OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

Oregon Academy of Family Physicians Policy Handbook

Revised September 2025

A compendium of policy positions adopted by the OAFP Congress of Members.

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POLICIES OF THE OREGON ACADEMY OF FAMILY PHYSICIANS

1. ABORTION

Abortion is a matter in which the ultimate decision should be left to the individual patient and physician. State funds should be restored for abortions for medically indigent women. (May 1979)

The Academy should work with the State Health Division to ensure that third trimester abortions be discouraged; and encourages Academy members to educate patients and their communities that alternatives to abortion are available, including birth control, adoption and support groups for mothers, and assist them in exercising their options. (May 1985)

The Academy resolves that AAFP oppose legislation that targets family doctors who provide abortion services and that AAFP issue a position paper against the practice of criminalizing physicians for providing abortion care. (May 2019)

The OAFP opposes criminalizing people for crossing state lines to access abortion or to help someone access abortion.

The AAFP will oppose criminalizing people for crossing state lines to access abortion or to help another person to cross a state line to access abortion care. (April 2020)

2. ACCESS TO CARE

The Academy encourages its members to care for society's poor, either by volunteering at clinics already established, or be some other means. (May 1988)

The Academy supports development of plans and funding for universal access to affordable health care and should continue to be actively involved in legislative efforts to this end. (May 1990)

The Academy supports continued discussions at the AAFP level to complete a proposal for universal coverage for all people in the US and supports, in concept, the 7 elements for universal coverage outlined in the draft proposal by the Task Force on Universal Coverage. (May 2001)

The OAFP Board will study the implications and possibilities of joining as a full institutional member organization within Health Care for All Oregon and make a recommendation to the Congress of Members at the 2020 Congress of Members. (May 2019)

The OAFP reaffirms its support of equitable access to health care, and for the value of the 2021 Task force on Universal Access to Health Care being able to complete its work. The Commission on External Affairs will evaluate the best path forward for the OAFP to support the work of the 2021 Governor's Task Force on Universal Access to Health Care. (April 2020)

The Oregon Academy of Family Physicians supports legislation to alleviate the burden of diaper need for needy families with young children, and encourage the AAFP to do the same. (April 2023)

Regarding People Experiencing Homelessness:

The OAFP will support housing-first initiatives in accordance with existing AAFP policy.

The OAFP will promote financial reimbursement for street and shelter-based services among all third-party payers.

The OAFP will support legislation and programs increasing the number of medical respite beds and access to medical respite extending beyond short-term stabilization.

The OAFP will oppose legislation endorsing the forced relocation of People Experiencing Homelessness ("sweeps") and advocate instead for evidence-based legislation that improves health outcomes. (May 2025)

The OAFP supports policy excluding healthcare settings from immigration enforcement. (May 2025)

The OAFP will develop a policy statement regarding the use of appropriate language interpretation in clinical encounters in pursuit of improving health outcomes for all patients.
The OAFP support initiatives that identify and study the health outcomes of patients with Limited English Proficiency who do not have access to concordant language interpretation (such as patients who speak languages of lesser diffusion).
The Oregon Academy of Family Physicians explore policies that improve language access infrastructure such as identifying emerging languages represented in Oregon's changing population.
The OAFP supports policies creating expedited pathways for language interpretation certification for bicultural and bilingual medical staff to reduce administrative barriers and increase patient access to in-person language interpreters.
The OAFP support policies to reimburse practices for interpreter services. (May 2025)

The OAFP will advocate in close collaboration with organizations including but not limited to the Oregon Primary Care Association, Oregon Health Authority, and the Oregon Sheriff's Association for a smooth transition of primary care from the last 90 days of incarceration to the first 30 days post-incarceration including establishing with community primary and specialty care prior to release, to include solutions such as telemedicine. (May 2025)

3. ALCOHOL CONSUMPTION

The Academy, in recognition of ORS 471.030 which charges the OLCC to promote temperance in alcohol consumption, opposes monthly sales "specials" and questions the legality of special sales and should seek an AG opinion on the subject.

The Academy recommends that fortified wines should be put in the same class as other products sold only in OLCC liquor stores. (May 1986)

4. ANAPHYLACTIC REACTION

The Academy supports amendment of the appropriate statute to enable appropriately trained law people to legally administer epinephrine in the event of severe anaphylactic reaction due to any cause. (May 1988)

5. BASIC HEALTH CARE

The Academy adopted a concept of basic health care, as follows:

BASIC HEALTH CARE

1. Treatment of sudden severe illnesses (e.g., heart attack, infections, acute severe psychiatric illness, accidents, broken bones or pneumonia).
2. Education and preventive care for children (e.g., well child care; immunizations, vision, dental and hearing care, both preventive and restorative).
3. Family planning, including prenatal services.
4. Treatment of on-going conditions with an expectation of cure or life expectancy of over five years (e.g., diabetes, severe depression, arthritis, hypertension, schizophrenia, hip replacement).
5. Prescription drugs and medical supplies.
6. Mental health treatment services for crisis situations (e.g., attempted suicide, victims of violence, child abuse and other situations which may require hospitalization).
7. Education and preventive care for adults (e.g., screening for cancer, hypertension, heart disease and diabetes).

The foregoing represents a minimal level below which no citizen should fall. (May 1990)

6. BIRTHING

The Academy supports making the birth experience as free from trauma and hazard as possible. (May 1984)

The Academy supports drafting of legislation for licensing and regulation of birth attendants. (May 1984)

The Academy supports legislation for licensing and regulation of freestanding birthing centers. (May 1984)

7. BOXING

The Academy urges its members who participate in pre-match physical examinations to make a greater effort to educate athletes and their families as to the potential long-term neurological consequences of boxing; and promote practices which increase the safety of the sport. The Academy encourages athletic endeavors other than boxing. (May 1984)

8. BREAST/CHEST FEEDING

The Academy urges the AAFP to provide and promote ongoing medical education regarding the benefits of breast/chest feeding. (May 2000, REAFFIRMED 2024)

The Academy supports the enforcement of current legislation as well as additional legislation that supports the ability of working parents to breast/chest feed, and resolves that AAFP support the enforcement of current legislation as well as additional legislation that supports the ability of working parents to breast/chest feed. (May 2019, REAFFIRMED 2024)

9. CHIROPRACTIC, NATUROPATHY

The Academy will continue to support the OMA positions on legislative and other governmental measures relating to expansion of chiropractic and naturopathic practice, insofar as they are consistent with the goals of the OAFP.

10. CLIMATE CHANGE

The OAFP follows policies articulated by the AAFP in this topic area

11. CONTROLLED SUBSTANCES

The OAFP follows policies articulated by the AAFP in this topic area.

12. CORPORATE PRACTICE OF MEDICINE

The OAFP advocates for the prohibition of the corporate practice of medicine by supporting policies and state-level legislation that prioritizes clinician autonomy and restricts corporate influence in medical decision-making. (APRIL 2024)

The AAFP will promote state and federal legislative efforts to enforce strict regulations that prevent corporations from directly influencing healthcare providers in clinical decision making (APRIL 2024)

13. COST OF MEDICAL CARE

The Academy encourages its members to convey to their patients the fact that a good portion of the responsibility for rising costs of medical care lies with federal and state government agencies and other economic forces independent of medicine. The primary goal of physicians is to provide the highest quality of medical care possible. Academy members are encouraged to be cognizant of the cost-effectiveness of every procedure in their office practice and strive to minimize rising costs of medical care. (May 1979)

14. DEA NUMBERS

The Academy discourages release of Drug Enforcement Administration license numbers for purposes other than verification to the dispenser that the prescriber is authorized to prescribe under the law. (May 1994)

15. DIRECT TO CONSUMER ADVERTISING

The OAFP supports a ban on direct to consumer advertising of prescription drugs and medical devices. (March 2016)

16. DRUG FORMULARIES

The OAFP will work with the Oregon Insurance Commission or through the state legislative process to:

1. Require insurers to include covered formulary alternatives to each denied medication in the initial letter of denial of coverage
2. Report the percentage of denials in each drug category.
3. Require that insurers be proactive, notifying patients and providers *before* the new formulary takes effect that a formulary change will affect coverage of a specific medication
4. Require that insurers provide the specific reason for denial of coverage in the initial letter of denial (April 2015)

17. DUIL

The Academy heartily endorses the 1983 OMA position paper on drunk driving and urges passage of legislation conforming to its guidelines (May 1983)

18. END OF LIFE CARE

The Academy will continue to educate its members about their role in caring for the dying and will promote the availability of improved palliative care options for the terminally ill and thereby encourage more effective home care for them. (Retitled from “dying patients” and reaffirmed, April 2024)

The Academy recognizes Voluntarily Stopping Eating and Drinking (VSED) as an ethically appropriate end-of-life option for decisionally capable patients experiencing intractable suffering or unacceptable debilitating illness. The Academy supports physician education on VSED and affirms the role of family physicians in compassionately assisting patients and families in navigating this choice, consistent with published guidelines and best practices in hospice and palliative care. (April 2025)

19. ENDORSING CANDIDATES

The OAFP does not endorse candidates. (July 2008)

20. ENVIRONMENTAL HEALTH AND CLIMATE CHANGE

The OAFP follows policies articulated by the AAFP in this topic area

21. FAMILY PHYSICIANS DOING OB

The Academy endorsed the Oregon ACOG prenatal form and encouraged its use by Academy members doing obstetrics. (May 1988, REAFFIRMED 2024)

The Academy should continue to address the cost and availability of professional liability insurance necessary for rural family practice. (May 1988, REAFFIRMED 2024)

The Academy believes that family physicians should be reimbursed for intrapartum care when the patient is subsequently referred to an obstetrician for C-section. (May 1990) (May 1991, REAFFIRMED 2024)

22. FAMILY-CENTEREDNESS AT AAFP MEETINGS

The Academy supports policy that AAFP will provide an on-site play area for children and their caregivers at the AAFP FMX and COD; will consider providing on-site child care services at FMX and COD, and will enhance efforts to accommodate breastfeeding parents at FMX and COD by providing a lactation lounge with basic services including privacy, running water, refrigerated milk storage, and opportunities to donate excess breast milk. (May 2019)

23. FIELD BURNING

The Academy believes that health effects of field burning are of concern to the Oregon Academy of Family Physicians and that the OAFP should exert influence so that the State Health Division will assume responsibility for design, coordination, performance and evaluation of studies to reliably define the significance of field burning to public health. (May 1981)

24. FLUORIDATION

The Academy supports legislation and/or programs that would fluoridate municipal water systems. (May 1991)

The Academy supports continuation of King Fluoride (mouth rinse) programs in Oregon's public schools. (May 1991)

25. FOUNDATION

The Academy supports the establishment of an Oregon Academy of Family physicians Foundation for the purpose of providing resources to its members. (May 1994)

The Academy will provide a portion of the dues increase to the Foundation (May 1999)

26. GAMBLING

The Academy supports limiting gambling advertising and will provide leadership in providing education regarding gambling addiction. (REAFFIRMED 2024)

27. GENDER-NEUTRAL PRONOUNS

The Academy resolves that the AAFP will include gender pronouns in all AAFP-sponsored event and conference registrations starting in 2020, with an opt-out option for individuals who do not wish to have gender pronouns included on their name badges.

The Academy will include gender pronouns in all OAFP-Sponsored event and conference registrations starting in 2020, with an opt-out option for individuals who do not wish to have gender pronouns included on their name badges. (May 2019)

28. GENDER AFFIRMING CARE

The Academy supports family physicians in Oregon in providing gender affirming care to all people, including transgender youth.

The AAFP supports gender affirming care for all people, including transgender youth.
The AAFP opposes the criminalization of family physicians who provide gender affirming care for youths or adults. (April 2020)

29. GRADUATE MEDICAL EDUCATION FUNDING

The Academy strongly supports the principal concepts included in MedPAC recommendations related to GME funding and will express that support to our Congressional delegation, the OMA and the AAFP. (April 2011)

30. GUIDING PRINCIPLE FOR OAFP DECISIONS

The Academy will ask this question, "Does this improve the health of my patients and community" as a general guiding policy when making decisions about proposed legislation or new AAFP policy. (April 2012)

31. GUNS

The Academy supports a ban on the sale, manufacture or possession of lethal plastic handguns in the State of Oregon. (May 1988)

The Academy supports Ballot Measure 99, the Gun Violence Prevention Act. (May 2000)

The Academy urges the Oregon legislature to adopt Project Safe Neighborhoods and encourages the State Division of Education to institute and fund a firearm safety program into the curriculum of all Oregon public elementary schools. (May 2001)

The Academy supports background checks for all gun purchases in the State of Oregon. (April 2013)

The Academy will write a letter to the Office of the Surgeon General requesting a comprehensive report on gun violence on the order of the 1964 Report on Smoking, detailing the urgency of action to prevent firearm suicides and homicides in the U.S. using a public health, harm reduction approach. (March 2016)

The Academy will support sensible restrictions on gun ownership at a state level and support state laws that would protect children from dangerous or unsupervised gun use. (April 2018)

32. HEARING

The Academy strongly discourages the playing of music at decibel levels known to be damaging to the inner ear (in accordance with existing OSHA guidelines; and supports state legislation to limit decibel levels at entertainment centers. (May 1986, REAFFIRMED 2024)

33. HOSPITAL GOVERNING BOARDS

The Academy encourages the inclusion of physicians on governing boards of all Oregon hospitals. (May 1980)

34. HOSPITALISTS

The Academy will monitor the use of hospitalists in Oregon and periodically report to the membership on the issue of hospitalists.

35. HOSPITALS IN PRIMARY CARE

The Academy opposes the concept of hospitals entering into the practice of primary care. (May 1979)

36. INDIVIDUALIZED PHYSICIAN RENEWAL PROGRAM (IPRP)

The Academy endorses the development and implementation of Oregon's IPRP and encourages its members to participate as mentors and to participate in the development of methods to measure clinical performance as a basis for establishing group norms. (May 1990)

37. INTERNATIONAL MEDICAL GRADUATES

The OAFP will support legislation that facilitates licensure of internationally trained physicians to practice medicine in Oregon. (April 2023)

38. LONG TERM CARE FACILITIES

The Academy urges members to continue responsibility for care of their patients following patient's admission to long term care facilities; and promote quality health care in such facilities.

The Academy encourages members to continue responsibility for the care of their own patients following admission to long-term care facilities, or to make appropriate alternate arrangements for the care of their patients; and strongly encourages its members to share responsibility for and participate in the care of long-term facility patients who have no previously established relationship with a primary care physicians. (May 1992)

39. MARKETING TO CHILDREN

The Academy will ask the AAFP to encourage McDonalds and other national fast food corporations to immediately cease marketing promotions to children. (April 2011)

40. MEDICAL CERTIFICATE FOR MARRIAGE LICENSE

The Academy supports legislation (SB 615-1981 Session) to remove the requirement of a medical certificate as a prerequisite to issuance of a marriage license and encourages patient

education efforts toward the value of premarital counseling as an important component of health maintenance and continuing of patient care. (May 1981)

41. MEDICAL STUDENTS

The Academy will encourage OHSU to make all reasonable efforts to use an expansion of the medical school class size to increase the proportion of students interested in primary care and from rural backgrounds. (May 2007)

42. MEDICAID ELIGIBILITY

The Academy requests the AAFP to lobby congress to repeal the proof of citizenship requirement for Medicaid eligibility. (REAFFIRMED 2024)

43. MEDICARE

The Academy will ask the AAFP to address current barriers to out patient Resident and medical student education raised by current Medicare regulations. (May 2001)

44. MEDICATIONS, prescribing, dispensing

The Academy supports the rights of family physicians to prescribe and dispense medications whenever and wherever appropriate and in the best interests of the patient. (May 1987)

45. MEMBERSHIP

The Academy supports the creation of an AAFP Affiliate Membership category for Family Medicine Clinic Managers and Administrators. (2018)

46. MENTAL HEALTH

The Academy established an Ad Hoc Committee on Mental Health to advance understanding and knowledge about mental health among family physicians by organizing workshops and conferences; and to cooperate with organizations whose functions include addressing issues of mental health as they affect the personal and professional lives of physicians. (May 1983)

47. MOTORCYCLE HELMETS

The Academy strongly supports legislation (HB 2656-1979 Session) making protective head gear for motorcycle operators and passengers mandatory for all ages. (May 1979)

48. NARCOTICS, use of for chronic pain

(See controlled substances)

The OAFP independently endorses ongoing petition efforts in support of equitable prescribing privileges for buprenorphine-containing medications for PAs and APRNs. (April 2020)

The OAFP send a letter to the Federal Aviation Administration asking for the medical first aid kits on airplanes to be updated to include narcan, glucagon, and medication for seizure treatment, and also to establish a schedule for routine updates to kit contents based on professional society guidelines. (April 2020)

49. NATIONAL CONFERENCE FOR SPECIAL CONSTITUENCIES

The OAFP will provide a $1500 stipend for up to 3 participants at the NCSC. (July 2008)

50. NATIONAL PRACTITIONER DATA BANK

The Academy urges changes to the current law that would require notification of a practitioner each time his/her file is accessed, providing him/her with the name and address of the individual or organization that has requested information. (May 1992)

51. NUCLEAR WAR

The Academy encourages its members to become knowledgeable about the health implications of even a limited nuclear exchange and to work diligently to inform the public and political leaders that a nuclear holocaust is the greatest threat to the health and propagation of the human race. (May 1981)

The Academy reaffirmed its position that nuclear war is not meaningfully survivable and that there is no medical response in the event of nuclear war and urges the State of Oregon to not participate in disaster planning for nuclear war. The Academy remains in favor of disaster planning, and particularly, disaster planning for nuclear disaster (e.g., Chernobyl).

52. NURSE PRACTITIONERS

It is the policy of the Academy to seek and reflect a harmonious relationship with nurse practitioners as members of the health care team, endorsing nurse practitioners as allied workers with the supervision of a physician. (May 1982)

53. NUTRITION

The AAFP will advocate for equipping primary care providers with educational content regarding culturally sensitive evidence-based nutrition guidelines and tools for counseling patients regarding healthy dietary lifestyles. (April 2022)

54. OBESITY

The OAFP follows policies articulated by the AAFP in this topic area.

55. OFFICE LABORATORIES

The Academy opposes any legislative effort to mandate that laboratory test be performed only be laboratory technologists in offices of fewer than five physicians. The Academy should

encourage and assist physicians in seeking quality control mechanisms to maintain high quality work in physicians' offices. (May 1979)

56. OHSU DEPARTMENT OF FAMILY MEDICINE

The Academy encourages the University of Oregon Health Sciences Center and Oregon state legislators to provide more training programs for family physicians. (May 1979)

The Academy through its Public Policy committee and Public Relations Committees is directed to place greater emphasis on the training of family physicians at both student and resident levels at University of Oregon Health Sciences Center. (May 1981)

The Academy will explore the inclusion of the Family Practices Residency Program as a line item budget of the State Legislature. (May 1983)

The Academy encourages OHSU to develop a focused training program in rural family medicine. (May 1988)

57. PAYMENT MODELS

The OAFP endorses the AAFP's method of payment attribution and payment model described in the white paper titled "Advanced Primary Care: A Foundational Alternative Payment Model for Delivering Patient-Centered, Longitudinal, and Coordinated Care". (April 2018)

The OAFP endorses the creation and implementation of a comprehensive plan for primary care that would 1) change the way we pay for primary care, from transactional fee-for-service to prospective payment, including immediate payment of a monthly fee to cover the range of primary care services provided during the pandemic; 2) implement regulatory and payment changes to accelerate the adoption and use of telemedicine in primary care as a means of enhancing established patient/provider relationships; 3) use federal power to procure and stockpile necessary items, like personal protective equipment, to prepare for future public health crises, and tailor our primary care workforce by producing more primary care and public health workers and implement strategies to encourage their appropriate geographic distribution. (April 2020)

58. PAP SMEARS

The Academy supports repeal of legislation requiring certain females to be offered pap smears upon admission to hospitals and encourages hospitals to begin gathering data now (1979) which will offer a base for an effort toward repeal in the 1981 session. (May 1979)

59. PATIENT CENTERED MEDICAL HOME

The OAFP will make the education, research and advocacy for Patient-Centered Medical Home a top priority for the next five years. (May 2009)

OAFP will advocate for primary care payment reform using the Standards, Measures and Guiding Principles for Patient Centered Primary Care Homes developed by the Standards Advisory Committee appointed by the Oregon Health Authority. (May 2010)

60. PHARMACEUTICAL MANUFACTURERS

The Academy, in addition to adoption by reference of AMA guidelines for relationships with pharmaceutical, device, and medical equipment industries [Report F (I-90) of the AMA Council on Ethical and Judicial Affairs]; recommends to its members the conclusion of the American College of Physicians.

White Paper: "Would you be willing to have these arrangements generally known?" as a useful measure of acceptability of particular interactions between a physician and industry.

The OAFP adopted by reference the AAFP Guidelines on industry-physician relationship (as adopted by the AAFP congress of Delegates, 1991) as OAFP policy. (May 1992)

The Academy will remind its members of the existing policies regarding receiving gifts of value from the pharmaceutical industry and will review and if necessary revise existing policy. (May 2001)

The Academy will ask the AAFP to investigate the pharmaceutical industry's pattern of profiteering from the pharmaceuticals they sell, with the intent of searching for effective ways of presenting this issue to the public, to stakeholders, and to the medical community. (April 2015)

The OAFP will ask the AAFP to search for ethical, legal and business means to address the pharmaceutical industry's pattern of profiteering from the pharmaceuticals they sell. (April 2015)

The Academy supports allowing Medicare part D to negotiate for drug prices. (March 2016)

61. PHARMACEUTICAL INDUSTRY SUPPORT

The Academy requests the AAFP to produce a single source, easily accessed and transparent document delineating all sources of pharmaceutical industry support for AAFP activities, the journals and publications and the AAFP Foundation. This report should use a logical and consistent methodology to report the funding and be distributed by 1/31/08. The OAFP also strongly suggests that the affiliated organizations, such as STMF and AFMRD, do a similar analysis of their pharmaceutical funding support and post the data on their website. The Academy will adopt these same reporting policies. (May 2007)

The OAFP Board of Directors voted unanimously to forego all pharmaceutical support for any OAFP operations, including CME programs and magazine advertising. The OAFP will not accept any pharmaceutical exhibitors, nor any unrestricted grants from pharmaceutical companies. Included with pharmaceutical companies are vaccine manufacturers.

Occasionally, the OAFP is offered a CME program from a 3rd party. Examples include other state Academies, national associations and universities. Most likely, one or more pharmaceutical

companies provided support for that program at some point in its creation. It is unrealistic to trace back the funding sources of every CME program. When considering these programs, our due diligence will include discussions with the CME provider and assurances as to the complete autonomy of the subject matter. (November 2007)

The OAFP will support the AMA's CEJA report (July 2008)

62. PHYSICIAN AID IN DYING

The Academy will establish a mechanism for preparation of a discussion paper for the guidance of its members. (May 1991)

The Academy will develop educational programs on care of the terminally ill patient, including relief of pain and suffering and anxiety of the patient and the patient's family; such education to include helping physicians to evaluate programs available for terminally ill patients and their families and where such programs are not available, to help develop community programs. (May 1994)

The OAFP, without supporting or opposing physician assisted suicide, will make available to members who desire it, educational resources that will enable them to respond knowledgeably to inquiries of patients regarding physician assisted suicide or aid in dying. (May 1996)

The Academy will compile a bibliography on physician aid in dying and make it available via the *Oregon Family Physician*. (July 1996)

The Academy opposes passage of the Pain Relief Promotion Act. (May 2000)

63. POLITICAL DETERMINANTS OF HEALTH

The OAFP will recognize political determinants of health and their impacts on social determinants of health, when appropriate; the OAFP will encourage the AAFP to do the same. (April 2023)

64. PRECEPTORS

The Academy encourages its members to serve as clinical preceptors for medical students. (May 2007)

65. PRENATAL TESTING

The Academy recommends that the Oregon Health Division conduct an ongoing, evidence-based review of serologic testing for "routine" prenatal tests to determine cost-effectiveness and usefulness. (May 2000)

66. PRESCRIPTION MONITORING PROGRAM

The Academy supports the creation of an electronic Prescription Monitoring Program. (May 2008)

67. PRIMARY CARE SPENDING

The Academy asks the AAFP develop strategies and resources to advocate for increasing the percentage of health care spending devoted to primary care applicable at both the national and state levels; and work with payers to advocate for increasing the percentage of primary care spending throughout the nation. (March 2016)

68. PRIVILEGING

The Academy supports the AAFP disseminating information regarding core privileging and working with other specialty societies to embark on research that will determine minimum criteria for procedures to help credentialing entities fairly judge physicians' qualifications to perform them. (May 1998, REAFFIRMED 2024)

69. PROFESSIONAL LIABILITY INSURANCE

The Academy should continue to address the cost and availability of professional liability insurance necessary for rural family practice. (May 1988)

The Academy petition and assist the OMA and other pertinent organizations to pursue state legislation directed toward physician liability insurance relief for physicians providing obstetrical care in rural areas. (May 2002)

The Academy use its key contact network to educate state and federal legislators and local communities about the critical effects of liability insurance premium increases on rural obstetrical care, the public health impact and the adverse economic impact. (May 2002)

The Academy will send a resolution to the OMA, and AAFP asking them to make work on state and national efforts at tort reform a top priority. (May 2002)

70. PUBLIC HEALTH

The OAFP supports vote-by-mail for local, state, and federal elections as a public health and safety measure that has the further potential to alleviate inequities in our electoral system experienced by marginalized communities. (April 2020)

71. RACISM

The OAFP commits the organization to:

1. Adopt and publish a statement that *Racism is a Public Health Crisis.*
2. Advance racial equity and justice in all aspects of its conduct, procedures and in its efforts to shape health policy and health care.
3. Recognize that racism in all forms contributes to lack of health equity, access to health care, and is a barrier to all aspects of medical care (4).

4. Call on OAFP and AAFP members to integrate issues of racial injustice, including recognition of provider bias, into the teaching of students, residents, and practitioners, and all levels of clinical care (8).
5. Allocate time and budget in the coming program year for the Board and applicable Commissions to identify what future actions may be appropriate in furtherance of the goal of dismantling institutional racism and implementing anti-racist policies within the OAFP and its membership. (April 2020)

The AAFP will advocate for anti-racism as a core competency in undergraduate and graduate medical education. (April 2022)

72. REIMBURSEMENT

The Academy supports the concept of more equitable reimbursement for cognitive service as opposed to procedural service. (May 1984)

The Academy will use its influence to encourage insurance payers to accept and reimburse billings by family physicians based on existing Prolonged Service Codes for obstetric services and will educate its members about Prolonged Service Codes at educational opportunities. (May 2004)

73. REPRODUCTIVE HEALTH

The OAFP follows policies articulated by the AAFP in this topic area.

74. RESIDENT UNIONS

The American Academy of Family Physicians expand their policy supporting physician unions to specifically include support of the creation and maintenance of resident physician unions. (APRIL 2024)

75. ROUTINE LABORATORY TESTS ON HOSPITAL ADMISSIONS

The Academy opposes mandatory routine admitting laboratory tests on all hospital admissions. (May 1979)

76. RURAL CLERKSHIP PROGRAM

The Academy supports continuing the required Rural and Community Health Clerkship at OHSU, using the Oregon Office of Rural Health's definition of "rural". (April 2013)

The Academy will advocate for all medical schools in Oregon to increase the number of primary care physicians they graduate. (April 2013)

The OAFP Board of Directors will request the Oregon Area Health Education Centers to provide an annual report to regarding the Rural Health Clerkship and its effects. (April 2013)

77. RURAL HEALTH

The Academy encourages OHSU to develop a focused training program in rural family medicine. (May 1988)

The Academy should continue to address the cost and availability of professional liability insurance necessary for rural family practice. (May 1988)

The Academy supports the development of an AHEC system, and strongly supports legislation (SB 438, 1989 Session) for tax credits to physicians practicing in rural health care shortage areas. (May 1989)

The Academy agreed to become a founding member of the Oregon Rural Health Association (at a cost of $500 per year), a group whose focus was to improve rural health in Oregon (November 1994)

78. SEAT BELTS, INFANT RESTRAINTS IN MOTOR VEHICLES

The Academy continues to support promotional activities toward education and involvement of Academy members in the seat belt and infant restrain program, including consideration of physician education lectures or seminars at the 1985 Annual Scientific Assembly. The Academy should set up a distribution network for dissemination of public education pamphlets and other materials to Oregon family physicians.

The Academy supports legislation to make available some seats with seat belts in school buses and public transportation. (May 1984)

The Academy supports passage of regulations which would allow the use of approved vehicle restrains for infants and children in aircraft during takeoff and landing. (May 1984)

The Academy supports legislation requiring the use of seat belts in private passenger vehicles. (May 1984), (May 1990)

79. SEXUAL ISSUES-GUIDELINES FOR PHYSICIANS

The Academy endorses the spirit and intent of the Oregon Medical Association "Guidelines for Physicians – Sexual Issues", while acknowledging differences in family medicine which make some portions of the Guidelines seem inconsistent with highly appropriate practices of family physicians. (May 1995)

The Academy will draft guidelines about sexual misconduct in medical practice and distribute these guidelines to the membership and will present these guidelines to the AAFP Congress of Delegates. (May 2004)

80. SINGLE PAYER

The Academy supports single payer national health insurance as an effective strategy to achieve universal access. (May 2009)

81. SOCIAL DETERMINANTS OF HEALTH

The Academy will provide education to its members about the social determinants of health, both what they are and how family physicians can impact them. (April 2015)

82. SPEAKER AND VICE SPEAKER OF THE CONGRESS

The Academy will limit the terms of the Speaker and Vice Speaker of the OAFP Congress to three consecutive one-year terms. (May 1998)

83. STEM CELL RESEARCH

The Academy requests the AAFP to develop a policy statement in support of the development of new embryonic stem cell lines and support the removal of restrictions against government funding for the advancement of scientific research to develop new cell lines using embryonic stem cells.

84. SUBSTANCE USE DISORDER

The OAFP follows policies articulated by the AAFP in this topic area.

85. SUICIDE AWARENESS AND PREVENTION

The OAFP supports mandatory, standardized, and universal suicide prevention training for physicians in Oregon and throughout the United States. (April 2023)

86. SUPPLIES AND MATERIALS

The OAFP supports working to achieve full reimbursement to physicians for the cost of supplies and materials used in patient care.

87. SUPPORTING DOCUMENTATION FOR ADVOCACY

When the Congress is asked to support or oppose a ballot measure or legislation, a complete copy of the text must be made available. (REAFFIRMED 2024)

88. TANNING PARLORS

The Academy believes that it is appropriate that patrons of suntan parlors be made aware of the risks associated with repeated episodes of suntanning and supports legislation requiring suntan parlors to display clearly to patrons a sign warning of the ill effects of repeated suntanning. (May 1981, REAFFIRMED 2024)

The Academy further supports legislation restricting youth access to indoor tanning devices. (APRIL 2024)

The American Academy of Family Physicians should add information related to indoor tanning to their existing educational materials related to the harms of UV exposure. (APRIL 2024)

The Academy urges members to advise patients of the hazards involved in tanning and discourage intentional tanning. (May 1982, AMENDED 2024)

89. **TELEMEDICINE**

The AAFP advocate for federal legislation to allow the use of and payment for telemedicine visits across state lines for patients who are established in a primary care medical home practice.

Should such legislation pass, OAFP will advocate within Oregon for the requisite regulatory changes that would permit such visits to be reimbursed appropriately by Oregon insurers. (April 2020)

90. **TOBACCO**

The Academy promotes health lifestyles as a core of preventive programs offered by physicians, health departments, health plans and voluntary health associations and encourages physicians to take advantage of teaching opportunities that arise when counseling pregnant patients; and the OAFP encourages Medicaid, prepaid health plans and insurance companies to sponsor or pay the cost of smoking withdrawal methods for their beneficiaries; and urges physicians to become exemplars for their patients and communities by stopping smoking themselves, by placing no smoking signs in their offices and waiting rooms, and by discouraging smoking in hospitals. Members are urged to routinely assess the smoking habits of patients and encourage them to quit smoking by offering direct educational assistance or referring them to community stop- smoking clinics. The Academy urges members to alert cigarette smokers to the risks associated with smoking and encourage them to recognize and be sensitive to the needs of non-smokers, support educational programs related to cigarette smoking and continue to pressure cigarette companies to produce and market cigarettes that may be less hazardous. (May 1980)

The Academy supports continuing, as a minimum, the current taxes on each package of cigarettes and allocating 20% of the revenues thus generated to education and prevention programs directed toward the medical consequences of smoking, with currently functioning non-profit organizations such as the Oregon Lung Association, being eligible to receive such funds to develop such programs and disseminate them. (May 1982)

The Academy supports draft legislation (1983 Session) which would tax tobacco products with resultant revenue dedicated to anti-smoking education. (May 1983) (May 1990)

The Academy supports a ban on cigarette advertising, including promotional distribution of free cigarettes in Oregon. (May 1985) (May 1992)

The Academy supports legislation that would mandate cautionary labeling on containers of smokeless tobacco. (May 1985)

The Academy was directed to prepare black ordered postcards for physicians to mail to their legislators each time a patient died of tobacco-related disease, which would inform the legislator that a patient died of lung cancer, COPD, coronary heart disease, other tobacco-related cancer or vascular disease; and stating that the physician supported a ban on tobacco advertising. *(the AAFP adopted a similar resolution and was to provide the cards; however they never did).* (May 1987)

The Academy opposes the sale of tobacco products via vending machines and supports state and local legislation to prohibit such sales in Oregon. (May 1990)

The Academy encourages pharmacists not to sell tobacco products in pharmacies in Oregon. (May 1990) (May 1991)

The Academy will educate its members and the public regarding the health hazards of cigar smoking. (May 1997)

The Academy opposes legislation that would limit local communities in Oregon from enacting ordinances that would benefit the health of their people. (May 2001)

The Academy supports a tax increase of 50 cents per package of cigarettes and a proportional increase for other tobacco products. (May 2002)

The Academy encourages its members to support reinstitution of the 10 cent per pack tobacco tax and will work in conjunction with other organizations toward this goal. The Academy will also work to support additional tobacco taxing initiatives. (May 2004)

91. **TRAVEL REIMBURSEMENT**

Travel to Board Meetings

It is expected that board members will drive to and from board meetings. They will be reimbursed at the IRS established rate per mile.

When a board member must travel 150 miles or more to attend a board meeting, the OAFP will provide the IRS per diem rate for one night in a hotel. (April 2012)

Out of State Travel

The OAFP will provide a per diem for out of state travel. We will follow the federal guidelines for reimbursing meals, ground transportation and incidental expenses. The per diem will NOT cover hotel expenses. The OAFP will reimburse actual hotel expenses. (April 2012)

Air Travel: When flying is necessary, the OAFP will reimburse one round trip coach fare to the city of destination. Airline receipt must accompany the reimbursement request.

92. UNIVERSAL HEALTH CARE COVERAGE AND ACCESS

The Academy will form a task force to create a coalition of health care organizations and other interested parties with the goal of developing a plan for universal health care coverage and access for all Oregonians. The task force will report to the board and membership on a regular basis. The task force and the Board of Directors will inform, encourage and facilitate active participation by the members in the process of pursuing universal health care coverage and access for all Oregonians. (May 2003)

The OAFP endorses universal access to comprehensive, affordable, high-quality health care through single-payer legislation at the state level. (April 2014)

93. UNREASONABLE DOCUMENTATION

The Academy supports efforts to simplify necessary documentation and resist unnecessary and unreasonable documentation required by government and private agencies. (May 1990)

94. VA HOSPITALS

The Academy encourages the conversion of Veteran Administration acute care facilities to convalescent and chronic care centers with provision of acute care for veterans through the private community health care system. The Academy discourages the construction of new Veterans Administration hospitals. (May 1981)

95. VACCINES

The Academy advocates that the Oregon State Health Division publicize distribution of free vaccines and its availability to OAFP members and others before distribution patterns are finalized, that distribution be equitable among physicians who request to participate and that priority in distribution should be to county health departments and similar public agencies. (May 1982)

The Academy asks the AAFP to work in conjunction with other national organizations to initiate discussions with pharmaceutical manufacturers, the FDA and the CDC to search for remedies to assure the availability and timely distribution of critical drugs and vaccines. (May 2001)

The Academy supports the addition of the HPV vaccine to the list of vaccines required for school attendance in Oregon. (April 2020)

96. WEIGHT LOSS

The Academy promotes sensible weight reduction through proven scientific methods and reaffirms it opposition to the prescription of amphetamine-like medications for weight loss and is concerned about false and misleading advertisements for weight reduction schemes. (May 1982)

97. WORKFORCE

The Academy supports health care reform that includes significant provisions for:

- enhanced educational opportunities and incentives for students to enter primary care disciplines, especially family medicine
- opportunities for students to attain loan repayment in return for service to underserved communities,
- increased financial support for primary care residencies
- reform of the current GME system to promote and achieve an appropriate balance of primary care to specialty care residencies of at least 50%
  (REAFFIRMED 2024)

98. **X-RAYS IN PHYSICIANS' OFFICES**

The Academy is opposed to further legislative restrictions on office personnel taking x-rays in the physician's office; encourages the development of programs for continuing education of office personnel in radiation safety and increasing availability of such programs so as to facilitate appropriate continuing education of office personnel in rural areas and encourages consideration of alternative pathways in certification of x-ray personnel for safe radiological practice in small offices. (May 1979)

The Academy should work with the Board of Radiologic Technologists to assure availability of academically sound courses in radiologic safety to temporary and limited permit applicants. Elective courses in specific anatomical categories should be made available for temporary and limited permit applicants. Courses should be so planned as to be geographically convenient and timely. (May 1981)