

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

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

REFERRED TO: 2022 American College of Osteopathic Family Physicians (ACOFP) Congress of Delegates

RESOLUTION NO. 4

1 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) approves the
2 reaffirmation of the ACOFP Position Statements as recommended and submitted by the ACOFP
3 Constitution & Bylaws/Policy & Organization Review Committee.

4 **1. LEGISLATION/REGULATION**

5 *The ACOFP Constitution and Bylaws Committee recommends the following policies be reaffirmed:*

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7 **(4.) Formularies - Physician Consultation** C/17, 12, 07

8 The ACOFP advocates for legislation that requires a physician be available for consultation on
9 pharmaceutical formulary decisions.

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11 **(12.) Transportation Costs for Patients** C/17, 12, 07

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13 The ACOFP encourages the CMS and third-party payors to develop a policy that pays for appropriate
14 transportation costs to and from healthcare facilities for those patients at 200 percent of poverty level
15 or below.

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17 **(14.) Vaccine Safety** C/17

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19 The ACOFP supports the recommendation of The Advisory Committee on Immunization Practices
20 (ACIP) and the declaration of the Centers for Disease Control and Prevention (CDC) that vaccines are
21 safe. The ACOFP encourages the education of the public, payors, and government entities about the
22 safety and effectiveness of vaccines.

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24 **(15.) Primary Care Incentive Payment** C/17, 12

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26 The ACOFP advocates for a ten percent incentive payment to all primary care physicians and Non-
27 Physician Practitioners (NPPs), who perform Primary Care Services specified in The Affordable Care
28 Act, Section 5501(a).

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30 The ACOFP encourages the United States Congress to instruct the Centers for Medicare & Medicaid
31 Services (CMS) to change the existing qualifications in the Affordable Care Act for the 10% incentive
32 payment by eliminating the Physician's Primary Care Incentive Percentage, thereby including all

33 primary care physicians and non-physician practitioners who perform the specified primary care
34 services.

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36 **(20.) State Adult Immunization Registries** C/17

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38 The ACOFP encourages the implementation of lifespan state immunization registries for adults and
39 children, thereby improving continuity of care, patient safety, vaccination rates for all residents in the
40 United States and state/federal efforts to create interoperability between state immunization
41 registries.

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43 **(22.) Electric Nicotine Delivery Device Use in Youth** C/17

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45 The ACOFP advocates for state and federal laws prohibiting the use of any nicotine delivery devices by
46 persons under the age of 18, supports research to quantify the health risks of compounds in e-
47 cigarettes, and encourages prevention efforts through the development and deployment of programs
48 to educate youth, young adults and their guardians concerning the harmful effects of e-cigarettes.

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50 **2. CERTIFICATION**

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52 **(1.) Certification** C/17, 12, 07, 02, 99

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54 The ACOFP continues to recognize those physicians certified through the clinical pathway as holding
55 board certification equivalent to certification achieved through residency training. When necessary,
56 the ACOFP, working with the AOA, shall educate healthcare institutions and managed care programs
57 on this issue.

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59 **5. PATIENT EDUCATION**

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61 **(4.) Soft Drinks in Schools** C/17, 12, 07

62 ACOFP members shall educate and caution their adolescent patients, school superintendents, and
63 members of school boards across our nation as to the health consequences of soft drinks and urge
64 them to restrict sales of non-nutritional drinks. ACOFP supports the efforts of some of the soft drink
65 producers that have already taken the initiative to provide and process more nutritious beverages.

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67 **(5.) Tissue and Organ Donation Education** C/17, 12, 07

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69 The ACOFP members are encouraged to provide educational materials to families, friends, and patients
70 about tissue and organ donation programs.

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72 **(8.) Epidemic Opioid Overdose Deaths in America** C/17, 14

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74 The ACOFP encourages the continued evaluation and availability of all interventions that prevent
75 opioid overdose deaths, especially the increased availability and use of opioid antagonists.

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77 **(11.) Prenatal Drug Screening** C/17

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79 The ACOFP encourages prenatal drug use screening as part of prenatal care and providing education in
80 addiction assistance to pregnant women with positive drug screens.

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85 **(12.) Seatbelt Usage and Endorsement of Primary Enforcement Laws** C/17

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87 The ACOFP encourages endorsing seatbelt usage in all patient populations, but especially in those with
88 the lowest rate of seatbelt use and highest risk of death in a motor vehicle accident and recommends
89 that all states pass a primary seatbelt enforcement law.

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91 **(13.) Powdered Caffeine** C/17

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93 The ACOFP opposes the use of concentrated powdered caffeine for non-medical uses.

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95 **7. BEST PRACTICE**

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97 **(1.) Prescription Pain Medication/Long-Acting Opioid Medication** C/17, 12, 04

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99 ACOFP advocates for the voluntary universal education of all physicians, as well as others involved in
100 the management of pain patients, on the proper diagnosis and appropriate treatment of pain. A well-
101 educated, physician-led team of health care providers, following scientifically established treatment
102 protocols, will not only deliver quality care, but will be sensitive to the problems of addiction and
103 diversion of prescription pain medication.

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105 **8. RESIDENCY PROGRAMS**

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107 **(3.) Ambulatory-Based Family Medicine Residency Programs** C/17, 12

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109 The ACOFP advocates for the development and implementation of more ambulatory-based family
110 medicine residency programs. The ACOFP encourages the United States Congress to strengthen its
111 Graduate Medical Education reimbursement policies to at least equivalently fund ambulatory-based
112 family medicine residency programs. The ACOFP encourages the AOA to continue to lobby the United
113 States Congress to support legislation funding of ambulatory-based family medicine residency
114 programs.

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116 FINAL ACTION: APPROVED as of March 16, 2022

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