2026 Joint Agenda and Resolutions

National Congress of Family Medicine Residents and National Congress of Student Members
July 30 - August 1, 2026

Item No.

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2. Resolution No. J102: Improving Continuity of Care by Allowing Medicaid-Participating Clinics to Charge No-Show Fees
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RESOLUTION NO. J101

Developing Primary Care Clinical Guidance for Wildfire Smoke Exposure

Introduced by: Rupalakshmi Vijayan, MD

WHEREAS, Wildfire smoke exposure, including exposure to fine particulate matter (PM), is associated with adverse respiratory and cardiovascular health effects, exacerbation of chronic medical conditions, increased healthcare utilization, and adverse pregnancy outcomes, including increased risk of preterm birth; and

WHEREAS, wildfire smoke can travel substantial distances from active fires and affect communities beyond traditionally wildfire-prone regions, requiring primary care clinicians across diverse geographic areas to address health concerns related to smoke exposure; and

WHEREAS, children, older adults, pregnant patients, individuals with asthma, chronic obstructive pulmonary disease, cardiovascular disease, and socially vulnerable populations may experience increased health risks associated with wildfire smoke exposure; and

WHEREAS, family physicians provide frontline, community-based care and are positioned to identify at-risk patients, counsel on prevention, and manage chronic disease during wildfire smoke events; and

WHEREAS, family physicians would benefit from concise, evidence-informed primary care clinical guidance addressing wildfire smoke exposure risk assessment, patient counseling, prevention strategies, and chronic disease management; Although valuable public health resources exist, concise primary care-focused clinical guidance integrating risk assessment, counseling, and chronic disease management remains limited, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop and disseminate evidence-informed primary care clinical guidance addressing patient risk assessment, prevention strategies, counseling, and chronic disease management during wildfire smoke exposure events; and be it further

RESOLVED, That the American Academy of Family Physicians incorporate wildfire smoke exposure content, including considerations for children, older adults, pregnant patients, individuals with respiratory and cardiovascular disease, and other vulnerable populations, into existing educational resources and continuing medical education for family physicians; and be it further

RESOLVED, That the American Academy of Family Physicians disseminate wildfire smoke exposure educational resources relevant to family medicine residents and medical students through existing educational programs and partnerships.

RESOLUTION NO. J102

Improving Continuity of Care by Allowing Medicaid-Participating Clinics to Charge No-Show Fees

Introduced by: Olga Pudovka Gross, MD

WHEREAS, Many Medicaid programs prohibit or discourage clinics from charging reasonable missed-appointment fees, even though such fees are permitted for other insured populations when applied equitably and transparently, and

WHEREAS, high no-show rates reduce clinic capacity, limit appointment availability, and disproportionately affect safety-net clinics that already operate with narrow margins, and

WHEREAS, national data show Medicaid patients experience no-show rates between 20–40%, substantially higher than commercially insured populations, contributing to reduced access for all patients and increased clinician burnout, and

WHEREAS, missed appointments (no-shows) significantly disrupt continuity of care, delay diagnosis and treatment, and worsen health outcomes for patients with chronic disease, and

WHEREAS, evidence demonstrates that clearly communicated no-show policies—including modest fees, grace periods, and hardship exemptions—can reduce missed appointments and improve clinic efficiency without creating undue burden on vulnerable patients, and

WHEREAS, improved appointment adherence increases access, reduces wait times, and strengthens the patient-physician relationship by supporting reliable follow-up and continuity of care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support allowing Medicaid-participating clinics to implement reasonable, transparent no-show or missed-appointment fees, provided such policies include hardship exemptions and do not restrict access to medically necessary care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to federal and state Medicaid agencies to permit clinics to apply reasonable, transparent missed-appointment fees consistent with policies used for other insured populations, while ensuring protections for patients experiencing financial or social hardship, and encourage Medicaid programs to adopt evidence-based strategies to reduce no-shows, including appointment reminders, transportation support, digital scheduling tools, and patient education alongside optional missed-appointment fees, and be it further

RESOLVED, That the American Academy of Family Physicians provide guidance to chapters and members on developing equitable, patient-centered no-show policies that improve access, support clinic sustainability, and maintain continuity of care.

RESOLUTION NO. J103

Enhancing Educational Scholarship Resources for Family Medicine Residents

Introduced by: Rupalakshmi Vijayan, MD

WHEREAS, Family medicine residents participate in scholarly activities including research, quality improvement, educational innovation, and dissemination of clinical knowledge as part of residency training, and

WHEREAS, skills in manuscript preparation, scientific presentation, educational innovation, peer review, and scholarly dissemination support the continued advancement of family medicine, and

WHEREAS, educational scholarship resources for family medicine residents are available through the American Academy of Family Physicians (AAFP), the Society of Teachers of Family Medicine, and other organizations, but opportunities to access and utilize these resources vary across residency programs, and

WHEREAS, differences in faculty expertise, mentorship, institutional resources, and curricular priorities contribute to variability in residents' exposure to educational scholarship and academic skill development, and

WHEREAS, the AAFP supports resident education and professional development through educational programs, leadership initiatives, and collaborations with family medicine organizations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians identify, curate, and disseminate existing educational scholarship resources relevant to family medicine residents into an accessible collection, and be it further

RESOLVED, That the American Academy of Family Physicians identify opportunities to enhance voluntary educational resources supporting scholarly dissemination, educational innovation, quality improvement, and peer review where gaps are identified, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with family medicine educators, the Society of Teachers of Family Medicine, and other relevant stakeholders to promote educational scholarship resources that support residents according to their educational interests, career goals, and practice environments.

RESOLUTION NO. J104

Chief Resident Position

Introduced by: Danielle Cain, MD 9496338

WHEREAS, The vast majority of family medicine residency programs utilize a model in which trainees serve as chief residents during their third year of residency, and

WHEREAS, chief residents continue to experience high rates of stress and burnout in family medicine training programs due to managing both administrative and clinical duties, and

WHEREAS, some family medicine residency programs have successfully implemented fourth-year chief resident or early-career physician chief resident models that support resident well-being and provide opportunities for faculty development, and

WHEREAS, the American Academy of Family Physicians strives to enhance physician well-being, support professional development, and maintain excellence in graduate medical education, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians propose that the Chief Resident Workshop explore the feasibility of implementing various organizational models for chief residents, and be it further

RESOLVED, That the American Academy of Family Physicians develop and disseminate organizational models for chief resident positions that may be adopted by residency programs, including models utilizing fourth-year chief residents or junior faculty physicians to promote resident wellbeing and foster leadership development.

RESOLUTION NO. J105

Assessment of Medical Students' Decision to Not Pursue Family Medicine

Introduced by: José Manuel Carrillo-Castro, MD
Emily Hong, DO, MPH
Kimberly Cabrera
Caleb Duncan, DO
Rachel Pernick

WHEREAS, the mission of the American Academy of Family Physicians includes improving the health of patients, families, communities and this is directly tied to the access of primary care physicians, and

WHEREAS, access to primary care physicians is directly affected by the number of residents graduating from family medicine programs, and

WHEREAS, there is a trend of decreased access to primary care, increasing unfilled match spots within family medicine, residency program closures, threats to Public Service Loan Forgiveness, increasing burnout/workload within primary care, and

WHEREAS, there are assumptions as to why people are not choosing to go into family medicine and the solutions based on these assumptions are not currently effective, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians gather information to assess the reasons why medical students are not choosing to go into family medicine, and be it further

RESOLVED, That the American Academy of Family Physicians consider exposure, socioeconomic considerations (pay, loan repayment, debt), fellowship opportunities, burnout in making these assessments, and be it further

RESOLVED, That the American Academy of Family Physicians include (although not exclusively) medical students who were interested in family medicine at one point and decided to go into something else, and be it further

RESOLVED, That the American Academy of Family Physicians report the findings of the workforce, and in the future, develop solutions based on this report.

RESOLUTION NO. J106

Promotion in Place in Family Medicine Residency

Introduced by: Christian Bonner, MD

WHEREAS, Research is showing benefit and safety of promotion in place of residents who show advanced standing, and

WHEREAS, resident salary is a burden to family medicine residents, and

WHEREAS, advocacy for students going into family medicine is a core to the American Academy Family Physicians, and

WHEREAS, promotion in place has the potential to significantly improve access to care in rural areas, and

WHEREAS, the training of family medicine residents is paramount to our future, and

WHEREAS, the promotion in place pilot model is going into effect for surgical residencies, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate to the Accreditation Council for Graduate Medical Education and the American Board Family Medicine for more research into promotion in place and other alternative models for residency programs and residents, and be it further

RESOLVED, That the American Academy of Family Physicians investigate if the promotion-in-place model is a safe and effective education model, and be it further

RESOLVED, That the American Academy of Family Physicians, after the investigation of the promotion-in-place model, write a policy on the promotion in place of residents that show advanced standing in residency.

RESOLUTION NO. J107

Improving Initial Communication With Patients Experiencing Language Barriers

Introduced by: Magdalena Shen
Samantha Hicks
Angelika Kwak
Molly Stegman
Lauren Hutchinson

WHEREAS, Qualified medical interpreters improve communication, patient safety, and quality of care for patients with limited English proficiency (LEP) and individuals who communicate primarily through American Sign Language (ASL), and

WHEREAS, many medical students and physicians report limited formal training in communicating with patients who have LEP or who communicate using ASL prior to interpreter availability, and

WHEREAS, meaningful communication before an interpreter is available is often limited, potentially increasing patient anxiety and delaying rapport between physicians and patients, and

WHEREAS, teaching physicians and medical students a standardized set of basic, non-diagnostic phrases in ASL and/or the predominant non-English language(s) spoken in their practice communities may improve patient comfort while interpreter services are being arranged, and

WHEREAS, standardized educational resources teaching basic, non-diagnostic communication phrases could be incorporated into existing medical education and continuing medical education with minimal cost and time commitment, and are not meant to serve as a substitute for qualified medical interpreter services, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop or endorse educational resources containing standardized basic introductory communication phrases in American Sign Language and the top five predominant non-English language(s) (Spanish, Chinese, Tagalog, Vietnamese, Arabic) for use by medical students, residents, and practicing family physicians.

RESOLUTION NO. J108

Hormone Replacement Therapy in American Academy of Family Physicians Education and Resources

Introduced by: Madison Miller
Hayley Young
Madison Evans
Colleen Martin

WHEREAS, It is approximated that 50%-60% of postmenopausal women experience symptoms of urogenital and sexual dysfunction, and

WHEREAS, while the American Academy of Family Physicians (AAFP) has published continuing medical education (CME) materials providing education for menopause and perimenopause, 62% of providers reported lack of training as a barrier to providing menopause care and 92% reported increased training as the method to improve provision of menopause care, and

WHEREAS, while the AAFP recommended curriculum guidelines calls for competency in risks and benefits of hormone replacement therapy in menopause, only 6.8% of a survey of family medicine, internal medicine, and OBGYN residents expressed confidence in treating symptoms associated with menopause, and

WHEREAS, family medicine, internal medicine, and OBGYN residents reported only 20.3% had menopause education during residency, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update its recommended curriculum guidelines to incorporate screening, evaluation, and treatment options for menopause including hormone replacement therapy, and be it further

RESOLVED, That the American Academy of Family Physicians expand educational offerings and resources for resident and physician members regarding the use of menopausal hormone therapy for the treatment of symptoms associated with menopause.

RESOLUTION NO. J109

Protected Educational Time for Resident Advocacy Participation

Introduced by: Payal Morari, DO

WHEREAS, Physician advocacy is an essential component of family medicine and advances patient care, health equity, and evidence-based health policy, and

WHEREAS, the American Academy of Family Physicians has adopted policy supporting advocacy and health policy education during residency training, and

WHEREAS, participation in advocacy activities, including legislative conferences, advocacy days, and organized physician leadership events, develops competencies in health systems science, communication, professionalism, leadership, and community engagement, and

WHEREAS, many residents must use vacation, personal leave, or limited conference time to participate in advocacy activities, creating barriers to engagement, and

WHEREAS, lack of protected educational time disproportionately limits participation among residents with financial constraints, caregiving responsibilities, or demanding clinical schedules, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for resident participation in organized physician advocacy activities to be recognized as educational experiences that are eligible for protected educational time during residency, and be it further

RESOLVED, That the American Academy of Family Physicians advocate that participation in approved advocacy and legislative events not routinely require residents to use vacation or personal leave and, when possible, be accommodated through educational or professional development leave, and be it further

RESOLVED, That the American Academy of Family Physicians encourage family medicine residency programs to establish protected time for resident participation in advocacy education and legislative engagement, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Family Medicine (ABFM), and other relevant organizations to explore incorporation of advocacy education as a recognized component of family medicine residency training with appropriate protected scheduling.

RESOLUTION NO. J110

Prioritizing American Academy of Family Physicians Advocacy for National Paid Parental Leave

Introduced by: Nangobi Kiboigo, MD
Abdul Hadi Mohammed, MD
Thomas Rubino, MD

WHEREAS, The United States remains the only industrialized nation without a national paid family and medical leave guarantee; peer-reviewed research on state paid family leave programs has found associations with improved birth outcomes, including a 12 percent reduction in post neonatal mortality following California's paid leave implementation, and

WHEREAS, paid parental leave has also been associated with improved postpartum parental mental health, decreased intimate partner violence, improved infant attachment and child development, and increased parental workforce retention and long-term earnings, and

WHEREAS, the American Academy of Family Physicians (AAFP) has already adopted policy supporting up to twelve (12) weeks of paid parental leave for family medicine residents in recognition of the health benefits to physician-parents and their children, establishing precedent for the AAFP's support of paid leave as a matter of family and population health, and

WHEREAS, the absence of a national paid parental leave standard disproportionately affects low-income, hourly, and otherwise under-resourced workers, who are least likely to have access to employer-provided leave, thereby compounding existing health disparities, and

WHEREAS, strengthening the stability of the family unit through paid parental leave is consistent with the AAFP's mission to improve the health of patients, families, and communities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians make paid parental leave for the public a priority policy, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with other medical, public health, and family advocacy organizations to support the passage of paid parental leave legislation at the state and federal levels.

RESOLUTION NO. J111

Safety and Efficacy of Wellness Peptides

Introduced by: Zoey Shutes
Sarah Tong

WHEREAS, Wellness peptides are increasing in popularity. Google searches about peptides increased from about 1.3 million each month in 2024 to around 8 million per month in 2026, and

WHEREAS, social media influencers and other prominent figures like Robert F. Kennedy Jr., current Secretary of Health and Human Services, are promoting them: “I’m a big fan of peptides. I’ve used them myself and use them with really good effect with a couple of injuries.” “I’m very anxious to move — probably not all of those peptides, some of them are in litigation — but about 14 of them back to making them more accessible,” and

WHEREAS, they are not currently Food and Drug Administration (FDA) approved; however, six peptides were recently recommended by the FDA’s pharmacy compounding advisory committee for inclusion in the United States Food and Drug Administration’s 503A Bulks List, and

WHEREAS, wellness peptides are widely marketed and readily available through wellness clinics, telehealth platforms, compounding pharmacies, and online vendors, despite many products lacking FDA approval, and

WHEREAS, non-FDA-approved wellness peptides are already being used by a substantial number of consumers, with an estimated $2.2 billion underground market and nearly half of physicians reporting that at least one patient had disclosed peptide use, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians should do an evidence-based review on the efficacy and safety of wellness peptides that are not currently Food and Drug Administration approved and develop policy, and be it further

RESOLVED, That the American Academy of Family Physicians make an interim statement about the safety and efficacy of wellness peptides that are not currently Food and Drug Administration approved, and be it further

RESOLVED, That the American Academy of Family Physicians advocate to the Robert Graham Center to conduct research to understand safety and efficacy of wellness peptides.

RESOLUTION NO. J112

Promoting Community Involvement and Sideline Education Through Volunteer Family Physicians and Medical Trainees

Introduced by: Tom Givens, DO

WHEREAS, Concerns regarding professional liability may discourage family physicians from volunteering to provide medical coverage for school athletic events, thereby limiting physician participation in community athletics and access to physician expertise for student-athletes, and

WHEREAS, physicians serving as team physicians provide expertise in emergency preparedness, concussion management, return-to-play decision making, medical oversight, and coordination of care that enhances the safety and well-being of student-athletes, and

WHEREAS, family physicians play a critical role in providing sideline medical coverage for high school athletics, particularly in communities with limited access to sports medicine specialists, and approximately one-third of United States high schools do not have access to an athletic trainer, and

WHEREAS, exposure to sports medicine and sideline medical coverage during medical school and residency prepares future family physicians to serve as volunteer team physicians in their communities, and

WHEREAS, early supervised sideline experiences foster lifelong physician volunteerism and strengthen the pipeline of family physicians who provide medical coverage for school and community athletics, and

WHEREAS, many medical schools and family medicine residency programs emphasize community engagement through supervised educational experiences, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for appropriate civil liability protections for physicians who voluntarily provide medical coverage for K–12 school athletic events while preserving accountability for gross negligence or willful misconduct, and be it further

RESOLVED, That the American Academy of Family Physicians support and promote supervised sports medicine and sideline medical education experiences for medical students and family medicine residents as a means of fostering community engagement, preparing future volunteer team physicians, and improving access to physician-led care for student-athletes.

RESOLUTION NO. J113

Expanding Family Medicine Training Partnerships with the Indian Health Service and Tribal Health Facilities

Introduced by: Mykaila Peters

WHEREAS, American Indian and Alaska Native communities experience persistent shortages of primary care physicians and have some of the greatest unmet health care needs in the United States, and

WHEREAS, clinical rotations in Indian Health Service and Tribal health facilities expose family medicine students and residents to comprehensive, full-spectrum rural practice while increasing interest in careers serving these communities, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support sustained federal investment in primary care infrastructure and workforce within the Indian Health Service.