

2025 Resolutions

<i>Res. No.</i>	<i>Title and Resolved</i>	<i>Action of NCSM</i>	<i>Final Action</i>
S101	<p>Encouraging the Incorporation of Evidence-Based Integrative Medicine into Clinical Guidelines</p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage incorporation of evidence-based integrative medicine diagnoses, management, and/or treatment into clinical guidelines, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians, when considering the incorporation of integrative medicine into clinical guidelines, evaluate potential implications of cultural harm, for example ensuring that resource-limited medicines are not broadly implemented on a national or international guideline basis, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support the availability and knowledge of accessible integrative medicine techniques for diagnosis and treatment that would contribute to higher quality patient-centered wholistic care for the individual and for communities, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support further robust research on integrative medicine practices, whether in funding or other ways, to better inform family physicians and patients regarding these practices.</i></p>	Not Adopted	N/A
S102	<p>American Academy of Family Physicians Support for the Continued Existence of the United States Preventative Services Task Force</p> <p><i>RESOLVED, That the American</i></p>	Reaffirmed as current policy	N/A



**Summary of Actions:
2025 National Congress of Student
Members**

	<p><i>Academy of Family Physicians adopt a stance in favor of the United States Preventative Services Task Force continuing to generate recommendations as to the strength of support and contraindications for preventative services, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians write an open letter to the head of the Department of Health and Human Services supporting the existence of the United States Preventative Services Task Force.</i></p>		
S103	<p>Insurance Approval for GLP-1 RA for Weight Management</p> <p><i>RESOLVED, That the American Academy of Family Physicians support legislation encouraging insurance plans to cover GLP-1 Receptor Agonists for the treatment of obesity and overweight without requiring diagnosis of diabetes.</i></p>	Reaffirmed as current policy	N/A
S104	<p>Supporting Residents and Early Career Physicians in Navigating Public Service Loan Forgiveness (PSLF)</p> <p><i>RESOLVED, That the American Academy of Family Physicians support residents and early career physicians in understanding and applying for Public Service Loan Forgiveness (PSLF) by advocating for streamlined processes and providing access to guidance tools, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop and/or promote educational materials, webinars, individual or group counseling, and partnerships with legal or financial aid experts to help members successfully navigate the Public Service Loan Forgiveness program, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate at the federal level for</i></p>	Reaffirmed as current policy	N/A



**Summary of Actions:
2025 National Congress of Student
Members**

	<p><i>administrative simplification, transparency, and accountability in the Public Service Loan Forgiveness program to reduce burdens on eligible physicians pursuing careers in public service.</i></p>		
S105	<p>Support for Policies that Promote Built Environments Encouraging Physical Activity and Health Substitute: <i>RESOLVED, That the American Academy of Family Physicians develop a policy recognizing the role of the built environment in shaping health outcomes, supporting infrastructure improvements that promote physical activity—especially in underserved communities—and advocating for health impact assessments in planning decisions as part of a “Health in All Policies” approach.</i></p>	<p>Substitute Adopted</p>	<p>Accept for information</p> <p>The AAFP has established a strong policy framework recognizing the role of social, structural, and environmental factors, including neighborhood conditions and the built environment, in shaping health outcomes. AAFP position paper on social determinants of health (SDOH) identifies neighborhood characteristics and the broader environments in which people live as key drivers of health and health inequities – specifically stating that “improvements in the built environment, such as sidewalks, streetscapes and the density of parks and recreational facilities, are associated with greater levels of physical activity among children and adults.” And further that “The AAFP supports improvements to the built environment, such as designing walkable neighborhoods, complete streets and mixed-use zoning to improve community health. The AAFP also supports equitable improvements to the built environment, with a special emphasis on underserved communities and community input in these decisions to ensure that current residents are not displaced or otherwise negatively affected.”</p> <p>AAFP’s existing Health in All Policies policy supports cross-sector approaches that incorporate health considerations into transportation, housing, and other planning decisions, and highlights the use of tools such as health impact and environmental impact assessments to inform policymaking.</p> <p>The EveryONE Project reinforces this work by promoting “strategic priorities that support family physicians in advancing health equity through education, collaboration, policy engagement, and evidence-based practices” in and with their communities and practices.</p>

<p>S106</p>	<p>Supporting Inclusive Care for People Engaged in Sex Work <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians affirm its commitment to providing stigma-free, patient-centered care for individuals engaged in sex work by collaborating with organizations that advocate for sex workers (such as Sex Workers Outreach Project USA (SWOP USA)) to develop educational materials and best practices on working with this population, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians develop a formal policy or position paper recognizing stigma toward sex workers as a public health issue.</i></p>	<p>Substitute Adopted</p>	<p>1st Resolved Clause – Accept for information</p> <p>Developing educational materials or best practices based solely on organizations focused on advocacy for sex workers may be premature. Opportunities to amplify content from other organizations are routinely explored. Additional content on primary care for individuals engaged in sex work could be considered; however, experience in addressing the needs of special communities has shown that patient-centered, humanistic care generally meets most needs, with differences addressed through clinical practice guidelines and identified risk factors. Exploration is already underway with AASECT as a potential partner to identify faculty with lived experience for a session on primary care in sex workers as part of the updated Health for EveryONE Equity Course, reflecting a gap already identified in the education planning process.</p> <p>2nd Resolved Clause – Accept for implementation</p> <p>AAFP does not have a current policy or position paper specific to this topic. Existing policies, including “Health Care is a Right” and “Health Equity,” can reasonably be interpreted as inclusive of this community. If additional policy development is pursued through the Commission on Diversity, Equity, and Inclusiveness in Family Medicine (CDEIFM), a broader stigma policy may be more effective—one that addresses stigma as a driver of health inequities and public health issues across multiple populations. This approach could reference individuals engaged in sex work while also including other stigmatized groups, such as those affected by obesity or substance use disorder.</p>
<p>S107</p>	<p>Advocating for Health Equity and Safety for Undocumented Individuals in Primary Care <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians develop and disseminate educational resources to provide guidance and information to members regarding their legal</i></p>	<p>Substitute Adopted</p>	<p>Accept for information</p> <p>While the AAFP can provide general guidance on federal policies and continue to share high-level information with members, the scope of this resolution presents practical challenges for implementation. Legal considerations and enforcement practices vary significantly across states and municipalities, and policies are subject to frequent change. As a result, it would</p>

	<p><i>protections and roles and patient rights during immigration enforcement actions in health care settings.</i></p>		<p>be difficult for the Academy to develop and maintain educational resources that are both comprehensive and consistently up to date across all jurisdictions.</p> <p>The AAFP has provided resources and information to members, including training conducted by the Center for Diversity and Health Equity; and continues to monitor this space and develop appropriate guidance within its existing capacity. In addition, several external organizations, including Physicians for Human Rights, Doctors for Immigrants, the American Civil Liberties Union, and the National Immigration Law Center, already provide detailed, jurisdiction-specific information in this area.</p>
S201	<p>Identifying and Treating Female Sexual Dysfunction in Primary Care Setting <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians advocate with the Accreditation Council for Graduate Medical Education (ACGME) to update current training requirements to include universal screening and assessment for female sexual dysfunction (FSD) in the primary care setting.</i></p>	Substitute Adopted	<p>Accept for information</p> <p>ACGME Program Requirements for Family Medicine are written at a more general level. The AAFP Residency Curriculum Guideline on Women’s Health and Gynecologic Care already includes a recommendation for sexual dysfunction education. Recommended Curriculum Guidelines for Family Medicine Residents Women’s Health and Gynecologic Care</p>
S202	<p>Improving Member Access to AAFP Policies through Website Search Functionality <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) update and maintain a searchable, filterable, and user-friendly digital platform that allows members to easily access, sort, and navigate the AAFP’s active and archived policy statements by topic, date, and keyword.</i></p>	Substitute Adopted	<p>Accept as current policy</p> <p>This resolution is being addressed as part of the redesign of the AAFP website which launches May 2026. The AAFP is taking a holistic organizational approach to meeting the two primary goals of engaging members and increasing revenue. The approach is one where AAFP will drive traffic horizontally between products and services and reinforce the new outside-in brand positioning. The key guiding principles of the website redesign project include enhanced search capabilities and an improved user experience.</p>
S203	<p>Development of Clinical Guidance and Educational Resources on Artificial Intelligence in Family Medicine <u>Substitute:</u></p>	Reaffirmed as current policy	N/A

	<p><i>RESOLVED, That the American Academy of Family Physicians develop clinical guidance and educational resources for family physicians that outline best practices and risk mitigation strategies related to the use of artificial intelligence in patient care.</i></p>		
S204	<p>Reframing AAFP Language on Global Health to Reflect Its Domestic Relevance and Promote Equity in Knowledge Exchange <i>RESOLVED, That the American Academy of Family Physicians encourage student and resident research and communication on the positive impacts, the domestic relevance, and reciprocal value of global health education and international clinical experiences.</i></p>	<p>Substitute Adopted as amended on the floor</p>	<p>Accept as current policy</p> <p>The AAFP has strengthened its commitment to equity and domestic relevance in global health by integrating its initiatives into the Center for Diversity, Health Equity, and Global Health (CDHEGH) in 2025. The CDHEGH focuses on bridging global health challenges with those in domestic family medicine, particularly in rural areas, where issues like limited resources mirror global conditions. Efforts include member input at the 2025 Global Health Summit, a new member survey to guide global health strategy, and updated web content highlighting domestic relevance of global health and reciprocal learning with low- and middle-income countries, as well as tools to address inequities.</p>
S205	<p>Promoting Artificial Intelligence (AI) Education in Medical Schools to Advance Family Medicine, Public Health, and Health Equity Substitute: <i>RESOLVED, That the American Academy of Family Physicians advocate for the incorporation of Artificial Intelligence (AI) education into undergraduate medical education with a focus on its application in primary care, public health, and community-based medicine, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians collaborate with academic institutions and accrediting bodies to support the development of curricular standards and resources that equip medical students with a foundational understanding of Artificial Intelligence</i></p>	<p>Adopted</p>	<p>Accept for information</p> <p>Artificial intelligence (AI) has broad and evolving applications in medicine. Although medical schools retain flexibility in designing their curricula, the American Academy of Family Physicians (AAFP) does not dictate specific content, such as the inclusion of AI in primary care education. This resolution may be considered overly prescriptive or potentially burdensome, particularly when suggesting specific timelines for implementing AI training programs. Additionally, efforts to provide resources and guidance on AI are already progressing, as AAFP continues to offer relevant policy and educational materials.</p> <p>Several family physicians, in conjunction with the Society of Teachers of Family Medicine and the American Board of Family Medicine, have developed an artificial intelligence and machine learning curriculum for primary care for</p>

	<p><i>(AI) ethics, equity, applications, and limitations, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support the creation of a two-week, in-person clinical skills bootcamp designed to train medical students in Artificial Intelligence (AI) integrated point-of-care ultrasound (POCUS), and in the use of AI as a tool for health education and chronic disease self-management in underserved communities, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians promote research, innovation, and student involvement in Artificial Intelligence (AI) driven public health strategies as part of its broader commitment to advancing health equity and preparing future leaders in family medicine.</i></p>		<p>medical students, primary care residents, and practicing primary care clinicians.</p>
S206	<p>Furthering IMG Representation within the AAFP Resident and Student Congress Substitute: <i>RESOLVED, That the American Academy of Family Physicians include an international medical student delegate to the Student Congress.</i></p>	<p>Substitute Adopted</p>	<p>Accept for implementation</p> <p>Since 2018, international medical students have been able to join the AAFP as Student members, but most do not have the same opportunities as U.S. medical students to participate in chapters. Establishing an international medical student delegate would provide these students with representation and voting rights in the National Congress of Student Members (NCSM), paralleling the BIPOC delegate seat. This position will be filled annually by the Family Medicine Interest Group International Student Coordinator, who is already funded to attend FUTURE.</p>
S207	<p>Comprehensive Harm Reduction Strategies Including Safe Supply <i>RESOLVED, That the American Academy of Family Physicians include in the policy on Substance Use Disorder section on Harm Reduction the explicit naming of needle-syringe exchange, safe injection sites, and safe supply programs as the effective harm reduction strategies that are supported, but that this is not an</i></p>	<p>Adopted</p>	<p>Accept as current policy</p> <p>AAFP policies (“Needle Exchange Programs and Safe Injection Sites” and “Substance Use Disorders”) endorse harm reduction strategies, such as needle exchange programs and safe injection sites, for their effectiveness in preventing disease transmission and connecting individuals with treatment and preventative care. The Substance Use Disorders policy specifically supports comprehensive public health approaches, counseling on sterile</p>

	<p><i>exhaustive list of such strategies, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians include in the policy on Substance Use Disorder section on Harm Reduction that these harm reduction strategies reduce the number of publicly discarded syringes, improve public safety, and increase the likelihood that individuals will access primary care, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate to the Review Committee for Family Medicine (RRC-FM) to include harm reduction in residency training for family medicine.</i></p>		<p>injection practices, and overdose prevention programs. Furthermore, ACGME Family Medicine Program Requirements already mandate training in substance use disorders, ensuring residents are prepared to manage and integrate care for affected patients.</p>
S301	<p>Comprehensive Reproductive Healthcare Education: Inclusion of Fertility Awareness-Based Methods (FABMs)</p> <p><i>RESOLVED, That the American Academy of Family Physicians make a more concerted effort to provide continuing education on Fertility Awareness-Based Methods (FABMs) for medical students and residents, such as the FUTURE conference, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians update its Recommended Curriculum Guidelines to incorporate evidence-based Fertility Awareness-Based Methods (FABMs) into family medicine residency and medical student education as part of comprehensive reproductive health training.</i></p>	Not Adopted	N/A
S302	<p>Training on Forensic Medical Examinations for Asylum Seekers</p> <p><i>RESOLVED, That the American Academy of Family Physicians recommend that its members complete a nationally recognized</i></p>	Not Adopted	N/A

	<p><i>Asylum Medicine Forensic Medical Exam training, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians recommend that residents receive training and practice of Asylum Medicine Forensic Medical Exams, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians recommend that student Family Medicine Interest Groups (FMIGs) educate their medical students on topics of immigrant healthcare and asylum medicine.</i></p>		
S303	<p>Comprehensive Reproductive Healthcare Education: Inclusion of Mifepristone Complications Following Chemically Induced Home Abortions</p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage the Society of Teachers of Family Medicine (STFM) to update their National Clerkship Curriculum to incorporate education on mifepristone complications and management of patients experiencing mifepristone adverse effects into family medicine residency and medical student education as part of comprehensive reproductive health training.</i></p>	Substitute Adopted	<p>Accept for information</p> <p>The Society of Teachers of Family Medicine (STFM) is currently updating its National Clerkship Curriculum through a process led by medical education experts selected for their clinical expertise. In this context, AAFP’s role is to continue to provide education that supports the experts leading the work.</p>
S304	<p>Offering Continuing Medical Education Courses on Accommodations for Patients with Autism</p> <p>Substitute:</p> <p><i>RESOLVED, That the American Academy of Family Physicians should offer continuing medical education courses on establishing accommodations or modifications for the reduction of health disparities for patients with autism.</i></p>	Adopted	<p>Accept for information</p> <p>The AAFP Education division conducts an in-depth needs and gaps analysis to inform educational planning. Educational programming is also organized by thematic topic areas; for example, autism-related content may be incorporated into broader behavioral health and neurology activities or offered as sessions within a larger meeting, such as FMX, rather than as standalone topics. Sessions currently in development for the upcoming year include:</p>

			<ul style="list-style-type: none"> • The Medical Home for Individuals with Autism (FMX 2026) • The Autism Surge: Decoding the Rise in Prevalence and Diagnosis for 2026 (<i>Family Medicine Update, offered twice in June and December 2026</i>)
S305	<p>Enhancing Behavioral Health Integration in Family Medicine Training</p> <p><i>RESOLVED: that the American Academy of Family Physicians advocate for promotion of accessible, competency-based certification in psychological first aid for medical students and other healthcare providers, recognizing that Psychological First Aid training is designed to be inclusive of all provider levels and has demonstrated benefits in improving knowledge, self-efficacy, and practical skills for responding to acute psychological distress and trauma.</i></p>	Adopted as amended on the floor	<p>Accept for information</p> <p>The AAFP already supports the implementation of Behavioral Health Integration (BHI) education in medical school and family medicine residency programs.</p>
S306	<p>Advancing Standardized Point-of-Care Ultrasound (POCUS) Training in Medical School Curriculum</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for the increased and standardized integration of point-of-care ultrasound training into the core curricula of all accredited medical schools, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians commit to developing a model point-of-care ultrasound curriculum for medical students, complete with defined learning objectives, a scope of practice relevant to primary care, and suggested methods for competency assessment, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians collaborate with other relevant organizations, including the Society of Teachers of Family Medicine and the</i></p>	Not Adopted	N/A



**Summary of Actions:
2025 National Congress of Student
Members**

	<i>American Institute of Ultrasound in Medicine, to facilitate the widespread adoption of this curriculum and to provide resources and mentorship to medical school faculty tasked with its implementation.</i>		
S307	<p>Enhancing Musculoskeletal/Sports Medicine Training in Medical School's Family Medicine/Primary Care Clinical Rotations</p> <p>Substitute: <i>RESOLVED, That the American Academy of Family Physicians advocate for the Society of Teachers of Family Medicine (STFM) to expand its teaching resources to include the musculoskeletal (MSK) topics found in STFM's National Clerkship Curriculum such as standardized, MSK curricula for family medicine/primary care medical school clinical rotations, including model modules, and or faculty development, and/or handouts.</i></p>	Substitute Adopted	<p>Accept for information</p> <p>The Society of Teachers of Family Medicine (STFM) is currently updating its National Clerkship Curriculum through a process led by medical education experts selected for their clinical expertise. In this context, AAFP's role is to continue to provide education that supports the experts leading the work.</p>
S308	<p>Reimagining Medical Education for Efficiency and Resource Utilization</p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for medical education reforms that move from rote memorization towards the efficient utilization of resources and problem-solving skills, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage the reconstruction of medical examinations to assess the ability to effectively apply knowledge and utilize resources in clinical scenarios, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support medical schools in shifting their focus from institutional prestige and intellectual property control to student-centered, effective educational approaches.</i></p>	Not Adopted	N/A