices are unable to span across state society lines; and

WHEREAS, the resident council highly recommends and encourages residents to be involved and work within their state society; however, an additional submission pathway should be available in the circumstances where residents are unable to submit through their respective state societies due to an inactive state society, communication difficulties, or resolution content disagreements; and

WHEREAS, the resident council has an ACOFP Board Member Liaison, ACOFP Staff Liaison and a Resident Governor who are available to offer guidance including but not limited to resolution writing and submission; now, therefore be it

RESOLVED, that a single resident delegate position be created in the American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates to specifically represent the collective resident voice with the full rights and voting privileges of a delegate; and, be it further

RESOLVED, that the resident delegate position be appointed to a one-year term by the Resident Council; and, be it further

RESOLVED, that the ACOFP create such a position so that the delegate member would be able to submit resolutions directly to the Congress of Delegates from the resident council.

ACTION _____

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RES 7
C-3/19

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 (ACOFP) 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 (FACOFP)" AND "DISTINGUISHED FELLOW OF THE AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS (FACOFP *dist.*)."

ACTION _____

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RES 23
C-3/18

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

WHEREAS, the profession of Osteopathic Medicine has been in an era of unprecedented growth in numbers of students enrolled in Colleges of Osteopathic Medicine; and

WHEREAS, Osteopathic Graduate Medical Education has evolved under the Single Accreditation System where programs will need to determine the importance of Osteopathic Recognition as an additional requirement; and

WHEREAS, the ability to emphasize the distinctiveness of Osteopathic Medicine has never been more necessary; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) actively emphasize Osteopathic Practices and Principles (OPP) and the benefits of osteopathic distinctiveness in all communication and branding.

ACTION _____

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RES 24
C-3/19

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

WHEREAS, the Pennsylvania Osteopathic Family Physicians Society (POFPS) was founded in 1959; and

WHEREAS, the POFPS will celebrate its 60th anniversary on August 10, 2019; and

WHEREAS, the POFPS continues to lead the osteopathic family medicine profession in education, advocacy, practice enhancement and wellness for the state of Pennsylvania; and

WHEREAS, the POFPS supports osteopathic family physicians to provide the highest level of healthcare to the patients we serve; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) recognize this 60th anniversary of the Pennsylvania Osteopathic Family Physicians Society (POFPS) founding; and the members, officers and staff whose sacrifices over the years have made the POFPS organization for osteopathic family physicians in the Commonwealth.

ACTION _____

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2019 Congress of Delegates

REFERENCE COMMITTEE # 2

8	ACOFP Gun Safety Policy
14	Past Resolutions and Position Statements Searchable Database Webpage
15	Scope of Family Physicians
16	Interoperable Electronic Medical Records
17	Health Effects of Climate Change
18	Housing Effects Health care
20	Opposition to patient discrimination of osteopathic family physicians because of race, color, religion, gender, sexual orientation, gender identity or national origin
21	Naloxone Availability

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RES 8
C-3/19

SUBJECT: 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

WHEREAS, gun violence claims the lives of 40,000 Americans yearly; and

WHEREAS, an additional 70,000 lives are affected by nonfatal gun injuries yearly; and

WHEREAS, this number continues to rise despite significant public attention; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) acknowledges gun violence as a public health emergency and adopts the following position paper on gun violence; and, be it further

RESOLVED, that the Board of Governors be charged to submit these proposed amendments for consideration and action by the 2019 ACOFP Congress of Delegates.

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 life 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
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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, Metzl, J., and MacLead, K., American Journal of Public Health, 105, No. 2, February 2015; pp. 240-249.
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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
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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

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 14
C-3/19

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

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) encourages physicians, residents, and students to author and submit resolutions to improve care, processes, and communication; and

WHEREAS, the ACOFP strives to continue to enable strong representation and submission of ideas embodied in the form of resolution writing in future years; and

WHEREAS, the Congress of Delegates has received continual submission of resolutions for a number of years, with only 2014-2018 currently available online; and

WHEREAS, the ACOFP maintains documentation on their website listing past resolutions only by year and position statements as a single document; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) create a hyperlink with a searchable database of ACOFP resolutions and position statements by topic on their website, in addition to each year's resolution submissions for Congress of Delegates; and, be it further

RESOLVED, that the ACOFP maintain the searchable database annually after each Congress of Delegates to allow physician, resident, and student members to seamlessly research previous resolution submission topics and position statements for reference.

ACTION _____

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Res 15

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

WHEREAS, family medicine is an essential component of the American health care system, and

WHEREAS, family physicians are trained in all body systems and many procedures to help patients maintain and restore health, and

WHEREAS, some insurance companies are refusing to pay family physicians for providing some treatments even though they have been trained to provide those treatments,

WHEREAS, this practice delays or prevents patients from receiving needed care and significantly increases health care costs; now, therefore be it

RESOLVED, the American College of Osteopathic Family Physicians (ACOFP) will advocate that family physicians be allowed to provide care and perform all procedures for which they have been trained; and, be it further

RESOLVED, the ACOFP will, when necessary, educate insurers, regulators, and the public on the ability of family physicians to provide particular procedures and care.

ACTION_____

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RES 16
C-3/19

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

WHEREAS, the American Recovery and Reinvestment Act required all health care providers to switch to electronic medical records (EMRs) by January 1, 2014 to maintain reimbursements from Medicare and Medicaid, and

WHEREAS, as of 2011, there are over 300 different types of electronic health record systems on the market that rarely communicate amongst each other except via secondary means, and

WHEREAS, the office of the National Coordinator for Health Information Technology report of 2016 indicated that 48% of physicians and 82% of hospitals share partial information of patient information, and

WHEREAS, lack of access to patients' entire medical records creates more burden of seeking information in the clinic and increases repetitive tests among all providers, and

WHEREAS, the Family Medicine for America's Health published in 2016 for a Principled Redesign of Health Information Technology with the intent to seek comprehensive access to health information among all health care providers; now, therefore be it

RESOLVED, that manufacturers of electronic medical record (EMR) systems pursue efficient interoperability of all EMRs, which assumes that each is required to participate rather than allowing each to opt in; and, be it further

RESOLVED, that the American College of Osteopathic Family Physicians and the Family Medicine for America's Health works with the Centers for Medicare and Medicaid Services to ensure collaboration of EMRs and ensure that participants can meet Meaningful Use requirements 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 _____

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RES 17
C-3/19

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

WHEREAS, international studies have identified several health-related consequences of climate change including heatwaves, storms, fires, droughts, floods, agriculture loss and changing patterns of disease leading to increase in undernutrition, cardiovascular disease, respiratory disease, vector-borne disease[1]; and

WHEREAS, the World Health Organization 2014 assessment estimated an additional 250,000 potential annual deaths between 2030 and 2050 impacts of climate change including 38,000 to heat exposure in the elderly, 48,000 to diarrhea, 60,000 to malaria, and 95,000 to childhood undernutrition[2]; and

WHEREAS, the United States Surgeon General is responsible for publishing reports regarding important public health issues such as but no limited to tobacco use, suicide prevention and opioid addiction; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support that climate change poses a threat to public health; and, be it further

RESOLVED, that the ACOFP encourage a publication from the United States Surgeon General 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 eff ects of climate change on selected causes of death, 2030s and 2050s. Geneva: World Health Organization, 2014.

ACTION _____

acofp AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 18
C-3/19

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

WHEREAS, the 2017 Annual Homeless Assessment Report (AHAR) stated that nearly 600,000 people were experiencing homelessness on any given night in the United States; and

WHEREAS, the rates of homelessness increased for the first time in over seven years in 2017, and the population living outside when compared to those living in shelters substantially increased; and

WHEREAS, homelessness, including living outside or in a shelter, has been found to increase the risk of mortality by 60% when compared to populations with homes due to unmanaged chronic disease, poor mental health, exposure to infectious disease, and injury; and

WHEREAS, individuals experiencing homelessness access care at the emergency department three times more than the general population, and are often hospitalized for conditions that could be managed in a primary care setting; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) encourage all physicians to partner with their communities to understand barriers to health and improve access to health care for people living without homes; and, be it further

RESOLVED, that the ACOFP promote programs that deliver primary and preventive health care to all underserved populations, including those experiencing 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 _____

acofp AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 20
C-3/19

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

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) has historically taken a strong position against osteopathic family physicians discriminating against patients because of, but not limited to their race, color, religion, gender, sexual orientation, gender identity or national origin; and

WHEREAS, the ACOFP Code of Ethics assure that patients have autonomy and freedom of choice when selecting an osteopathic family physician; and

WHEREAS, patients when exercising that choice, are refusing to have physicians treat them, basing their refusal solely on the physician's race, color, religion, gender, sexual orientation, gender identity or national origin; and

WHEREAS, this discrimination is an abuse and misinterpretation by the patient of their protected autonomy; and

WHEREAS, physicians who have been discriminated against in such fashion continue to act in a professional manner when engaging these patients; and

WHEREAS, these physicians, in cases that would without intervention lead to loss of life or limb, have given emergency services to patients who have previously expressed a strong mandate that those restricted physicians should not be involved in any aspect of their or their loved one's care; and

WHEREAS, in these instances the physician is acting in a professional and ethical manner; and

WHEREAS, there is at this time no professional osteopathic organization that supports this action, leaving the physician to singularly defend their action; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support osteopathic family physicians who act in such a fashion to have acted ethically and professionally; and, be it further

RESOLVED, that the ACOFP supports the education of the public that osteopathic family physicians should be judged by their skill and knowledge rather than by the arbitrary and spurious evaluation of their race, color, religion, gender, sexual orientation, gender identity or national origin.

ACTION _____

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 21
C-3/19

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

WHEREAS, overdoses from both illicit and prescription opioids has increased almost 600% since 1999; and

WHEREAS, opioid overdoses have killed more than 47,000 Americans in 2017, 67.8% of all drug overdose deaths involved opioids, and 36% of those deaths involved prescription opioids; and

WHEREAS, competitive opioid receptor antagonists, such as naloxone, are safe to use and are recommended in the immediate treatment of opioid overdose; and

WHEREAS, naloxone is available without a prescription in 48 states, and is being administered by emergency medical services (EMS) and pharmacy staff; and

WHEREAS, there are varying state laws and also a large variation in the availability and administration of naloxone among health care providers and establishments; and

WHEREAS, osteopathic family physicians can play a vital role in the advocacy of increased affordability and access to naloxone in both rural and urban communities; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support an increase in public availability and use of naloxone; and, be it further

RESOLVED, that the ACOFP promote the training of health care providers and other allied individuals (including public workers, police, emergency medical services, firefighters, teachers, librarians, 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 _____

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2019 Congress of Delegates

REFERENCE COMMITTEE # 3

9	Partnering with ACGME to increase the number of Community-Based Primary Care Residency Programs
10	Creating a Directory of Members for Hosting Medical Students on Away Rotations and Residency Interviews
11	OMT Boot-Camp
12	Longitudinal Assessment Platform AOBFP
13	Board Certification Results
19	Incorporating Nutrition Education into Core Medical School Curriculums
22	Opioid Education
26	The American Osteopathic Association Exercises Caution When Considering Certification Changes
27	Certification Component Development
28	Osteopathic Manipulative Treatment Performance Exam Pathway

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RES 9

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

WHEREAS, on February 26, 2014, the American Osteopathic Association, along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM), has agreed to a Memorandum of Understanding outlining a Single Accreditation System (SAS) for graduate medical education programs in the United States[1]; and

WHEREAS, the SAS has adopted the academic teaching hospital residency model advocated by the ACGME, which allocates more federal and state funding to training non-primary care physicians at large academic health centers and increases administrative, research, and cost requirements for residency programs[2,3]; and

WHEREAS, the SAS has neglected the community-based residency training model, which encourages resident training in community-based hospital settings, relies on physicians who remain in full-time patient care for training resident physicians, and helps smaller residency training programs to provide health care services in rural and underserved areas[4]; and

WHEREAS, a 2015 analysis revealed that 63% of family medicine residency graduates stay within 100 miles of their residency training program, which leads to the conclusion that "state and federal policy-makers should prioritize funding training in or near areas with poor access to primary care services"[5]; and

WHEREAS, failure of osteopathic programs to transition to the new ACGME standards could result in fewer licensed physicians being trained in primary care in health care shortage areas[6]; and

WHEREAS, a 2016 report from iVantage Health Analytics expresses concern that 673 rural hospitals are vulnerable to closure, further exacerbating access to needed medical care in rural communities[7]; and

WHEREAS, many stakeholders interested in preserving community-based residency programs have expressed public and private interest in providing the funds necessary to develop resources devoted to the accreditation of community-based hospitals that provide services to rural and underserved communities; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) directs its advocacy firm to encourage legislative efforts in the United States Congress to amend title XVIII of the Social Security Act to require the Centers for Medicare and Medicaid Services

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

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

RESOLVED, that the ACOFP Board of Governors collaborate with appropriate stakeholders interested in preserving community-based, primary care residency training programs in order to secure additional funding to assist in the development of future ACGME residency training programs in community-based hospitals that provide health care services to rural 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 _____

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 10
C-3/19

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

WHEREAS, medical students spend an average of $3,900 on travel and accommodation expenses to attend residency interviews; and

WHEREAS, each student participates in an average of 12.3 residency interviews; and

WHEREAS, a recent study found that approximately 35% of students were not able to complete away rotations due to financial limitations; and

WHEREAS, 64% of American medical students completed at least one audition rotation, with the average number of audition rotations being 2.1; and

WHEREAS, the average cost incurred by a medical student for a single audition rotation is $958; and

WHEREAS, the options for clerkship rotations away from medical students' base locations are limited by the cost of accommodation and travel, which narrow the breadth of learning opportunities for medical students; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) create a national online directory of volunteer members (including local physicians, resident-physicians, and medical students) who are willing to host medical student members for away rotations 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 _____

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RES 11
C-3/19

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

WHEREAS, Osteopathic Manipulative Treatment (OMT) is an essential modality of osteopathic family medicine; and

WHEREAS, the use of OMT can reduce the need for opioid medications; and

WHEREAS, the use of OMT in family medicine may reduce the need for further costly procedures; and

WHEREAS, the use of OMT can improve a patient's outcome; and

WHEREAS, osteopathic family physicians are certified in OMT by the American Osteopathic Board of Family Physicians (AOBFP); and

WHEREAS, continuing hands-on education and review is necessary to maintain and improve skills in OMT; and

WHEREAS, the American College of Osteopathic Family Physicians has developed, evaluated and implemented an Osteopathic Manipulative Medicine program (OMT Boot Camp) that is practical and valuable to the practicing osteopathic family physician; now, therefore be it

RESOLVED, that the Congress of Delegates of the American College of Osteopathic Family Physicians supports the use of the ACOFP OMT Boot Camp for qualifying as an activity for Osteopathic Continuing Certification Component 4; and, be it further

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) Congress forward this resolution to the American Osteopathic Association (AOA) House of Delegates to implement this program in American Board of Osteopathic Family Physicians (AOBFP) OCC.

ACTION _____

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RES 12
C-3/19

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

WHEREAS, the American Osteopathic Board of Family Physicians (AOBFP) and the American College of Osteopathic Family Physicians (ACOFP) have been working to evaluate, revise and modernize the osteopathic family medicine certification and recertification process; and

WHEREAS, many certified osteopathic family physicians practice exclusively in one specific area of family medicine (Geriatrics, Emergency medicine etc.); and

WHEREAS, a high stakes general family medicine examination may not adequately address the educational needs of many practicing physicians; and

WHEREAS, a longitudinal re-certification process could be employed and adapted to be more relevant to the practicing physician; and

WHEREAS, a longitudinal assessment platform can be utilized as a learning tool also; and

WHEREAS, a longitudinal assessment platform can be updated frequently to remain pertinent and accurate; and

WHEREAS, the American Board of Family Medicine (ABFM) has already developed and implemented a longitudinal assessment tool for their members; and

WHEREAS, there is a trend in contemporary education toward online, on-going assessment and evaluation processes; and

WHEREAS, the National Board of Osteopathic Medical Examiners (NBOME) has developed a working longitudinal assessment platform (Catalyst); and

WHEREAS, the ACOFP Committee on Osteopathic Recognition & Development (CORD) is currently evaluating the Catalyst platform for use during residency; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) and the Certification Board Services work with the American Osteopathic Board of Family Physicians to implement the Catalyst program for use as a longitudinal evaluation tool for osteopathic family medicine re-certification; and, be it further

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) submit this to the AOA House of Delegates for consideration by the July 2019 meeting.

ACTION _____

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RES 13
C-3/19

SUBJECT: Board Certification Test Results

SUBMITTED BY: Colorado ACOFP

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 13

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

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

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

RESOLVED, that any specialty board under the auspice of the American Osteopathic Association (AOA) notify the physician within eight weeks of taking the test of their score; and, be it further

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) continue to streamline the process so board certification and recertification are professionally scored 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 _____

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RES 19
C-3/19

SUBJECT: Incorporating Nutrition Education into Core Medical School Curriculums

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

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 19

WHEREAS, proper nutrition is an essential aspect of disease prevention and health improvement[1]; and

WHEREAS, patients depend on family physicians to provide nutritional information and consider physicians a credible source of information; and

WHEREAS, data shows medical students only received an average of 23.9 contact hours towards nutritional education medical school, and only 25% of medical schools have a required nutrition course[2,3]; and

WHEREAS, patients face challenges, including access to specialists such as nutritionists and registered dieticians in their communities, specifically in rural areas, or lack of insurance coverage to afford access to said specialists, leading patients to rely on their physicians to provide most of their nutritional information; and

WHEREAS; 51% of medical school graduates report the perception of inadequate nutritional education; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) advocate for the incorporation of nutritional education as a core aspect of osteopathic medical education to ensure physicians are competent in providing nutritional education to patients.

References:
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ACTION _____

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 22
C-3/19

SUBJECT: Opioid Education

SUBMITTED BY: California ACOFP State Society

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 22

WHEREAS, opioid prescriptions are still a major health issue in America; and

WHEREAS, opioid overdosed deaths are estimated at 100 people per day in the United States per the Drug Enforcement Administration (DEA) statistics; and

WHEREAS, governmental agencies are watching all concerned and especially physicians in greater numbers; and

WHEREAS, major United States government funding are allocated to the opioid crisis; and

WHEREAS, DEA and Department of Justice (DOJ) are employing joint forces focusing on opioid overuse; and

WHEREAS, documentation with correct diagnoses are required in all chart audits; and

WHEREAS, specific diagnoses are mandatory and required for opioid prescriptions; and

WHEREAS, all other medications must be used prior to opioid prescriptions; and

WHEREAS, education is the cornerstone of medical knowledge; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates requests that the Board of Governors direct the Program Committee to offer a minimum of 12 hours per year on pain management in continuing medical education (CME).

ACTION _____

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 26
C-3/19

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

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

WHEREAS, the AOA certifies many different specialties; and

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) urge the AOA Board of Trustees to become actively involved in true discussions with the certifying boards before adopting changes in the certification process; and, be it further

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

ACTION _____

acofp AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 27
C-3/19

SUBJECT: Certification Component Development

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 27

WHEREAS, family physicians comprise a large number of American Osteopathic Association (AOA) membership; and

WHEREAS, family physicians comprise more than one half of all AOA certified physicians; and

WHEREAS, decoupling from membership by the AOA has made certification the primary income source for the AOA; and

WHEREAS, family physician certification has consistently provided considerable positive income; and

WHEREAS, American Osteopathic Board of Family Physicians (AOBFP) certification enhances and promotes membership in American College of Osteopathic Family Physicians (ACOFP) and the AOA; and

WHEREAS, survival of ACOFP and survival of the AOA is likely to be heavily dependent on maintaining and enhancing valid osteopathic family physician certification; and

WHEREAS, without the income provided by family physicians, most of the other specialty certifying boards, as well as the AOA, would not be able to function; and

WHEREAS, a significant number of family physicians are expressing confusion, anger, and disbelief that their role is being taken for granted and their interests in osteopathic medicine are being shunned; and

WHEREAS, many AOBFP certified physicians and many future certified family physicians question the integrity of "simplified" certification with little concern for osteopathic content; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) allows and encourages interaction between the American College of Osteopathic Family Physicians (ACOFP) and American Osteopathic Family Physicians (AOBFP) to develop components for initial and ongoing osteopathic family medicine certification; and, be it further

RESOLVED, that the resulting recommendations be submitted to the Standards Review Committee (SRC) and the entire Bureau of Osteopathic Specialists (BOS) for consideration and discussion, without outside influence; and, be it further

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) meet and discuss these and other possible recommendations with other primary specialty colleagues to discuss with their own certifying boards; and, be it further

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

ACTION _____

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 28
C-3/19

SUBJECT: Osteopathic Manipulative Treatment (OMT) Performance Exam Pathway

SUBMITTED BY: ACOFP Board of Governors

REFERRED TO: 2019 ACOFP Congress of Delegates

RESOLUTION NO. 28

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) membership strongly supports and desires the continuing promotion and educational venues of Osteopathic Manipulative Treatment (OMT); and

WHEREAS, American Osteopathic Board of Family Physicians (AOBFP) has developed, offered, and retired a psychometrically validated OMT performance exam that is aimed at skills used in clinical practice; and

WHEREAS, other specialties have candidates who desire to utilize OMT in their clinical practice; and

WHEREAS, those other specialties do not have the number of candidates desiring an OMT performance exam that would make their own exam economically reasonable; and

WHEREAS, ACOFP has developed "OMT Boot Camp" that can enhance OMT skills and satisfy requirements for OCC component 3 for any interested physician regardless of specialty; and

WHEREAS, the AOBFP performance exam could be utilized as a focused exam for the needs of other specialties; and

WHEREAS, a "Workforce Group" of ACOFP, American Association of Osteopathy (AAO), AOBFP, and American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) is tasked with meeting, evaluating, discussing, and recommending a pathway for the OMT Performance exam; and

WHEREAS, the process of this "Workforce Group" needs to be driven by the physicians who understand OMT and its utilization in clinical medical practice; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) ensures that the proper pathway to this performance exam is followed; and, be it further

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) urge the AOA to review the final product and require that it be approved by the physician members of the involved specialty colleges and corresponding certifying boards before submission to the AOA Board of Trustees; and, be it further

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

ACTION _____

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

2019 Congress of Delegates

REFERENCE COMMITTEE # 4

25	MD's as ACOFP Active Members

acofp | AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

RES 25
C-3/19

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 c~~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 _____