

**OREGON ACADEMY OF FAMILY PHYSICIANS
CONGRESS OF THE MEMBERS
77th ANNUAL MEETING
April 13, 2024**

**BOARD REPORT – RECOMMENDATION ON
POLICY STATEMENTS TO BE ARCHIVED**

In fall 2019, the OAFP Board of Directors began a process to offer comprehensive updates to adopted policy statements collected in our policy handbook. While the work was de-prioritized due to focus on COVID-19 response, in 2023 the group met again to finish the project.

Because policy statements are derived from action of the Congress of Members, a subcommittee of the OAFP Board of Directors reviewed the entire handbook and identified policy positions that were obsolete due to referring to programs or statutes no longer in existence, or due to being superseded by newer policy or medical advances.

This report contains policy statements your Board recommends be archived for historical purposes, and removed from our current policy handbook.

1. Advancement of Family Medicine

The Academy encourages and will solicit contributions from among its membership and others to the Family Practice Department for the enrichment of its educational programs and will establish a mechanism to develop and actively promote an ongoing program of giving to the OHSU Department of Family Practice. (May 1982)

The Congress authorized an organization within the Academy whose purpose would be the establishment of a permanently endowed Chair of Family Practice at OHSU. (May 1983)

The Congress changed the name of the Ad Hoc Committee on OAFP/OHSU Liaison to “Committee for the Advancement of Family Medicine” and changed the scope of the Committee’s project from an endowed Chair of Family Practice to a \$300,000 to \$500,000 endowment of the Department’s activities. (May, 1985)

15. Consumer Alliance Program

The Academy will ask the AAFP to decline to renew the Consumer Alliance with The Coca Cola Company when it expires in 2010, and re-evaluate the program to ensure it is consistent with public health interests and is aligned with the mission and values of the AAFP. (May, 2010)

21. Discrimination (against non board-certified FPs)

The Academy will work with insurers, HMOs, PPOs, and others to assure that otherwise well-qualified family physicians who are members of the OAFP who are not Board certified are not excluded from provider panels or otherwise discriminated against in terms of reimbursement. (May, 1994)

30. Family Physicians Inquiry Network

The Academy will encourage its members to subscribe to the EVP Newsletter and to contribute clinical questions to the Family Physicians Inquiry Network and will ask the AAFP to support the FPIN’s mission by becoming a founding organizational member. (May, 2007)

47. Indian Health Service

The Academy urges the AAFP to become a coalition member of the Friends of the Indian Health Service. (May, 2000)

69. One Key Question

The Academy endorses the “One Key Question” campaign, that all doctors should routinely ask individuals of reproductive age if they intend to become pregnant in the next year, and provide appropriate services as indicated, including screening for pregnancy-related risk factors, provision of prenatal vitamins, complete contraceptive counseling, and counseling on STI prevention. (April, 2011)

72. Oregon Health Plan

The Academy opposes lowering the income level for qualification for the Oregon Health Plan and adopts “Support the original Oregon Health Plan concept of revising the benefits package rather than disenrolling people” as an action item for implementation for universal access to healthcare.

90. Relative Value Scale Update Committee (RUC) Composition

The Academy will ask the AAFP to recommend that the composition of the Relative Value Scale Update Committee (RUC) be changed to provide primary care representation at least equal to the proportion of primary care physicians in the physician workforce. (May, 2007)

The Academy will ask the AAFP to petition CMS to develop an independent RVS Advisory Board with membership representative of the current physician workforce and will encourage the AAFP to withdraw from any further participation in the RUC, with clear communication that the withdrawal is based on flaws in the current process that cannot be corrected without total restructuring (April, 2011).

The Board recommends adoption of these proposed policy handbook changes.