RESOLUTION NO. 1

RESOLVED, that the Minutes of the March 15-16, 2017 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates be APPROVED as distributed.

The Board recommends that Resolution 1 be APPROVED.
RESOLUTION NO. 2

RESOLVED, that the 2018 budget for American College of Osteopathic Family Physicians (ACOFP) be APPROVED as submitted by the ACOFP Board of Governors.

The Board recommends that Resolution 2 be APPROVED.
RESOLUTION NO. 3

WHEREAS, the ACOFP annual dues for Active Members were last increased in 2015 from $325 to $345, with previous increases in 2010, 2008 and 2002; and

WHEREAS, during that three-year period, the ACOFP has expanded member services in the areas of Continuing Medical Education (CME) opportunities and the e-Learning Center, new website with improved functionality, ACOFP app, special interest groups, added practice enhancement and quality reporting resources, added new viewing platforms for the OFP scientific publication, and retained a new lobbying firm to advocate for members in Washington, DC; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) increases Fiscal Year 2019 Active Member annual dues from $345 to $375, while keeping dues for other membership categories at their current levels.

Explanatory Statement: In 2017, approximately 6,100 members paid Active Member dues of $345. A $30 increase in 2019 would yield approximately $183,000.

The Board recommends that Resolution 3 be APPROVED.
RESOLUTION NO. 4

WHEREAS, due to extra expense for travel to take the Osteopathic Manipulative Treatment (OMT) Performance Evaluation, the cost to take the American Osteopathic Board of Family Physicians (AOBFP) board exam is more for Family Medicine residents who choose osteopathic certification over taking the American Board of Family Medicine (ABFM) board exam; and

WHEREAS, residents graduating from Family Medicine residency have a large amount of debt that is disproportionate to their salary, therefore limiting additional spending money for conferences; and

WHEREAS, the registration fee of the American College of Osteopathic Family Physicians (ACOFP) Annual Convention for Residents is $250, in addition to the cost of the board exams; and

WHEREAS, the future of the ACOFP lies with the generation of physicians graduating from Osteopathic Recognition Family Medicine Programs; and

WHEREAS, ACOFP Membership is not keeping pace with number of new Family Medicine residency graduates; and

WHEREAS, incentivizing young physicians to attend the ACOFP Annual Convention encourages future membership, continued Osteopathic Family Medicine certification, leadership, osteopathic CAMARADERIE and mentorship; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) will waive the fee for the convention, not including banquets, for any Family Medicine residents taking their initial osteopathic board certification.

The Board Recommends that Resolution 4 be APPROVED with editorial change.
SUBJECT: Reaffirmation of the American College of Osteopathic Family Physicians (ACOFP) Position Statements Scheduled to Sunset – Consent Agenda

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

REFERRED TO: 2018 ACOFP Congress of Delegates

RESOLUTION NO. 5

RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians (ACOFP) reaffirms the ACOFP Position Statements scheduled to sunset and listed for Consent Agenda, as recommended and submitted by the ACOFP Constitution & Bylaws/Policy & Organization Review Committee.

Explanatory Statement: The ACOFP Constitution & Bylaws/Policy & Organization Review Committee met, reviewed and deliberated on each of the listed ACOFP Position Statements that are due to sunset. The Committee recommends reaffirmation of those listed without any changes or amendments.

1. LEGISLATION/REGULATION

1. Vaccine Availability - The ACOFP encourages the United States government and its regulatory agencies to ensure that an adequate supply of vaccines be available to the American public.

2. Preservation of Family Medicine Department in Hospital Setting - The ACOFP affirms that the family medicine department is an integral part of all hospitals regarding education and the provision of continuity of patient care from the in-patient to out-patient settings. Family medicine hospital staff should remain an integral part of the medical staff structure and have an opportunity to maintain a seat on the Hospital Medical Executive Committee, particularly in hospitals that have family medicine residency programs.

3. Reporting Electronic Health Records Software Errors to Physicians - The ACOFP requests that vendors of electronic health records notify physician clients of reported software errors and provide software updates, in a systematic and timely fashion as is standard in other industries that correct these errors to enhance patient safety.

2. CERTIFICATION

1. Mandatory Recertification of Physicians - The ACOFP opposes mandatory recertification as a condition of physician licensure.

4. OSTEOPATHIC MEDICINE

1. Osteopathic Pledge of Commitment - As members of the osteopathic medical profession, in an effort to instill loyalty and strengthen the profession, we recall the tenets on which this profession is founded – the dynamic interaction of mind, body and spirit; the body's ability to heal itself; the primary role of the musculoskeletal system; and preventive medicine as the key to maintain health. We recognize the work our predecessors have accomplished in building the profession, and we commit ourselves to continuing that work.
I Pledge To: Provide compassionate, quality care to my patients; partner with them to promote health; display integrity and professionalism throughout my career; advance the philosophy, practice and science of osteopathic medicine; continue life-long learning; support my profession with loyalty in action, word and deed; and live each day as an example of what an osteopathic physician should be.

13. PUBLIC SAFETY
1. HOMELAND SECURITY/War on Terrorism - The ACOFP supports the war on terrorism and the continued development of appropriate homeland security measures.

The Board Recommends that Resolution 5 be APPROVED.
RESOLUTION NO. 6

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

1. LEGISLATION/REGULATION

Payment for Influenza Vaccine - The ACOFP Congress of Delegates calls upon the Centers for Medicare & Medicaid Services (CMS) AND OTHER PAYORS, to ensure payments for ALL CDC ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)-RECOMMENDED vaccineS be made to physicians to reimburse for their full acquisition cost of the vaccine plus the administration fee.

The Board recommends that Resolution 6 be AMENDED and APPROVED.
RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians (ACOFP) reaffirms the ACOFP Hospital Privileges Position Statement with the following amendment as recommended and submitted by the ACOFP Constitution & Bylaws/Policy & Organization Review Committee. (Old material crossed out, new material capitalized.)

1. **LEGISLATION/REGULATION**

   Hospital Privileges - The ACOFP will defend the rights of patients to receive care from the physician of their choice, and the rights of osteopathic family physicians to provide care SHOULD BE MAINTAINED in all settings for which they are appropriately trained.

The Board recommends that Resolution 7 be AMENDED and APPROVED.
RESOLUTION NO. 8

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

2. CERTIFICATION

1. Certification – Reentry Pathway - The ACOFP should request that the AOA streamline and expedite the certification reentry pathway to allow returning ACGME-trained osteopathic physicians to obtain AOA certification.

The Board recommends that Resolution 8 be AMENDED and APPROVED.
RESOLUTION NO. 9

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

9. INNOVATIVE MEDICINE

1. Stem Cell Research - The ACOFP advocates the following policy on stem cell research: a) Stem cells differentiate into specialized cell lineages; b) Stem cells have and will be used in regenerative medicine to replace diseased or damaged tissues, in such conditions as diabetes mellitus, Parkinson’s disease, and cardiovascular disease; c) Stem cell research has the potential to impact the fields of drug discovery, toxicology, and therapeutic drug delivery. The AOA ACOFP supports biomedical research on stem cells and must continue to monitor developments in stem cell research and sources of stem cell funding.

The Board recommends that Resolution 9 be AMENDED and APPROVED.
RESOLUTION NO. 10

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

Explanatory Statement: The ACOFP Constitution & Bylaws/Policy & Organization Review Committee recognizes that a referral will leave the ACOFP without a specific policy on Telemedicine until the Washington Office returns a new statement to the 2019 Congress of Delegates. However the Committee believes that the current policy needs significant revisions, editing and updating and the ACOFP can reference the previous policy if needed and explain that the policy is under revision.

9. INNOVATIVE MEDICINE

1. 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.

   Primary Care versus Consultation - For the purpose of telemedicine: A primary care doctor/patient relationship can only be established through, at least, one physical face-to-face meeting. Treatment via telemedicine can be utilized only after the establishment of the doctor/patient relationship.

   Medical consultation may occur when a licensed physician, who has not met the patient in a face-to-face meeting, is called upon to give treatment advice within the scope of practice to another licensed practitioner who is treating the patient.

   State versus federal regulatory oversight - Regulatory oversight for telemedicine should be administered at the state level, utilizing licensure requirements developed by individual states and their medical boards. To regulate the practice of telemedicine across state lines, the ACOFP asks the Federation of State Medical Boards to develop a system wherein a physician may be granted licensure to practice telemedicine in a state where the physician is not currently licensed.

The Board recommends that Resolution 10 be REFERRED to ACOFP Committee on Federal Legislation and ACOFP Department of Government Relations to review and report to 2019 ACOFP Congress of Delegates.
RESOLUTION NO. 11

RESOLVED, that Congress of Delegates of the American College of Osteopathic Family Physicians APPROVES the ACOFP Code of Ethics as recommended and submitted by the ACOFP Board of Governors.

ACOFP CODE OF ETHICS

Adopted June 14, 2017 by the ACOFP Board of Governors

Preamble

To promote the highest quality of healthcare to our patients, the ACOFP Committee on Ethics has formulated the following Code to serve as a guide to aid osteopathic family physicians in their professional lives. The standards presented are designed to address the osteopathic family physician’s responsibility to his/her patients, the families in their charge, professional colleagues, and to society, as a whole. The Articles are not meant to be the only ethical standards a prudent osteopathic family physician should follow, as conference of the Doctor of Osteopathic Medicine degree itself carries inherit responsibilities.

Article 1

The osteopathic family physician, shall keep in confidence personal and medical information obtained about a patient or a family while performing his/her professional duties. Information thus obtained shall never be divulged by the osteopathic family physician except when required or allowed by law or when authorized by the patient or responsible party.

Article 2

The osteopathic family physician shall give a candid account of the patient’s condition to the patient or to those responsible for the patient’s care who are authorized by the patient or by law to received health information regarding the patient.

Article 3

A physician/patient relationship should be founded on mutual trust, mutual cooperation and mutual respect. The patient must have complete freedom to choose his/her physician. The physician must have complete freedom to choose patients whom he/she shall serve. However, the physician should not refuse to accept patients solely on the basis of distinguishing characteristics, including but not limited to race, color, religion, gender, sexual orientation, gender identity, or national origin.

Article 4

When terminating the physician/patient relationship or withdrawing from a case, the physician should give due notice to the patient, family or those responsible for the patient’s care so that another physician may be engaged. The withdrawing physician should make himself/herself available during the transition period so that the transfer of care of the patient is as seamless as possible and affords the patient the highest quality of care. An osteopathic family physician who renders emergency care to a patient whom he/she has withdrawn from is considered to have acted in a professional and ethical manner.
Article 5
The osteopathic family physician should practice within the confines of what is considered to be standard of care, based on a body of recognized systematized and scientific knowledge principles. An osteopathic family physician should maintain competence in such principles by demonstrating a devotion to lifelong education.

Article 6
An osteopathic family physician recognizes the value of his/her professional associations and should be encouraged to maintain membership in the American College of Osteopathic Family Physicians and remain in good standing. The osteopathic family physician realizes that to preserve autonomy, his/her participation in state and regional activities promotes self-regulation and his/her participation should be encouraged. Dedicated to the principle of lifelong education, the osteopathic family physician should participate in regional, state and national Continuing Medical Education programs.

Article 7
An osteopathic family physician shall not advertise for, or solicit patients directly or indirectly, using terms or claims that are false or misleading.

Article 8
An osteopathic family physician shall not claim to have or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he/she actually licensed on the basis of that degree in the state where the practice is located. An osteopathic family physician shall display the DO degree and other indications of specialty practice in accordance with the rules of the American Osteopathic Association and the American College of Osteopathic Family Physicians.

Article 9
An osteopathic family physician shall obtain appropriate consultation whenever it is deemed advisable for the care of the patient or requested by the patient, family, or those responsible for the patient's care.

Article 10
In any dispute among physicians involving ethical or organizational matters, the matter in controversy should be referred to the appropriate arbitrating bodies. Prior to that action, the physicians with opposing views, should make every effort to settle the dispute between each other amicably, enlisting the aid of colleagues if necessary.

Article 11
In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for the final decision regarding the treatment plan for the patient. In all cases, the physicians should not draw patients into the disagreement or make the patient choose a side.

Article 12
Any fee charged by an osteopathic family physician shall represent services actually rendered or supervised by that physician and should compensate him/her for those services performed for the benefit of the patient. Division of professional fees, commonly known as fee splitting, for the express purpose of patient referrals, is unethical.

Article 13
An osteopathic family physician shall respect the law. He/she should also attempt to promote and support laws in local, state and national political arena that will improve both patient care and public health.
Article 14
An osteopathic family physician recognizes his/her position in the dynamics of the community in which they live and practice. They should make every effort to participate in community activities and services whenever possible.

Article 15
An osteopathic family physician shall consider a romantic relationship or sexual misconduct with a patient to be unethical. Sexual misconduct is defined as sexual contact or an attempt to have sexual contact with any patient with whom the physician has a concurrent physician/patient relationship. Sexual or romantic relationships with former patients are considered unethical if the physician uses or exploits trust, knowledge, emotions or influence derived from the previous professional relationship.

Article 16
An osteopathic family physician shall consider sexual harassment to be unethical. Sexual harassment is defined as a physical act or verbal statement of intimidation of a sexual nature involving a colleague or subordinate, which creates an unreasonable, intimidating hostile or offensive workplace or academic setting.

Article 17
The osteopathic family physician shall honor the family unit and work to preserve, strengthen and protect it as being fundamental to the care of our patients.

Article 18
An osteopathic family physician shall be supportive of osteopathic colleges and state and national osteopathic organizations. The osteopathic family physician shall not engage in slander or acts of sedition towards the osteopathic profession or its supporting organizations.

# # #

The Board recommends that Resolution 11 be APPROVED.
RESOLUTION NO. 12

WHEREAS, the Student Association of American College of Osteopathic Family Physicians (SAACOFP) successfully submitted six resolutions at the 2017 Congress of Delegates that were written by student SAACOFP members (1); and

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

WHEREAS, the SAACOFP has demonstrated increasing interest in engaging with the resolution process of the ACOFP by creating a national student Resolutions Committee and has demonstrated a commitment to improving the committee by writing a resolution using the current student resolution submission protocol; and

WHEREAS, student resolutions through the SAACOFP Resolutions Committee are written collaboratively by multiple students across osteopathic schools and states; the collective student voice is lost as not all student authors are able to participate in the discussions and revisions at the state level; and

WHEREAS, the SAACOFP National Student Executive Board (NSEB) has an ACOFP Board Member Liaison, ACOFP Staff Liaison and a Student Governor who serve to guide the delegation activity including, but not limited to student resolution writing and the Resolutions Committee; and

WHEREAS, no SAACOFP Student Leadership Position, including Student Governor, has the authority to submit resolutions or vote at the Congress of Delegates, unless designated as their prospective state society’s Student Delegate; and

WHEREAS, it may be inappropriate to add additional responsibilities and duties to the Student Governor; now, therefore be it

RESOLVED, a single student delegate position be created in the American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates to specifically represent the Student Association of American College of Osteopathic Family Physicians (SAACOFP) and the student voice with the full rights and voting privileges of a delegate; and, be it further
RESOLVED, that the student delegate be appointed to a one-year term by the SAACOFP Student National President from within the Resolutions Committee with approval from the National Student Executive Board (NSEB); 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 SAACOFP.

The Board recommends that Resolution 12 be APPROVED. Explanatory Statement: Refer to Constitution & Bylaws Committee and report to the 2019 ACOFP Congress of Delegates.

References:

2017 Congress of Delegates Resolutions by Student Members
Res 15--Mackenzie Denton
Res 16--Antoinette Johnson
Res 17--Antoinette Johnson
Res 18--Mackenzie Denton
Res 20--Mackenzie Denton
Res 22--Mackenzie Denton
RESOLUTION NO. 13

WHEREAS, osteopathic medical students make up roughly 21% of the osteopathic profession; and

WHEREAS, Student Association of the American College of Osteopathic Medicine (SAACOFP) Chapters provide a direct means of communication between state societies and osteopathic medical students; and

WHEREAS, collaboration with osteopathic medical students can provide additional perspectives regarding health care policy and the future of osteopathic medicine; and

WHEREAS, state societies can engage students through advocacy, resolution writing, mentorship, conference attendance, and committee membership; and

WHEREAS, all state societies with a College of Osteopathic Medicine (COM) in their state receive one voting student delegate for the Congress of Delegates; and

WHEREAS, state societies are encouraged to create and maintain a resident member position on their state board; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) state societies with a College of Osteopathic Medicine (COM) in their state be encouraged to create and maintain a student member position on their board; and, be it further

RESOLVED, that it will be at the discretion of the state societies if this student member is a voting member and if the student member receives the same benefit as other members of the state board; and, be it further

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) state societies be encouraged to include student member involvement on committees.

The Board recommends that Resolution 13 be APPROVED.

References:
RESOLUTION NO. 14

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) does not currently provide a list of physicians who are members of the ACOFP who are willing and able to be a mentor or allow shadowing for Medical Students, and

WHEREAS, there is great need for family physicians in rural areas as there is a projected shortage of approximately 33,000 by year 2035, and

WHEREAS, approximately 30% of medical students choose to attend a family medicine residency; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) maintain an annually updated list of practicing physicians who are members of ACOFP who are willing to be a mentor to medical students interested in family medicine; and, be it further

RESOLVED, that the ACOFP will look into possible Continuing Medical Education (CME) credits for the physicians who participate in this program.

The Board recommends that Resolution 14 be DISAPPROVED. Explanatory Statement: The Board encourages mentoring, and believes that the intent already is in place through the ACOFP Explore More! website, although greater education about the resource should be made. Also, the AOA does not award CME for mentoring.

References:
RESOLUTION NO. 15

WHEREAS, residents in Family Medicine Osteopathic Recognition (OR) Programs now have a choice whether to take the American Osteopathic Board of Family Physicians (AOBFP) board certification exam or the American Board Family Medicine (ABFM) board certification exam; and

WHEREAS, a large number of Family Medicine residents transitioning from American Osteopathic Association (AOA) to OR Programs are not taking the AOBFP board certification, due to choice or lack of information; and

WHEREAS, there is a gap in maintaining communication with Family Medicine Residents who have transitioned from AOA to Osteopathic Recognition Programs; and

WHEREAS, most Family Medicine physicians will continue to certify with the board with which they initially certify; and

WHEREAS, it is cost-prohibitive to obtain and maintain two Family Medicine board certifications; and

WHEREAS, the national ACOFP and individual state ACOFP Membership rates are not keeping pace with number of new Family Medicine residency graduates; and

WHEREAS, the future of the ACOFP lies with the generation of physicians graduating from Osteopathic Recognition Family Medicine programs; and

WHEREAS, continued osteopathic board certification is linked to continued involvement in osteopathic organized medicine, including the ACOFP and state ACOFP societies; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) recognize the need to encourage initial osteopathic certification by Family Medicine residents in Osteopathic Recognition (OR) programs, both nationally and at the level of the individual residency programs; and, be it further

RESOLVED, that the ACOFP create a task force, in conjunction with the American Osteopathic Board of Family Physicians (AOBFP), to address this new issue threatening the future of Osteopathic Family Medicine.

The Board recommends that Resolution 15 be DISAPPROVED. Explanatory Statement: Resolution 16 addresses this issue.
WHEREAS, the transition of residency accreditation by the American Osteopathic Association (AOA) to the Accreditation Council for Graduate Medical Education (ACGME) is scheduled to be complete in 2020; and

WHEREAS, residents in ACGME residencies will have a choice as to whether they become board certified through the AOA or through the American Board of Medical Specialties (ABMS); and

WHEREAS, most residents have accumulated substantial financial debt related to their undergraduate medical education; and

WHEREAS, the cost of certification, as well as the cost of future continuous certification will be a major factor in influencing the residents’ choice of certification pathway; and

WHEREAS, osteopathic family physicians previously certified by the AOA through the American Osteopathic Board of Family Physicians (AOBFP) may choose to limit their practice to focused areas in osteopathic family medicine such as emergency medicine, sports medicine, dermatology, academics, osteopathic manipulation, or others; and

WHEREAS, a comprehensive cognitive examination in osteopathic family medicine may not be clinically applicable to many physicians taking the AOBFP recertification exam due to their chosen focused practices, and

WHEREAS, the osteopathic family physician who is currently board certified by the AOBFP now has the option to become certified by the American Board of Family Medicine (ABFM); now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) supports changes to the certification and recertification process that will make the American Osteopathic Board of Family Physicians (AOBFP) examination more attractive than the American Board of Family Medicine (ABFM) examination by decreasing the
RESOLVED, that the ACOFP calls on the American Osteopathic Association (AOA) to empower the AOBFP to immediately develop and implement a certification and examination process that will:

1. Be cost competitive with the ABFM certification pathway,
2. Be offered at a lowered cost for the initial certification examination,
3. Be osteopathically focused, and
4. Eliminate the need for long distance travel; and, be it further

RESOLVED, that the ACOFP calls on the AOA to empower the AOBFP to immediately develop and implement a recertification process that will provide an ongoing, on-line, flexible learning and examination to satisfy the requirements of Osteopathic Continuing Certification Component 3 Cognitive Assessment and Component 4 Practice Performance Assessment; and, be it further

RESOLVED, that the AOA be requested to give the AOBFP the necessary resources and support to accomplish these changes by July 1, 2019; and, be it further

RESOLVED, that this resolution be submitted to the 2018 AOA House of Delegates.

The Board recommends that Resolution 16 be APPROVED.
RESOLUTION NO. 17

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 (GME) programs in the United States; 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; and

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

WHEREAS, even with generous guidance and logistical support from the ACOFP and AOA, as of December 2017, only 493 out of 1244 (39.6%) AOA residency programs have received Initial or Continued ACGME Accreditation, and ACGME has stated, “Pre-accreditation does not mean, or imply, that a program has been accredited by the ACGME,” leaving doubt as to how many programs will actually achieve Initial or Continued Accreditation; and

WHEREAS, an October 2017 report from the Robert Graham Center for Policy Studies in Family Medicine and Primary Care demonstrated that 20% of AOA-only family medicine residency programs that have gained ACGME Pre-accreditation expressed little to no confidence in their ability to receive Initial ACGME Accreditation, and 30.8% of AOA-only family medicine residency programs that were planning to apply expressed little to no confidence in their ability to receive Initial ACGME Accreditation; 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 healthcare shortage areas; 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; and

WHEREAS, on May 4, 2017, H.R. 2373 was introduced to the United States House of Representatives to amend title XVIII of the Social Security Act to require the Centers for Medicare & Medicaid Services (CMS) to certify at least two accrediting bodies for the purpose of accrediting medical residency training programs in allopathic and osteopathic medicine; and

WHEREAS, many stakeholders interested in preserving community-based residency programs have expressed public and private interest in providing the funds necessary to develop an accrediting agency that is devoted to the accreditation of community-based hospitals that provide services to rural and underserved communities; and

WHEREAS, the American College of Osteopathic Family Physicians is uniquely positioned to provide the necessary leadership, organization, structure, administration, staffing, and educational programing necessary to become an accrediting agency; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) encourage legislative efforts in the United States Congress to amend title XVIII of the Social Security Act to require Centers for Medicare and Medicaid Services (CMS) to certify at least two accrediting bodies for the purpose of accrediting medical residency training programs in allopathic and osteopathic medicine and; be it further

RESOLVED, that the ACOFP Board of Governors collaborate with appropriate stakeholders interested in preserving community-based residency programs in order to secure adequate funding to undertake the process of becoming an accrediting agency without impacting current ACOFP budgetary goals and objectives; and, be it further

RESOLVED, that the ACOFP become an accrediting agency to provide accreditation to community-based hospitals with an emphasis on providing healthcare services to rural and underserved areas, encouraging resident training in rural and underserved settings, and decreasing the cost and administrative burdens that prohibit smaller community-based hospitals from opening or continuing residency programs.

The Board recommends that Resolution 17 be DISAPPROVED and REFERRED back to the ACOFP Resident Council. Explanatory Statement: The ACOFP works with multiple partner organizations to advance Graduate Medical Education; however, the resolution may limit ACOFP’s ability to further advocate for osteopathic family medicine under the Single Accreditation System. Also, the resolution has significant fiscal implications.

References:
RESOLUTION NO. 18

WHEREAS, that the American College of Osteopathic Family Physicians (ACOFP) advocates for
physician led healthcare teams based on their medical education and postgraduate training; and

WHEREAS, ACOFP recognizes that physicians (MD/DO) are the only entity licensed by state medical
boards to engage in the full, complete, unrestricted and independent practice of medicine; and

WHEREAS, Nurse Practitioners are licensed by state nursing boards to practice nursing and are not
regulated by state medical boards; and

WHEREAS, Nurse Practitioners are not subject to the same regulations as physicians and physician
assistants and are attempting to change their scope of practice from nursing to the full,
complete, unrestricted and independent practice of medicine; and

WHEREAS, regulation and licensing for all providers of the full, complete, unrestricted and
independent practice of medicine should be under only one regulatory body to assure safe
quality medical care for all; and

WHEREAS, state boards of nursing were commissioned to regulate nursing practice and not the full,
complete, unrestricted and independent practice of medicine; and

WHEREAS, when nurse practitioners diagnose and treat an illness they are practicing medicine and
not nursing and should be subject to the same rules and regulations as physicians and physician
assistants; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) stand opposed to the
full, complete, unrestricted and independent practice of medicine by nurse practitioners and
the regulation of this practice by state boards of nursing, and be it further;

RESOLVED, that the ACOFP will work with state and national entities American Academy of Family
Physicians (AAFP), American Osteopathic Association (AOA) and American Medical
Association (AMA) to educate and inform State and Federal Legislators regarding the dangers
in the unsupervised, full, complete, unrestricted, and independent practice of medicine by
nurse practitioners.

The Board recommends that Resolution 18 be DISAPPROVED. ACOFP policy already exists, CO3/2012.
RESOLUTION NO. 19

WHEREAS, the opiate epidemic in many areas in the United States, specifically in rural areas, is widespread, and many patients have restricted access to healthcare and primarily see their family physicians; and

WHEREAS, there are no specific guidelines or protocol for identifying patients who use drugs; and

WHEREAS, there has been a dramatic increase of overdoses; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) work with other organizations to implement safe and effective protocols for recognizing and handling drug related illnesses, and promote further research efforts in reducing drug related deaths.

The Board recommends that Resolution 19 be REFERRED back to the authors for further clarification due to inconsistent language.

References:
https://www.aafp.org/afp/2013/0715/p113.html
RESOLUTION NO. 20

WHEREAS, the Gun Control Act (GCA) of 1968 mandated that individual and corporate firearms dealers have a Federal Firearms License (FFL); and

WHEREAS, the Brady Handgun Violence Prevention Act, enacted in 1993 and implemented by the Federal Bureau of Investigations in 1998, requires background checks via the National Instant Criminal Background Check System (NICS) on sales conducted by licensed dealers who hold Federal Firearms Licenses (FFL); and

WHEREAS, neither act requires private, “unlicensed” dealers to perform background checks, such as intrastate firearm transfers from private parties who do not hold Federal Firearms Licenses (FFL); and

WHEREAS, sections 922(g)[16] and (n)[17] of the Gun Control Act (GCA), prohibit certain persons from shipping or transporting any firearm or ammunition in interstate or foreign commerce; receiving any firearm or ammunition that has been shipped or transported in interstate or foreign commerce; and

WHEREAS, a prohibited person is one who has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year; is under indictment for a crime punishable by imprisonment for a term exceeding one year; is a fugitive from justice; is an unlawful user of or addicted to any controlled substance; has been adjudicated as a mental defective or committed to a mental institution; is illegally or unlawfully in the United States; has been discharged from the Armed Forces under dishonorable conditions; having been a citizen of the United States, has renounced U.S. citizenship; is subject to a court order that restrains the person from harassing, stalking, or threatening an intimate partner or child of such intimate partner; has been convicted in any court of a "misdemeanor crime of domestic violence", a defined term in 18 U.S.C. 921(a)(33); now, therefore let it be

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) support enactment and enforcement of firearm legislation that requires universal background checks of all individuals requesting gun sales or transfers conducted by private, “unlicensed” dealers in order to increase safety and security related to firearm sales.

The Board of Governors recommends that Resolution 20 be REFERRED to the ACOFP Public Health & Wellness Committee for development of a comprehensive ACOFP policy on firearms safety related to public health and wellness, to be presented to the 2019 ACOFP Congress of Delegates.
References:


RESOLUTION NO. 21

WHEREAS, the Equality Act (S.1858, H.R.3185) was introduced in the 114th (2015-16) United States Congress to amend the Civil Rights Act of 1964 by establishing explicit, permanent protections against discrimination based on an individual’s sexual orientation or gender identity in matters of employment, housing, access to public places, federal funding, credit, education, and jury service, and

WHEREAS, unemployment, homelessness, avoidance of public facilities such as public restrooms, lower educational attainment, and financial hardship each correlate with increased medical and psychological comorbidities, and

WHEREAS, states lack clear, fully-inclusive non-discrimination protections for lesbian, gay, bisexual, transgender, queer/questioning people and intersex, and

WHEREAS, Healthy People 2020 includes the goal to improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender, queer/questioning and intersex (LGBTQI) individuals, and such goals cannot be achieved without clear and equal legal protections; and

WHEREAS, the 2017 ACOFP Congress of Delegates adopted Resolution 27 calling on the ACOFP to develop and adopt a policy position in support of sexual orientation and gender expression non-discrimination; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) adopt the proposed policy for Sexual Orientation and Gender Expression Non-Discrimination, as follows,

“The ACOFP believes that all patients should be treated equally, respectfully, and with dignity with regard to gender identity and sexual orientation, promoting quality medical care that is non-biased and provides equal care for all, thereby enabling physicians to be honorable stewards of our patients’ health care and creating a medical home that is welcoming to all regardless of sexual orientation or gender identification.”

The Board recommends that Resolution 21 be APPROVED.
RESOLUTION NO. 22

WHEREAS, physicians must proactively address the sexual health and needs of their patients and allocate time during office VISITS to address sexually transmitted diseases, unintended pregnancies, and unhealthy sexual decisions, specifically among teens and young adults; and

WHEREAS, young people, between the ages of 15 to 24, account for 50% of all new STDs, although they represent just 25% of the sexually experienced population; and

WHEREAS, 1 in 4 teens contract a sexually transmitted disease every year; and

WHEREAS, only about 35 percent of primary care physicians report that they often or always take a comprehensive sexual history and are often reluctant to address sexual health, due to embarrassment, feeling ill-prepared, belief that sexual history is not relevant to chief complaints, and time constraints; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) shall provide members with ACCESS TO educational materials and counseling techniques on sexual health concerning teens and young adults, including how to approach an uncomfortable and personal subject.

The Board recommends that Resolution 22 be AMENDED and APPROVED.

References:

RESOLUTION NO. 23

WHEREAS, low income communities have limited access to grocery stores and healthier options due to cost and are mostly limited to fast food and convenience stores compared to higher income communities; and

WHEREAS, according to the Centers for Disease Control, the Dietary Guidelines for Americans emphasizes eating whole grains, fruits, vegetables, and lean protein in order to keep a healthy lifestyle; all of which are foods that ARE more difficult to access with limited grocery stores in low income communities, including urban and rural settings; and

WHEREAS, the United States Department of Agriculture Economic Research Service reported 23.5 million Americans lived in low income areas more than 1 mile from a supermarket in 2009; and

WHEREAS, 1 in 3 American adults are obese and lack of access to nutritious food leading to unhealthy diet choices that can contribute to obesity and obesity related diseases like type 2 diabetes, hypertension, hyperlipidemia, heart disease, stroke, obstructive sleep apnea, osteoarthritis, and some types of cancer; and

WHEREAS, children who are overweight and obese are more likely to continue to be obese in adulthood; and

WHEREAS, childhood obesity profoundly affects children’s physical health, social, and emotional well-being, and self esteem and even potential success and happiness as adults; and

WHEREAS, environmental factors, lifestyle preferences, and cultural environment play pivotal roles in the rising prevalence of obesity worldwide; and

WHEREAS, the medical costs of obesity on an annual basis in 2008 were estimated to be 147 billion dollars, which is nearly 10% of all medical costs in America; now, therefore be it,

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) promote and fund programs that increase access to nutritious food options in ALL both urban and rural communities; and, be it further,

RESOLVED, that the ACOFP support research and monitoring of nutritious food access at state and national levels.

The Board recommends that Resolution 23 be AMENDED and APPROVED.
References:


SUBJECT: Health Concerns in Homeless Populations

SUBMITTED BY: Michigan Association of Osteopathic Family Physicians

REFERRED TO: 2018 ACOFP Congress of Delegates

RESOLUTION NO. 24

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 compare 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 healthcare for people living without homes; and, be it further,

RESOLVED, that the ACOFP support both social and health related resources for individuals and families living without homes; and, be it further,

RESOLVED, that the ACOFP promote, fund, or develop programs that deliver primary and preventive healthcare to all underserved populations, including those experiencing homelessness.

The Board of Governors recommends that Resolution 24 be REFERRED to the State Society for clarification of the type of support and programs being recommended.

References:
RESOLUTION NO. 25

WHEREAS, many diseases that impact the health of women rely on hormone replacement therapy (HRT) for treatment and better patient outcomes, such as reduction in dysmenorrhea and menorrhagia, fibroids, ovarian cysts, polycystic ovarian syndrome and its sequelae, and iron-deficiency anemia; and

WHEREAS, more than half (58%) of all patients rely on HRT, at least in part, for purposes other than pregnancy prevention (reducing cramps or menstrual pain (31%); menstrual regulation, which for some women may help prevent migraines and other painful “side effects” of menstruation (28%); treatment of acne (14%); and treatment of endometriosis (4%)), according to a study by the Guttmacher Institute; and

WHEREAS, current data suggests that oral hormone therapy increases bone density, with past HRT use decreasing fracture risk as women age; and

WHEREAS, hormone replacement therapies provide lasting reduction in the risk of two serious gynecologic malignancies, ovarian and endometrial cancer; with reduction in ovarian cancer risk being up to 40-80 percent, even up to 20 years after treatment, with compelling enough data to recommend the use of HRT to women at high risk (positive family history, positive BRCA carrier, or nulliparity), even if contraception is not required; and

WHEREAS, both hormonal intrauterine devices (IUD) and hormone-free copper IUDs appear to help reduce cervical cancer risk by up to 50 percent; and

WHEREAS, in certain medical conditions, such as polycystic ovarian syndrome, hormones can actually be utilized to improve fertility; and

WHEREAS, the Affordable Care Act requires insurance plans to cover all Food and Drug Administration approved methods of birth control for women without any out-of-pocket costs; and

WHEREAS, over 55 million women now have affordable health insurance coverage, with the cost benefit being 1.4 billion dollars on oral HRT alone in 2013, and studies
showing that more women are using health insurance to get their birth control;
now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) advocate
for female patients by promoting affordable hormone therapy coverage through
state health insurance programs; and, be it further

RESOLVED, that the ACOFP advocate for affordable hormone therapies, including more
advanced technologies like implantable hormone delivery devices, by pledging its
full support of state and federally funded programs that provide access to affordable
hormone therapies for all women, regardless of income or insurance coverage.

The Board recommends that Resolution 25 be REFERRED back to the State Society for
clarification of the resolves and update references.

References:

<https://www.guttmacher.org/news-release/2011/many-american-women-use-birth-
control-pills-noncontraceptive-reasons>.

Jensen, JT and Speroff, L. Health Benefits of Oral Contraceptives. Jensen JT1, Speroff L.
RESOLUTION NO. 26

WHEREAS, organizations like DOCARE have shown dedication to global health medical service work since 1961; and

WHEREAS, osteopathic medical schools maintain international pre-clerkship electives and clerkship rotations in approximately 58 countries; and

WHEREAS, physicians expand their medical knowledge by encountering clinical presentations and diagnoses rarely seen in the United States; and

WHEREAS, volunteering and assisting with medical relief programs increases osteopathic visibility abroad by creating cross-cultural professional relationships with international health care leaders, especially in the context of performing Osteopathic Manipulative Treatment; and

WHEREAS, osteopathic physicians and medical students desire global outreach experiences, but in some cases are limited by a lack of available opportunities; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) collaborate with physicians, osteopathic medical schools, and international organizations to establish new international medical outreach opportunities for physician, resident, and students members, to improve cultural competency and increase international osteopathic recognition.

The Board of Governors recommends that Resolution 26 be REFERRED back to the State Society for clarification, as the scope of what is being requested may not be within ACOFP’s ability and fiscal resources.

References:


RESOLUTION NO. 27

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) is a community of current and future family physicians that champions osteopathic principles and supports its members by providing resources such as education, networking and advocacy while putting patients first; and

WHEREAS, the ACOFP Board of Governors has actively solicited comments from members and key constituencies on the extent to which Medical Doctors (MDs) may be accepted as Active Members; and

WHEREAS, the Board of Governors received and reviewed almost 350 comments, conducted its own debate, and developed its recommendations; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates adopt the recommendations in the Report of the ACOFP Board of Governors on MDs as Active Members; and, be it further

RESOLVED, that the Board of Governors be charged to direct the ACOFP Constitution & Bylaws/Policy & Organization Review Committee to prepare proposed amendments to the ACOFP Constitution & Bylaws and ACOFP Policy Manual that implement the recommendations in the Report of the ACOFP Board of Governors on MDs as Active Members; 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.

The Board recommends that Resolution 27 be APPROVED.
Timeline for 2018 Congress and Beyond

This Report presents the ACOFP Board of Governors recommendations regarding the extent to which MDs may be accepted as Active Members of the American College of Osteopathic Family Physicians.

The recommendations are placed on the 2018 ACOFP Congress of Delegates agenda through a Board resolution and will be debated in a Reference Committee of the Whole at Congress Session I on Wednesday, March 21. At Congress Session II on Thursday, March 22, the Reference Committee report will be presented for further Congress debate and consideration of possible amendments to the recommendations.

Following the 2018 Congress, the ACOFP Constitution & Bylaws/Policy & Organization Review Committee will draft proposed amendments to the ACOFP Constitution & Bylaws and ACOFP Policy Manual that are necessary to carry out the Congress action. These proposed amendments will be reviewed by the ACOFP Board and published in the official ACOFP Journal – *Osteopathic Family Physician* – prior to February 18, 2019, thereby fulfilling the requirement to notify members 30 days in advance of the next Congress, which will take place March 20-21, 2019.

Past Actions Leading to the 2018 Congress

The ACOFP now accepts MDs only as Professional Affiliate Members who can serve on committees, but MDs cannot be Delegates to Congress, become ACOFP Fellows, or hold elected office. There are four MDs who currently hold Professional Affiliate Member status.

The 2016 Congress directed the Board to consider changes to the ACOFP Constitution & Bylaws that would be necessary to allow MDs to become ACOFP Active Members – an issue arising from the transition to the ACGME Single Accreditation System that will allow MDs to complete residency training in Family Medicine residencies with ACGME Osteopathic Recognition status. Furthermore, it is anticipated that the American Osteopathic Association will open its certification to MDs.

The Board presented its White Paper at the 2017 Congress, offering various perspectives on 17 aspects related to accepting MDs as Active Members and offering three possible models – Status Quo, Hybrid with Conditions, and Full Parity. Prior to developing its own recommendations, the Board asked ACOFP State
Societies, selected ACOFP committees/constituencies, and individual members to submit comments on the White Paper by September 15, 2017. The request for comments was issued in April, followed by reminders in May, August and early September.

At its October 7, 2017 meeting the Board considered almost 350 comments, concluding that there was no clear consensus – 29% for Status Quo; 31% for Hybrid with Conditions; and 28 percent for Full Parity; however, the comments were valuable in guiding the Board deliberations.

Ultimately, the Board did not opt for one of the proposed models over another, but rather chose to make its own recommendations on each of the 17 aspects of the issue. These recommendations are now presented for consideration and action by the 2018 ACOFP Congress of Delegates.

ACOFP Board of Governors Recommendations for MDs as Active Members

Active Member Status
Presently, the ACOFP Constitution Article III, Section 1. Qualifications states in part, “An applicant for membership, except as provided herein, shall be a graduate of a college of osteopathic medicine approved by the American Osteopathic Association at the time of graduation and shall be licensed to practice osteopathic medicine.”

The Board of Governors recommends that ACOFP accept MDs as Active Members with criteria that parallels the criteria for DOs to be accepted as Active Members; however, the Board recommends that there be additional conditions regarding such items as MDs being nominated to the ACOFP Board, serving as a committee chair, and being nominated as an ACOFP Fellow, among others.

Organization Name
Do not change the organization name – it should remain, “American College of Osteopathic Family Physicians.”

Mission Statement
Do not change the Mission Statement – it should remain, “To promote excellence in osteopathic family medicine through quality education, visionary leadership and responsible advocacy.”

Vision Statement
Change the Vision Statement, as follows: “To serve as the professional home/community for osteopathic family physicians AND OTHER PHYSICIANS DEMONSTRATING COMMITMENT TO OSTEOPATHIC FAMILY MEDICINE, fostering the career-long success of its members – to this are dedicated all ACOFP leadership, staff and financial resources.”

Note that the Vision Statement is not in the ACOFP Constitution & Bylaws or ACOFP Policy Manual and does not require formal amendment by the ACOFP Congress – it is approved periodically by the ACOFP Board of Governors and appears in the Strategic Plan.

ACOFP Definition of an Osteopathic Physician
An osteopathic physician is a person who has earned the DO degree from a college of osteopathic medicine that is accredited by the Commission on Osteopathic College Accreditation. An MD may practice osteopathically, but an MD is not an osteopathic physician.

Note that the ACOFP Definition of an Osteopathic Physician is not in the ACOFP Constitution & Bylaws or ACOFP Policy Manual and does not require formal amendment by the ACOFP Congress. The definition is recommended by the Board for the purpose of this discussion.

ACOFP Board Criteria for Officer & Governor
An MD who is accepted as an ACOFP Active Member must further demonstrate commitment to osteopathic family medicine to be a Governor or Officer, with the ACOFP Nominating Committee being the filter through which candidate qualifications are evaluated. The ACOFP Nominating Committee consists of the previous seven ACOFP presidents.

ACOFP Board Criteria for Resident Governor
An MD resident who is an active trainee in Osteopathic Focused Education at a Family Medicine residency with ACGME Osteopathic Recognition status may be nominated for the Resident Governor position.

ACOFP Board Criteria for Student Governor
An MD medical student is not eligible to be nominated for Student Governor, due to the lack of formal osteopathic training.

ACOFP Committee Participation
Continue to accept MDs on committees with vote; however, for the committee chair positions, only those MDs who have completed Osteopathic Focused Education at a residency with ACGME Osteopathic Recognition status can be appointed.

ACOFP Congress of Delegates
An MD Active Member can be a Delegate in the ACOFP Congress of Delegates.

ACOFP State Societies
Individual states are to determine whether to allow MD membership in the ACOFP state society and the extent of their rights and privileges.

ACOFP Residents Council
An MD resident who is an active trainee in Osteopathic Focused Education at a Family Medicine residency with ACGME Osteopathic Recognition status may be a member of the Residents Council.

Student Chapters
The ACOFP Board makes no recommendation at this time, pending further study of whether to accept MD medical students as ACOFP Student Chapter members. Aspects to be addressed are the fiscal impact on the ACOFP budget, the leadership role of MD medical students in ACOFP Student Chapters, and the geographic distance between ACOFP Student Chapters and MD medical students.

ACOFP Fellow & Distinguished Fellow Criteria
The ACOFP Board defers to the ACOFP Conclave of Fellows to make a recommendation on whether MDs can become ACOFP Fellows and ACOFP Distinguished Fellows. The Executive Council of the Conclave of Fellows responded to the White Paper by suggesting that an MD Fellow nominee must demonstrate a commitment to osteopathic medicine; however, there is no consensus on what the criteria should be. Note that one criteria for ACOFP Fellow nomination is that the candidate must have paid Active Member dues for the previous six years.

Award Criteria
Modify the criteria to allow MDs to qualify for all ACOFP awards.

Membership in the Auxiliary to the ACOFP
Membership in the Auxiliary to the ACOFP shall be open to all family and friends of those who qualify for ACOFP membership.

Auxiliary Student Scholarship Criteria

The ACOFP Board defers to the Auxiliary to the ACOFP to make a recommendation for the Student Scholarship Criteria.
RESOLUTION NO. 28

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) is an independent organization and is incorporated in the State of Illinois; and

WHEREAS, the ACOFP Constitution & Bylaws belong to the ACOFP membership; and

WHEREAS, requiring membership in another organization in order to participate as a member or officer in the ACOFP has no justification; now, therefore be it

RESOLVED, that the ACOFP Constitution, Article VI, Section 1. Qualifications, which states:

“The Governors shall be active or academic members in good standing of the College and must be American Osteopathic Association (AOA) members” be amended by striking “and must be members of the AOA.”

The Board has not reviewed Resolution 28.
RESOLUTION NO. 29

WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) is an independent organization and is incorporated in the State of Illinois; and

WHEREAS, the American Osteopathic Association (AOA) is an independent organization and is incorporated in the State of Illinois; and

WHEREAS, the ACOFP and the AOA have entered into an AOA Specialty Affiliation Agreement for certain common purposes; and

WHEREAS, the AOA Specialty Affiliation Agreement was approved by the AOA on July 14, 2011 and the ACOFP on January 21, 2012; and

WHEREAS, the AOA Specialty Affiliation Agreement Section III.A. recognizes each organization as being a separate corporate entity; and

WHEREAS, the AOA Specialty Affiliation Agreement Section III.B. recognizes that each organization is a “self-governed and independent legal entity”; and

WHEREAS, the Constitution & Bylaws of the ACOFP belong to the members of the ACOFP; and

WHEREAS, the Constitution of the ACOFP Article V – Congress of Delegates, states “The Congress of Delegates shall be the policy-making and legislative body of the College, and shall perform such functions as set forth in the bylaws”; now, therefore be it

RESOLVED, that the Constitution of the ACOFP Article IX. AMENDMENTS, Section 2, which states: “An amendment to these Bylaws shall not be effective until they are submitted to and approved by the Board of Trustees of the American Osteopathic Association (AOA)” be amended by striking this section; and, be it further

RESOLVED, that the ACOFP Bylaws, Article XVI- AMENDMENTS, Section 2, which states: “All amendments to the Bylaws shall not be effective until they are submitted to and approved by the Board of Trustees of the AOA” be amended by striking this section.

The Board has not reviewed Resolution 29.