

2024 Resolutions

Res. No.	Title and Resolved	Action of NCCL	Recommended Referrals	Final Actions
1001	<p>Expand Availability of Diabetes Prevention Program Services <i>RESOLVED, That the American Academy of Family Physicians (AAFP) work with the Center for Medicare and Medicaid Services (CMMS) to relax the requirements for the Medicare Diabetes Prevention Program, allowing payment for other diabetes prevention curricula, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) provide educational tools to family physicians to enable them to creatively manage obesity within current coding restraints.</i></p>	<p>1st Resolved Clause – Not Adopted</p> <p>2nd Resolved Clause – Reaffirmed</p>	N/A	N/A
1002	<p>Single Payer as the Single Most Preferred Model <i>RESOLVED, That the American Academy of Family Physicians amend its policy on Health Care for All coverage to actively promote that the single most preferred policy is a publicly funded, privately delivered health insurance model (aka Single Payer), and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians amend its policy on Health Care for All to remove Primary Care Coverage for All as an option until an independent study is conducted to define and evaluate Primary Care for All to see if it is an acceptable option for inclusion in the AAFP policy on Health Care for All.</i></p>	<p>1st Resolved Clause – Not Adopted</p> <p>2nd Resolved Clause – Adopted</p>	<p>1st Resolved Clause – N/A</p> <p>2nd Resolved Clause - Commission on Federal and State Policy</p>	<p>1st Resolved Clause – N/A</p> <p>2nd Resolved Clause – Accept for information</p> <p>The Board decided to accept the resolution for information as it felt adjustments made to the policy reflected the intent of the Congress of Delegates.</p>
1003	<p>American Academy of Family Physicians Offer a Letter of Support for International Medical Graduates (IMGs) in Primary Care Applying for Permanent Resident Status (Green Card) <i>RESOLVED, That the American Academy of Family Physicians (AAFP) actively advocate for expedited processing of green cards for family physicians on H1B visa caring for Healthcare Provider Shortage Area (HPSA) and Medically Underserved</i></p>	<p>1st Resolved Clause – Not Adopted</p> <p>2nd Resolved Clause – Adopted as amended</p>	<p>1st Resolved Clause – N/A</p> <p>2nd Resolved Clause - EVP</p>	<p>2nd Resolved Clause – Accept for information</p> <p>While the AAFP can provide members with a letter stating their membership is in good standing or that they have earned their FAAFP designation, the AAFP is unable to further support a member's application for permanent resident status</p>



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	<p><i>Areas/Populations (MUA/P), and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) provide a letter of support to IMGs applying for a permanent residency (Green Card) endorsing the chapters letter acknowledging their status as AAFP members, and/or Fellow status and supporting the candidate's application for permanent resident status.</i></p>			
1004	<p>Advocate for 12 Weeks of Paid Parental Leave <i>RESOLVED, That the American Academy of Family Physicians Board of Directors support national legislation in favor of gender inclusive paid family leave for a minimum of 12 weeks of paid parental leave for physicians.</i></p>	Adopted as amended	Commission on Federal and State Policy	<p>Accept for Information</p> <p>The AAFP has insufficient policy to weigh in on the topic of paid family leave. However, it was noted that a resolution directing the AAFP to advocate for paid family leave was adopted by the Congress of Delegates in 2021. The resolution is scheduled to be implemented in 2024, and work will include policy development. A new policy would put the AAFP in a better position to advocate for paid family leave. Due to the upcoming work on this topic, the commission believed the resolution should be reviewed and considered by the Board of Directors. The commission recommended the resolution be accepted for information.</p>
1005	<p>Expanding Drug Price Negotiation Authority <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) support the expansion of authority of the Department of Health and Human Services (HHS) to negotiate drug prices for all payors.</i></p>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept as current policy</p> <p>The Commission on Federal and State Policy discussed current AAFP advocacy efforts and felt that they addressed the resolution. However, discussion highlighted other groups which the Academy could potentially engage with on this topic, such as Consumer's First. Staff were asked by the commission to press the Campaign for Sustainable Drug Pricing to incorporate this into their policy agenda. The commission recommended the resolution be accepted as current policy.</p>
1006	<p>American Academy of Family Physicians (AAFP) to Advocate to Centers for Medicare and Medicaid Services (CMS) to Incentivize, via Reimbursement, Health Care Teams that Demonstrate Provision of Interpreter Services for Patients with Language Discordance <i>RESOLVED, That the American Academy of Family Physicians advocate to the Centers for Medicare and Medicaid Services and other health care payors to incentivize via reimbursement to health care teams the use of translation services for patients</i></p>	Reaffirmed	N/A	N/A



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	<i>who have language discordance with their health care teams.</i>			
1007	<p>Support for Long-Acting Injectables for Treatment and Prevention of HIV RESOLVED, That the American Academy of Family Physicians advocate for meaningful enforcement of healthcare law that precludes copayment or cost sharing for preventive services for all forms of pre-exposure prophylaxis for prevention of HIV including the provision of long-acting injectables, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians partner with organizations to advocate for and support the development of federal and state policy such that health care payers include long-acting injectables for the prevention and treatment of HIV exclusively as a pharmacy benefit, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of long-acting injectables for prevention and treatment of HIV in the formulary for the Indian Health Services.</p>	<p>1st Resolved Clause – Reaffirmed</p> <p>2nd Resolved Clause – Not Adopted</p> <p>3rd Resolved Clause - Adopted</p>	<p>1st Resolved Clause – N/A</p> <p>2nd Resolved Clause –N/A</p> <p>3rd Resolved Clause – Commission on Federal and State Policy</p>	<p>1st and 2nd Resolved Clauses – N/A</p> <p>3rd Resolved Clause – Accept for implementation</p> <p>The Commission on Federal and State Policy discussed the challenges associated with the AAFP influencing the Indian Health Services (IHS) formulary, as well as viable ways to implement the resolution, including submitting a letter. The commission also discussed the cost efficacy of injectables and whether their associated cost would be an obstacle in advocating for their addition to the IHS formulary. The commission believed that injectables were generally more cost effective than other methods of treatment and that they would not be an advocacy obstacle.</p>
1008	<p>Tax Credit for Family Physicians RESOLVED, That the American Academy of Family Physicians shall advocate for the implementation of a \$5,000 annual tax credit specifically targeted at board-certified or board-eligible MD and DO physicians.</p>	Not Adopted	N/A	N/A
1009	<p>Reform Physician Quality Metric Incentives <u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians publicly acknowledge that the current system of quality metrics does not support individualized care plans as a result of physician and patient shared decision making, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians advocate for physicians to receive performance metric credit for patient counseling with acceptance of CPT and/or ICD-10 description codes that reflect a patient’s autonomy to decline screening, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians</p>	<p>1st Resolved Clause – Reaffirmed</p> <p>2nd and 3rd Resolved Clause – Substitute Adopted</p>	<p>1st Resolved Clause – N/A</p> <p>2nd and 3rd Resolved Clauses – Commission on Quality and Practice</p>	<p>1st Resolved Clause – N/A</p> <p>2nd and 3rd Resolved Clauses - Accept as current policy.</p> <p>The AAFP advocates for risk-adjusted performance measures that consider patient autonomy and preferences. The AAFP’s policies emphasize the importance of accommodating individual patient circumstances, values, and needs in performance metrics, and advocate against holding physicians accountable for patients’ autonomous actions that may contradict evidence-based care. Additionally, the AAFP’s engagement with various stakeholders and feedback to CMS further supports the need for patient-centered performance measures.</p>



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	<i>advocate to revise the punitive practices of health insurance companies holding physicians responsible for the autonomous actions of their patients with regard to performance metrics.</i>			
2001	<p>Creating a Foreign IMG Toolkit Substitute adopted in lieu of Res. No. 2001 and 2006: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create or enhance resources for foreign citizen family medicine residents transitioning to practice in order to help them understand and prepare for requirements related to immigration status, including attention to J-1 and H1B visa timelines and requirements.</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for implementation</p> <p>The AAFP updated this webpage: International Medical Graduates (IMG) Member Constituency AAFP to expand and reorganize information and fix broken links.</p> <p>Information was expanded to include:</p> <ul style="list-style-type: none"> • How a job search may be different for IMGs. • How and when to apply for special visa programs • How to find employers willing to sponsor their visa • New link to AMA IMG Physician toolkit.
2002	<p>International Medical Graduate (IMG) Navigation Toolkit <i>RESOLVED, That the American Academy of Family Physicians create a toolkit with guidelines for how IMG physicians become family medicine residents in the United States.</i></p>	Reaffirmed	N/A	N/A
2003	<p>UME and GME Practice Management Curriculum Substitute: <i>RESOLVED, That the American Academy of Family Physicians develop an Undergraduate Medical Education and Graduate Medical Education formal practice management curriculum/toolkit that will allow new physicians to better understand the business aspect of medicine, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide this resource free of charge.</i></p>	Not Adopted	N/A	N/A
2004	<p>Enhancing Recognition of LGBTQ Health in Medical Education <i>RESOLVED, That the American Academy of Family Physicians advocate for the specific inclusion of care for gender-diverse individuals in the core competency language during future revisions of the common program requirements and report back to National Conference of Constituency Leaders on these efforts, and be it further</i></p>	Not Adopted	N/A	N/A



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	<i>RESOLVED, That the American Academy of Family Physician amend the language of the policy on “Family Medicine’s Role in Undergraduate Education” to specifically include the care of gender-diverse individuals including the provision of gender-affirming care.</i>			
2005	<p>Together, We Learn MORE LGBTQ+ Medicine Substitute: <i>RESOLVED, That the American Academy of Family Physicians explore creation of CME dedicated to LGBTQ+ medicine in a format that includes interactive learning and networking among family physicians.</i></p>	Substitute Adopted	Commission on Continuing Professional Development	<p>Accept as current policy</p> <p>The Division of Education is currently reviewing its portfolio with the intention of offering learners a more focused, intentional group of activities to reduce confusion and content overlap. There is a significant amount of educational content on this topic available to physicians produced by the AAFP. The division reviews activity content every other year, always identifying if there are new gaps or needs for the activity, and revising or reimagining the content design as needed.</p>
2006	Refer to Substitute Res. No. 2001	N/A	N/A	N/A
2007	<p>Improving Awareness and Training for Family Medicine Physicians Serving First Responders <i>RESOLVED, That the American Academy of Family Physicians work to create evidence-based continuing medical education (CME), including but not limited to a toolkit and resources, for family medicine physicians to promote health and prevent disease in the first responder population.</i></p>	Adopted	Commission on Continuing Professional Development	<p>Accept for implementation</p> <p>Staff found no information or education on this topic anywhere and that it would be a gap in our organizational education.</p>
2008	<p>Enhancing Leadership Skills Training for Women Physicians Substitute: <i>RESOLVED, That the American Academy of Family Physicians (AAFP) will develop an executive leadership for women educational track at Family Medicine Experience (FMX) to provide guidance, support and opportunities for professional growth and advancement, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate creation of a year-long longitudinal program in executive leadership for women similar to the model used by the Association of</i></p>	Substitute Adopted	EVP	<p>Accept for information</p> <p>To date, the AAFP has completed the following steps to advance business education, including leadership development, for AAFP members:</p> <ul style="list-style-type: none"> • Leadership lectures at FMX • Exploration of potential partnership or program development with the American Association for Physician Leadership (AAPL) to create discounted access for AAFP members to their physician education and Certified Physician Executive program. • Exploration of potential partnership or program development with the Interstate Postgraduate Medical Association (IPMA).

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	<i>Family Medicine Residency Directors National Institute for Program Directors Development to address the unique challenges and barriers faced by women physicians in pursuing leadership positions.</i>			<ul style="list-style-type: none"> Exploration of potential partnership or program development with the American College of Health Care Executives (ACHE.)
2009	<p>Support for Assistive Reproductive Care in Graduate Medical Education Substitute: <i>RESOLVED, That the American Academy of Family Physicians create policy to provide specific guidance in conjunction with the ACGME for time away from programs for assisted reproductive care for residents and their partners that does not require the use of sick leave or personal leave, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide educational content at the Residency Leadership Symposium for Family Medicine Residency Program Directors to increase awareness of treatment timeline and consideration of accommodation for residents undergoing assisted reproductive care.</i></p>	<p>Divide the Question.</p> <p>1st Resolved Clause – Adopted as Amended</p> <p>2nd Resolved Clause – Not Adopted</p>	1 st Resolved Clause – Commission on Education	<p>1st Resolved Clause – Accept for implementation</p> <p>The Board of Directors approved a new non-clinical policy “Assistive Reproductive Care Accommodation in Medical Education” to address time away for assisted reproductive care treatment, including both residents and medical students. Staff is in the process of adding the policy to the AAFP website.</p>
2010	<p>Improving Access to Reproductive Health Training Information Substitute: <i>RESOLVED, That the Academy of Family Physicians explore external grant funding options for residents needing to fund their own travel for abortion care electives.</i></p>	Substitute Adopted	EVP	<p>Accept for information</p> <p>Funding for residency programs is inclusive of elective training. A trainee would work with their residency program and/or the training site to which they are traveling if they needed to address funding support to attend or travel to the elective. Sourcing grants or curating potential grants to cover such costs is out of the AAFP's scope and not aligned with the key priorities of the strategic plan.</p>
2011	<p>AAFP to Advocate to the ABFM to Recognize LGBTQ+ Medicine as a Subspecialty Substitute: <i>Resolved, That the American Academy of Family Physicians (AAFP) investigate a pathway toward formalized education and credentialing in LGBTQ+ care for family physicians, including the option for a certificate of added qualification sponsored by the American Board of Family Medicine.</i></p>	Substitute Adopted	Commission on Education	<p>Accept for information.</p> <p>The AAFP actively provides LGBTQ+ education.</p>
2012	<p>Promote Prevention of Noise-Induced Hearing Loss <i>RESOLVED, That the American Academy of Family Physicians (AAFP) create continuing education on the impact and importance of preventing hearing loss.</i></p>	Adopted	Commission on Continuing Professional Development	<p>Accept as current policy</p> <p>The Commission on Continuing Professional Development discussed the existence of a 2019 AFP article, “Hearing Loss in Adults: Differential Diagnosis and Treatment” and a 2021 AFP article,</p>



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				<p>“Making Recommendations to Reduce Noise Exposure” both of which met the criteria of the resolution.</p>
3001	<p>Continue and Reinstate AAFP’s Tar Wars Tobacco and Vaping Education and Prevention Program <i>RESOLVED, That the American Academy of Family Physicians Board of Directors postpone the Tar Wars Program sunset date by at least one year, and work with constituent chapters to identify necessary resources to modernize the curriculum and combat the initiation of vaping and tobacco use among youth, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) identify best practices based on states (such as Georgia) that most effectively utilize this essential AAFP resource to increase engagement and utilization such that its benefits are most effectively shared with communities across the entire country, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians consider incorporating Tar Wars into the Family Medicine Champions Program as a way to engage participants in community-based public health education opportunities that expose youth to family medicine and can put them on a pathway to the specialty.</i></p>	Adopted as Amended	EVP	<p>Accept for information</p> <p>The AAFP values the importance of public health and prevention efforts, particularly the impact of best-practice and evidence-based programs on youth vaping and tobacco prevention and control. Recognizing the admirable legacy the Tar Wars program had created in its 35-year history, it is necessary for AAFP to discontinue this program in order to refocus resources on other, more impactful programs that address member needs. While the AAFP remains committed to preventing vape and tobacco use among young people, it recognizes there are other credible organizations producing high-quality, evidence-based materials that fill the gap once filled by Tar Wars.</p> <p>Furthermore, the AAFP remains committed to elevating the impact of family medicine in the communities they serve. The AAFP continuously explores opportunities to support the family physicians’ impact beyond the clinic walls, ensuring family physicians have the tools and resources needed to better integrate with public health.</p> <p>The AAFP will continue to maintain and update the Tobacco Cessation Tools & Resources page and will continue to engage in advocacy efforts for tobacco control and prevention, including efforts to regulate sale of electronic nicotine delivery systems and e-cigarettes. Accepting this resolved clause for information allows the AAFP to reaffirm its commitment to improving the health of communities, while maintaining the flexibility to focus on areas where we can fill needs requiring a perspective unique to the family physician.</p>
3002	<p>Promoting a Patient-Centered Focus for Gender-Affirming Care <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) add language to the “Care for the Transgender and Gender Nonbinary Patient” policy supporting patient-centered gender-affirming care without prescribed order and opposing any requirement of certain gender-affirming treatments prior to others (such as requiring hormone therapy prior to</i></p>	Substitute Adopted	<p>1st Resolved Clause - Commission on Health of the Public and Science</p> <p>2nd Resolved Clause – EVP</p> <p>3rd Resolved Clause – Commission on</p>	<p>1st and 3rd Resolved Clauses – Accept for implementation</p> <p>The recommended language will be added to the policy and the commission will approach other organizations to collaborate on these themes.</p> <p>2nd Resolved Clause – Accept for information</p> <p>The American Academy of Family Physicians (AAFP) supports the spirit of the</p>

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	<p><i>surgery), and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) issue a statement in support of individualized, non-sequential gender-affirming treatment options for United States military service members and veterans, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with other physician specialty groups and other health professional groups to encourage their support of individualized, non-sequential gender-affirming treatment options for gender-diverse patients.</i></p>		Health of the Public and Science	<p>second resolved clause, which aligns with existing AAFP policy on gender-affirming care emphasizing high-quality, patient-centered, and individualized treatment. The AAFP recognizes the importance of advocating for gender-diverse patients, including military service members and veterans, and opposes barriers that restrict equitable access to gender-affirming care.</p> <p>The AAFP's commitment to advancing evidence-based, patient-centered care for all patients, including those seeking gender-affirming treatments, remains central to its mission. At the same time, the AAFP retains the discretion to communicate its support for issues in a manner and at a time that aligns with organizational priorities and strategies. This ensures that advocacy efforts are coordinated, impactful, and reflective of the broader context in which they are undertaken.</p> <p>Accepting this clause for information allows the AAFP to reaffirm its existing policy commitments and respond as needed to evolving advocacy opportunities.</p>
3003	<p>Focus Exploring Utilization and Impact of AAFP Policies around work-Affirming Care</p> <p><i>RESOLVED, That the American Academy of Family Physicians ask an appropriate commission to assess current utilization and impact of the "Care for the Transgender and Gender Nonbinary Patient" policy to dedicate an intentional focus around gender-affirming care that may include committees or a task force, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide regular updates and reports about the focus of gender-affirming care policy utilization through its ongoing publications.</i></p>	Reaffirmed	N/A	N/A
3004	<p>Improving Access to Hospice and Palliative Care and Amend End-of-Life Care Policy</p> <p>Substitute:</p> <p><i>RESOLVED, That the American Academy of Family Physicians should support CME activities in yearly conferences to help improve education on the topics of end-of-life care.</i></p>	Substitute Adopted	Commission on Continuing Professional Development	<p>Accept as current policy</p> <p>The Commission on Continuing Professional Development discussed how the AAFP has several educational sessions and an On Demand activity available for learners on the topic of hospice and palliative care already; this included an FMX 2024 session titled, "How We Can Help at the Very End: What to Know About Hospice, Palliative, & MAID.</p>



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<p>3005</p>	<p>Increasing Availability of Suicide Prevention Knowledge and Services <i>RESOLVED, That the American Academy of Family Physicians work to increase public awareness of and training for suicide prevention through partnership with public institutions and community advocacy groups, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) create a patient handout on suicide education and prevention that will be available on the AAFP general website, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians collaborate with the Occupational Safety and Health Administration and major employers to provide a suicide prevention education toolkit to institutions, businesses, and related public domains.</i></p>	<p>Reaffirmed</p>	<p>N/A</p>	<p>N/A</p>
<p>3006</p>	<p>AAFP to Collaborate with ACOG to Address the Maternal Morbidity and Mortality Crisis <i>RESOLVED, That the American Academy of Family Physicians directly advocate to the American College of Obstetrics and Gynecology regarding the inclusion of family medicine physicians practicing obstetrics in a plan to jointly address the maternal morbidity and mortality crisis in the United States</i></p>	<p>Adopted</p>	<p>EVP</p>	<p>Accept as current policy</p> <p>The AAFP and ACOG regularly collaborate on addressing morbidity and mortality issues including:</p> <ul style="list-style-type: none"> • 2023 collaborative update of <i>The AAFP-ACOG Joint Statement on Cooperative Practice and Hospital Privileges</i>. This joint statement was last updated in 2019 and AAFP staff is currently collaborating with ACOG to update and revise this joint statement. <p>The AAFP partners with ACOG on several initiatives including:</p> <ul style="list-style-type: none"> • Alliance for Innovation on Maternal Health (AIM) • Identifying and Managing Obstetric Emergencies in Nonobstetric Settings • ACOG Maternal Immunization Task Force • ACOG attended the AAFP Task for on Maternal Morbidity and Mortality and contributed to the AAFP's position paper and call to action on MMM • AAFP actively collaborated with ACOG on the Levels of Maternal Care and continues to provide input



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				<ul style="list-style-type: none"> AAFP meets with ACOG, AAP and ACP during American Medical Association to collaborate on policy where appropriate which often relates to improving maternal outcomes. The AAFP has so have co-sponsored resolutions to improve maternal care.
3007	<p>Optimizing Access to Maternal Mortality Data RESOLVED, That the American Academy of Family Physicians explore methods to integrate maternal mortality data into available community and populations health metrics (such as with the Robert Graham Center), and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians investigate methods to integrate maternal mortality into community and population health metrics delineated by demographic data (including race and ethnicity).</p>	Reaffirmed	N/A	N/A
3008	<p>Extending Recommended Duration of Breastfeeding/Chestfeeding in AAFP Policy RESOLVED, That the American Academy of Family Physicians update the policy statement on breastfeeding to reflect a recommendation to continue breastfeeding/chestfeeding with the addition of complementary foods for at least two years and beyond as long as mutually desired by the lactating parent and child.</p>	Adopted	Commission on Health of the Public and Science	<p>Accept for implementation</p> <p>The Commission on Health of the Public and Science will update the policy statement to align with guidance provided in the AAFP's position paper, "Family Physicians Supporting Breastfeeding." The guidance is also supported by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and the World Health Organization.</p>
3009	<p>Increasing Physician and Community Awareness Regarding Cardiovascular Health Disparities in Black Women RESOLVED, That the American Academy of Family Physicians develop patient-facing educational materials about the elevated risk of heart disease in black women due to the experience of systemic and institutional racism and implicit bias, in order to increase awareness in the community, and be it further</p> <p>RESOLVED, That the American Academy of Family Physicians develop in-person and free virtual continuing medical education materials to educate physicians on the disparities of heart disease in black women due to the experience of systemic and institutional racism and implicit bias, in order to better care for their patients.</p>	Adopted	<p>1st Resolved Clause – Commission on Health of the Public and Science</p> <p>2nd Resolved Clause – Commission on Continuing Professional Development</p>	<p>1st Resolved Clause – Accept for implementation</p> <p>The Commission on Health of the Public and Science will work toward developing materials for patients. The AAFP has developed recent resources for physicians on the Detection and Management of Hyperlipidemia and Cardiovascular Disease Risk, including a shared decision-making guide on Talking to Patients About Hyperlipidemia and Cardiovascular Disease Risk, which specifically address disparities in cardiovascular health outcomes and the role of social determinants of health (SDOH) and their complex interplay with factors including systemic racism.</p> <p>2nd Resolved Clause – Accept for information</p> <p>While the Commission on Continuing Professional Development (COCPD)</p>



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				<p>agreed with the value of such education and that more can be done to address social determinants of health (SDOH) in particular to certain population groups, the stipulations that such education be in-person and free would constrain the AAFP's decision-making abilities in how to best reach a wide audience while considering the organization's priorities. COCPD would hope that the AAFP consider education on this topic, among other SDOH educational materials, will be analyzed and considered in future education as they see best fit to develop</p>
3010	<p>Educational Collaboration of AAFP with American Academy of Pediatrics and American College of Obstetricians and Gynecologists for Better Patient Care <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians collaborate with the American Academy of Pediatrics and American College of Obstetricians and Gynecologists to exchange and share free access of updated guidelines.</i></p>	Substitute Adopted	EVP	<p>Accept for information</p> <p>The AAFP supports the spirit of this resolved clause, recognizing the importance of ensuring members have access to high-quality, evidence-based clinical guidance to provide the best possible care for patients. The AAFP understands the challenges family physicians face in accessing external guidelines and appreciates the value such resources bring to clinical practice, especially in areas overlapping with the purview of other specialties.</p> <p>The AAFP has a robust process for collaborating with external organizations, including the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG), on the development and dissemination of clinical practice guidelines. Guidelines developed by external organizations that are deemed valuable to AAFP members are often disseminated directly to members or re-published or highlighted in AAFP journals.</p> <p>However, the feasibility of achieving the specific aim of this resolution as written depends on the policies and structures within these external organizations, which are beyond the AAFP's control. Despite this limitation, the AAFP continuously explores opportunities to make new and critically important guidelines available to its members, ensuring they have the tools and resources needed to deliver evidence-based, patient-centered care.</p> <p>Accepting this resolved clause for information allows the AAFP to reaffirm its commitment to facilitating access to essential clinical guidance while</p>



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				maintaining the flexibility to pursue collaborative opportunities as they arise.
4001	<p>American Academy of Family Physicians Divests <i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate and create a report on how much funding the Academy receives from the state of Israel as well as the United Nations-identified corporations that are actively supporting or benefitting from settlements on historically Palestinian land, as well as how much of the Academy's investments support the government of Israel or these corporations (directly or indirectly), and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) reject future funding tied to the government of Israel and withhold future investments that support the Israeli government, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) reject funding from and withhold future investment in the United Nations (UN) identified corporations that are actively supporting Israeli settlement on historically Palestinian lands</i></p>	Not Adopted	N/A	N/A
4002	<p>Establishment of an Education Campaign on the Distinctions Between Family Physicians and Nurse Practitioners and Physician Assistants <i>RESOLVED, That the American Academy of Family Physicians develop and implement a patient education campaign that clearly outlines the key differences between family physicians and nurse practitioners / physician assistants (NP/PA), including but not limited to training requirements, scope of practice, patient-facing hours, and board certification with the aim to educate the public on the unique and complementary roles of family physicians and NP/PAs.</i></p>	Adopted	EVP	<p>Accept as current policy</p> <p>The AAFP has ample advocacy materials that describe the core differences between physicians and NPs and PAs. These resources have been built into a scope of practice toolkit for chapters. One component of this toolkit are resources to lobby lawmakers on Truth in Advertising legislation which aims to reduce deceptive practices aimed to confuse patients.</p>
4003	<p>AAFP to Advocate Against Anti-DEI Legislation, Acknowledging the Negative Impact these Bills Have on the Health of Historically Marginalized Populations Substitute: <i>RESOLVED, That the American Academy of Family Physicians investigate and consider offering grant</i></p>	Substitute Adopted	<p>1st Resolved Clause – EVP</p> <p>2nd and 3rd Resolved Clauses – Commission on Federal and State Policy</p>	<p>1st Resolved Clause - Accept for information</p> <p>The AAFP has provided grants to state chapters to support DEI work in the past and feedback was that while the funds were helpful in supporting a single event/project, it was not enough funding to create meaningful sustainable change, and</p>

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	<p><i>funding to chapters doing Diversity, Equity, Inclusion (DEI) work and advocacy and prioritize states where anti-DEI legislation has been proposed or passed.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) add resources, data and talking points to the current Diversity, Equity, Inclusion (DEI) toolkit for state chapters and members to advocate in support of DEI initiatives and in opposition to anti-DEI legislation, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) include a statement against anti-Diversity, Equity, Inclusion (DEI) legislation on the “Speak Out to Fight for Family Medicine” website.</i></p>			<p>chapters needed more training to be able to develop their own resources that aligned with their state’s needs. To that end the AAFP transitioned to providing DEI training in larger settings where chapters and their members can attend such as FMX and ACLF. The EveryONE Project™ toolkit has a significant number of updated resources that are available to chapters and their members including on demand content, tools, workshop resources and more. The chapter relations and advocacy teams are actively supporting state chapters dealing with anti-DEI legislation in their state. These issues have been state-specific in their approach and chapters currently can reach out directly to engage for support.</p> <p>2nd and 3rd Resolved Clauses – Accept as current policy</p> <p>The Commission on Federal and State Policy reviewed the AAFP’s current advocacy efforts regarding anti-DEI legislation. It was determined that expanding the current anti-DEI Legislation toolkit to include resources supporting the right to diversity in the workplace was consistent with AAFP policy and would address the intent of the second resolved clause. The commission believed that AAFP’s current resources regarding anti-DEI legislation, such as the Speak Out language available for use by state chapters, adequately addressed the third resolved clause. The commission recommended the third resolved clause be accepted as current policy.</p>
<p>4004</p>	<p>Protect Physicians Promoting an Inclusive Space and Access to Care <i>RESOLVED, That the American Academy of Family Physicians write a new policy statement in support of protecting the rights of physicians to display symbols or imagery indicating that they are an inclusive and safe space to address their patients’ specific health needs.</i></p>	<p>Adopted</p>	<p>EVP</p>	<p>Accept for information</p> <p>The Commission on Diversity and Inclusiveness in Family Medicine discussed the resolution and expressed concern that the requested policy was too broad and could create unintentional situations that worsen inclusiveness (e.g. some imagery and symbols are harmful and would make a practice feel less safe), the lack of literature that that supports that patients use such imagery to determine where to seek care or that the lack of symbols limits care and the limited literature around whether wearing or displaying symbols is unprofessional or unethical for physicians.</p>
<p>4005</p>	<p>Full Inclusion of Physicians with Disabilities Within the AAFP <i>RESOLVED, That the American Academy of Family Physicians</i></p>	<p>Adopted</p>	<p>Commission on Membership and Member Services</p>	<p>Accept for information</p> <p>The Commission on Membership and Member Services discussed the importance of ensuring AAFP meetings are</p>



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	<i>establish a constituency of Physicians with Disabilities and their allies</i>			inclusive and accessible for individuals with disabilities, acknowledging a robust conversation at NCCL on the topic. While recognizing the value of a member constituency group, the commission opted to wait for the Task Force on Member Constituencies to submit its recommendations to the Board of Directors in October 2025.
4006	<p>Continuing Medical Education Credit for Participation in AAFP Meetings Substitute: <i>RESOLVED, That the American Academy of Family Physicians incorporate Continuing Medical Education credit for member participants at American Academy of Family Physicians meetings, such as the Annual Chapter Leader Forum, National Conference of Constituency Leaders, and Congress of Delegates.</i></p>	Substitute Adopted	EVP	<p>Accept for information</p> <p>These specific leadership/governance meetings were not designed to be CME events. If a member felt they experienced informal self-learning from these meetings, they could claim up to 25 credits per AAFP CME re-election cycle under Professional Enrichment. Professional Enrichment is defined as follows: Credit may be claimed, commensurate with participation, for partaking in other medical educational experiences and activities, such as independent exam preparation and informal self-learning activities. These activities may or may not be documented, and are not certified by the AAFP, AMA, AOA, but are of a nature of professional enrichment to the family physician. These credits get reported as Elective credit.</p>
4007	<p>Expansion of AAFP Funding for Constituency Representation at NCCL Substitute: <i>RESOLVED, That the American Academy of Family Physicians chapters will receive financial support for a representative of each board-approved constituency to attend the National Conference of Constituency Leaders as chapter delegates.</i></p>	Substitute Adopted	Commission on Membership and Member Services (lead) and Commission on Finance and Insurance (support)	<p>Accept for information</p> <p>The Commission on Membership and Member Services reviewed the current funding structure, where AAFP chapters support up to three representatives to attend either the National Conference of Constituency Leaders (NCCL) or the Annual Chapter Leader Forum (ACLF). Chapters have discretion in distributing the funding among the representatives and meetings. The discussion considered the financial implications of adding new constituencies and the potential of budgetary constraints. Additionally, chapters may face challenges in sending more members to NCCL due to financial limitations and difficulty in finding physicians available to attend. The commission opted to wait for the Task Force on Member Constituencies to submit its recommendations to the Board of Directors in October 2025.</p>
4008	<p>We All Rise When We Stand Behind Each Other: In Support of LGBTQ+ Physicians <i>RESOLVED, That the American Academy of Family Physicians support LGBTQ+ identifying physicians in practicing family medicine openly with</i></p>	Adopted	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>1st Resolved Clause – Accept for implementation</p> <p>The Commission on Diversity, Equity, and Inclusion in Family Medicine acknowledged that the AAFP is currently supportive of LGBTQ+ physicians; however, there is no</p>



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	<p><i>the freedom to self-identify, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide resources for LGBTQ+ identifying physicians in navigating the workforce, state legislature and other professional challenges, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians engage with schools, residency programs and new graduates identifying as LGBTQ+ or allies to endorse diverse physician pipeline reflecting the communities served by family medicine</i></p>			<p>existing policy around supporting physicians self-identifying. They feel that a policy statement reflecting support would meet the spirit of the resolution. The commission formed a working group which is in the process of drafting the policy statement.</p> <p>2nd and 3rd Resolved Clauses – Accept for information</p> <p>The Commission on Diversity, Equity, and Inclusion in Family Medicine agreed that ensuring access to LGBTQ+ physicians' is important and that creating a diverse family physician workforce is important, creating a separate set of resources would be challenging to develop, support and maintain in parallel to the working being done by the organization. While they did not agree that implementation was appropriate at this time, they did encourage the AAFP staff to be inclusive in the work around career and workforce development programing to ensure the voices and lived experiences of LGBTQ+ family physicians are included.</p>
4009	<p>Improving Accessibility for Online and Live AAFP Content</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) update and maintain the AAFP website, and enduring continuing medical education materials, to be in compliance with relevant federal laws such as the Americans with Disabilities Act (ADA) as amended, section 505 of the Rehabilitation Act, and the internationally recognized Web Content Accessibility Guidelines (WCAG), including but not limited to, appropriate website color contrast, font style, text resolution, text alternatives for images, captions on videos, scripts for videos, compatibility with screen readers, accessible forms, and keyboard website navigation, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians highlight in promotional materials that all in-person events provide full accommodations for attendees who self-identify as having one or more disabilities and need accommodations.</i></p>	Adopted as Amended	EVP	<p>Accept for implementation</p> <p>Website compliance/accessibility standards is part of the special project for the AAFP website redesign. Some areas of the current website meet accessibility requirements, and many other areas of the site do not meet best practice guidelines for making the site available to users with disabilities. The website redesign project, which just started, will take 18-24 months for total completion. The new website will comply with web standard WCAG 2.2 accessibility guidelines. This includes compliance for the five basic types of disabilities: Visual; Auditory; Tactile; Cognitive; and Physical.</p> <p>At the beginning of the current fiscal year, all new AAFP-produced on-demand CME contains closed captioning. After several tests for accuracy (due to the complexity introduced by the medical nature of the content), the AAFP selected an external vendor to add closed captioning to this content. For live events, the AAFP asks attendees to identify any accommodations prior to coming on site. ASL interpreters are included at events, as requested. The organization is also vetting closed captioning options for live meetings that</p>



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				would meet standards for accuracy (given the more complex medical content). The AAFP also makes ad hoc accommodations as requested by learners based on specific individual needs.
5001	<p>Advocating for Disaggregation of Racial and Ethnic Health Outcomes Data <i>RESOLVED, That the American Academy of Family Physicians advocates for the disaggregation of racial and ethnic data in health outcomes data collection and reporting.</i></p>	Adopted	Commission on Quality and Practice	<p>Accept for information</p> <p>The resolution points to the current AAFP policy on “Collecting Racial, Ethnic, Sexual Orientation and Gender Identity Data in Surveys” but does not provide direction on how the requested advocacy should be implemented. The Commission on Quality and Practice noted that the policy was reviewed and reaffirmed by the 2024 Congress of Delegates.</p>
5002	<p>Resolution to Advocate for Enhanced Patient Identifiers in Electronic Health Records <i>RESOLVED, That the American Academy of Family Physicians advocate for legislative and regulatory changes that require electronic health record systems to include and prominently display patient-chosen names and pronouns, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians collaborate with Electronic Health Record (EHR) vendors and other stakeholders including clinical informatics and operational leadership to develop standards for the inclusion of patient-chosen names and pronouns in all EHR systems with a focus on patient facing communications and clinical documentation.</i></p>	Reaffirmed	N/A	N/A
5003	<p>Create EHR Family-Medicine Friendliness Scale <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians create a task force to evaluate existing electronic medical record technologies and determine their effectiveness/ compatibility with family medicine practice operations and patient care and publish those results.</i></p>	Substitute Adopted	EVP	<p>Accept for information</p> <p>The resolution asks for two activities by the AAFP, namely (1) to evaluate and score EHRs and (2) to provide information on effectiveness and compatibility. The AAFP in the past did provide a tool for members to review and score EHRs. During that work, we learned that the scores varied widely according to the reviewer, and often, the level of training and customization played a large part in the score. For these reasons, we discontinued the review tool. For the same reasons, the feasibility of scoring the effectiveness of EHRs in a way that would translate to practice is unlikely.</p> <p>On the effective use of the EHR though, the AAFP, through our Administrative Simplification work and the large number of</p>



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				articles on the topic of EHRs in FPM, provides best practices and ways to optimize the efficacy of an EHR.
5004	<p>Improving Family Physician Compensation Through Salary Data Transparency <i>RESOLVED, That the American Academy of Family Physicians (AAFP) should continue to build upon the advocacy work started around improving physician compensation with creation of the Benchmark Dashboard by expanding data categories to include collection of Relative Value Unit (wRVU) expectations, number of advanced degrees, selection of constituency demographics such as International Medical School Graduate/New Physician/Gender etc., collection of full-time employees ratios of clinical and administrative roles and providing percentile breakdowns for where compensation lies with the data obtained, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) should prompt members, to help improve sample size, to voluntarily and anonymously provide updated data at the time of annual membership dues renewal. The AAFP should provide language to help explain why providing this data will only help to strengthen the advocacy work around pay equity for family physicians. This will allow for yearly updates to data as well as increase accuracy and relevancy of data, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) should negotiate a group discount with survey companies to allow AAFP members who choose to purchase data to obtain a discount for access to that data.</i></p>	<p>1st and 2nd Resolved Clauses – Not Adopted</p> <p>3rd Resolved Clause – Reaffirmed</p>	N/A	N/A
5005	<p>Advocating Against Insurance-Based Discrimination Rates for Non-elderly United States Adults <i>RESOLVED, That the American Academy of Family Physicians (AAFP) recommend that the Centers for Medicare and Medicaid Services (CMS) and the Internal Revenue Service implement a policy requiring non-profit hospitals to cover a minimum amount of unreimbursed Medicaid expenses to</i></p>	Not Adopted	N/A	N/A



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	<p><i>qualify for federal and state subsidies and tax exemptions, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) collaborate with the Centers for Medicare and Medicaid Services (CMS) to reward nonprofit hospitals that have low insurance-based discrimination rates.</i></p>			
<p>5006</p>	<p>Disclosure of Sensitive Health Information via Billing Documents <i>RESOLVED, That the American Academy of Family Physicians (AAFP) investigate how to protect or exclude disclosure of sensitive services including sexually transmitted infection (STI) testing and treatment, mental health services, drug treatment, family planning, gender affirming care, and intimate partner violence care via insurance billing documents such as Explanations of Benefits (EOB), and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) adopt a policy that there should be minimal barriers to fully confidential delivery of healthcare services when requested by the patient, specifically including confidential billing and explanations of benefits (EOB).</i></p>	<p>Adopted</p>	<p>Commission on Quality and Practice</p>	<p>Accept as current policy</p> <p>There are various rules, state and federal laws, and plan types that influence patient confidentiality. The Employee Retirement Income Security Act (ERISA) Benefit Claims Procedure Regulation (FAQs Section C-12) and the Affordable Care Act (ACA) both require insurers to communicate to policyholders about the benefits received and denied. These requirements are intended to promote consumer protection against fraud and greater transparency in the health insurance claims process. Fraud occurs when someone intentionally deceives the healthcare system for financial gain. EOBs can be a tool to detect potential fraud. Due to Federal and state requirements to issue EOBs to policy holders, legislative and regulatory changes would need to be made to eliminate the need to send EOBs for sensitive services. The likelihood of changing these laws would be very low due to fraud concerns.</p> <p>The AAFP’s policy, “Infringement on Patient Physician Relationship,” partly states, “A confidential relationship between patient and physician is essential for the free exchange of information necessary for sound medical care.” The AAFP’s policy, “Confidentiality, Patient/Physician” partially states, “The AAFP believes that patient confidentiality must be protected.” Further, principle A in that policy states, “The right to privacy is personal and fundamental.” The AAFP’s policy, “Adolescent Health Care, Confidentiality” partly states, “The AAFP believes that adolescents’ access to confidential healthcare is important for their health and well-being....” In addition, the policy states, “State laws vary, but in general, in areas of care where the adolescent has the legal right to give consent to health services, confidentiality must be maintained.” The policy also addresses the limitations of guaranteed confidentiality due to EOBs furnished to a</p>



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				<p>guarantor/parent from a third party. Together, these policy statements appear to affirm the importance of access and confidential care while maintaining compliance with state and federal laws for adults and adolescents.</p>
5007	<p>Standardized Anti-Discrimination Training in the Workplace: An AAFP Toolkit Substitute: <i>RESOLVED, That the American Academy of Family Physicians oppose legislation that could mandate certain restrictions or conditions on medical educations and practice related to Diversity, Equity and Inclusion, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians make publicly available a toolkit for standardized Diversity, Equity and Inclusion (DEI), anti-racism, and anti-discrimination training for medical facilities, and be it further.</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians create rubric to evaluate and score medical institutions on their Diversity, Equity, and Inclusion policies/teaching materials.</i></p>	<p>Divide the Question.</p> <p>1st Resolved Clause - Adopted as Amended</p> <p>2nd Resolved Clause – Substitute Adopted</p> <p>3rd Resolved Clause - Substitute Adopted</p>	<p>1st Resolved Clause – Commission on Federal and State Policy</p> <p>2nd and 3rd Resolved Clauses - Commission on Diversity, Equity, and Inclusiveness in Family Medicine</p>	<p>1st Resolved Clause – Accept as current policy</p> <p>The Commission on Federal and State Policy believed that the anti-DEI legislation toolkit available for chapters and the joint statement supporting diversity in medical education adequately addressed this resolution, particularly if the chapter toolkit was expanded to include resources to support diversity in the workplace as directed in Resolution 4003. The commission recommended the resolution be accepted as current policy.</p> <p>2nd Resolved Clause – Accept for implementation</p> <p>The Commission on Diversity, Equity, and Inclusion in Family Medicine had a robust discussion about this resolved clause due to varying interpretations of the vague nature of “publicly available,” “toolkit” and “medical facilities.” While it was unclear whether the ask was for new content directed specifically at medical facilities or those who work for them, whether the intent was to provide these resources at no charge to medical facilities and whether medical facilities refers to medical practices/physician offices, health systems, hospitals or something more broadly, the commission was unified on a desire to see the AAFP-created DEI education and tools made available to organizations and facilities beyond AAFP membership at no cost or for a fee. They recommended implementation of the resolution; however, encouraged the implementation to begin with AAFP staff reviewing the current opportunities for such facilities to access our materials through existing mechanism such as our business-to-business content licensing program to identify if a new product or process needs to be created or existing structures are sufficiently in place.</p> <p>3rd Resolved Clause – Accept for information</p> <p>The Commission on Diversity, Equity, and Inclusion in Family Medicine agreed that a rubric to evaluate and score medical</p>



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				institutions on the DEI policies and teaching materials could be valuable; however, AAFP isn't equipped to undertake the magnitude of the project necessary to accomplish this work. Hiring an outside consultant would be cost-prohibitive. In addition, this request is not aligned with the current AAFP strategic plan.
5008	<p>Increasing Family Medicine Workforce Through Expansion of the Public Service Loan Forgiveness Program</p> <p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) advocates for the expansion of the Public Service Loan Forgiveness Program by removal of the "qualified employer" restriction for family medicine physicians only, allowing more family medicine physicians to receive loan forgiveness and help achieve the AAFP goal of having 25% medical students match into family medicine by 2030.</i></p>	Adopted as Amended	Commission on Federal and State Policy	<p>Accept as current policy</p> <p>The Commission on Federal and State Policy discussed the criteria used to determine a "qualified employer" in relation to the loan forgiveness program and how the resolution could be implemented. It was clarified that implementation would be a multi-year process and the estimated fiscal note would be per year. The commission then considered the current advocacy efforts taking place on this topic and whether they addressed the spirit of the resolution. The commission recommended the resolution be accepted as current policy.</p>