2026 Student Agenda and Resolutions

National Congress of Student Members
July 30 - August 1, 2026

Item No.

1. Resolution No. S101: Juntos Avanzamos (Together We Advance): Increasing Access to Medical Spanish Education in Family Medicine
2. Resolution No. S102: Incentivizing the Utilization of Educational Commission for Foreign Medical Graduates Certified International Medical Graduates to Fill Healthcare Delivery Gaps
3. Resolution No. S103: Expansion of Student Liaison Positions to National Medical Student Organizations
4. Resolution No. S104: Renaming Current American Academy of Family Physicians Policy Regarding Gender Affirmation Care
5. Resolution No. S105: Strengthening the Border and Rural Family Physician Workforce
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RESOLUTION NO. S101

Juntos Avanzamos (Together We Advance): Increasing Access to Medical Spanish Education in Family Medicine

Introduced by: Christian Cepeda
Samantha Hicks
Molly Stegman
Angelika Kwak
Lauren Hutchinson

WHEREAS, Over 41 million people in the United States speak Spanish as their primary language, of whom 16 million have limited English proficiency, and

WHEREAS, language-discordant interactions lead to impaired patient comprehension and adherence and patients receiving language-concordant care report greater trust, comprehension, and satisfaction, and

WHEREAS, the American Academy of Family Physicians (AAFP) supports culturally proficient healthcare, yet AAFP does not currently offer standardized medical Spanish resources to help members develop the skills necessary for language-concordant care, and

WHEREAS, a large and growing number of medical Spanish resources already exist, including commercial courses, immersion programs, mobile applications, and academic curricula, but no consistent, trusted mechanism exists for family medicine physicians to identify which resources are evidence-based, high quality, and appropriate for clinical use, and

WHEREAS, family medicine physicians would benefit from medical Spanish resources specific to primary care to support preparation for patient encounters, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop a standardized medical Spanish educational toolkit for members organized by common clinical encounters (e.g. hypertension, diabetes, wellness visit), consisting of, but not limited to, encounter-specific vocabulary, encounter-specific clinician and patient phrases, and practice scenarios, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with relevant academic and/or linguistic organizations to publish a directory of vetted medical Spanish education resources on AAFP.org and identify available member discounts or group licensing agreements for those resources, and be it further

RESOLVED, That the American Academy of Family Physicians identify and encourage the use of validated language proficiency assessments to evaluate fluency levels before the use of independent Spanish in patient care and recommendations for how to use interpreters while learning medical Spanish.

RESOLUTION NO. S102

Incentivizing the Utilization of Educational Commission for Foreign Medical Graduates Certified International Medical Graduates to Fill Healthcare Delivery Gaps

Introduced by: Aishat Olanlege, MD
Chisom Mgbodile, MD

WHEREAS, A severe and growing primary care provider shortage exists across the United States, particularly impacting rural and underserved populations, and

WHEREAS, the population of Educational Commission for Foreign Medical Graduates (ECFMG) certified International Medical Graduates (IMGs) who are United States citizens or permanent residents represents a massive, highly trained, and underutilized pool of medical professionals, and

WHEREAS, at least 17 states, including Missouri, Virginia, and Utah, have enacted pathways allowing provisional, restricted, or transitional licensure for ECFMG-certified IMGs to practice under physician supervision, and

WHEREAS, utilizing United States citizens and permanent resident IMGs in Assistant Physician or Associate Physician roles provides an immediate solution to care gaps while offering these graduates vital clinical experience, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians gather and disseminate institutional best practice guidelines regarding the recruitment, onboarding, and utilization of United States citizens and permanent resident International Medical Graduates in Assistant Physician, Associate Physician, or equivalent advanced practice roles, and be it further

RESOLVED, That the American Academy of Family Physicians provide updated toolkits, legal frameworks, and advocacy resources to state chapters to incentivize residency programs and teaching institutions to utilize International Medical Graduates to bridge care gaps, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for expanded, legally compliant clinical moonlighting opportunities for matched Family Medicine International Medical Graduate residents to support local workforce needs and enhance their training.

RESOLUTION NO. S103

Expansion of Student Liaison Positions to National Medical Student Organizations

Introduced by: Christian Cepeda

WHEREAS, The American Academy of Family Physicians (AAFP) currently appoints student liaisons to national medical student organizations, including the Latino Medical Student Association (LMSA) and the Student National Medical Association (SNMA), to strengthen collaboration, promote family medicine, and facilitate communication between the AAFP and these organizations, and

WHEREAS, American Indian and Alaska Native physicians are disproportionately represented in family medicine relative to many other specialties, suggesting that strengthening engagement with the Association of Native American Medical Students (ANAMS) represents an opportunity to further recruit and support future family physicians serving indigenous communities, and

WHEREAS, first-generation and/or low-income medical students are more likely than their continuing-generation peers to pursue primary care specialties, including family medicine, making engagement with the First-Generation and/or Low-Income Medical Student Association (FLIMA) an opportunity to strengthen the future primary care workforce, and

WHEREAS, the Asian Pacific American Medical Student Association (APAMSA) is a national organization dedicated to developing physician leaders, advancing community health, and supporting medical students interested in serving Asian American, Native Hawaiian, and Pacific Islander communities, and formal collaboration with APAMSA would broaden the AAFP's engagement with future family physicians, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians establish an appointed student liaison to the Association of Native American Medical Students (ANAMS) with responsibilities substantially similar to those of the existing student liaisons to the Latino Medical Student Association and the Student National Medical Association, and be it further

RESOLVED, That the American Academy of Family Physicians establish an appointed student liaison to the First-Generation and/or Low-Income Medical Student Association (FLIMA) with responsibilities substantially similar to those of the existing Student Liaisons to the Latino Medical Student Association and the Student National Medical Association, and be it further

RESOLVED, That the American Academy of Family Physicians establish an appointed student liaison to the Asian Pacific American Medical Student Association (APAMSA) with responsibilities substantially similar to those of the existing Student Liaisons to the Latino Medical Student Association and the Student National Medical Association.

RESOLUTION NO. S104

Renaming Current American Academy of Family Physicians Policy Regarding Gender Affirmation Care

Introduced by: Michael Crick
Douglas Collins
Casey McCarthy
Jeff Mitchell

WHEREAS, The current American Academy of Family Physicians policy regarding support for gender affirmation care is titled “Care for the Transgender and Gender Nonbinary Patient” and does not currently reflect the scope and standard of care received by both cisgender and transgender/gender nonbinary patients, and

WHEREAS, broadening the policy supporting gender affirmation care to include cisgender affirmation will help normalize the care received by transgender patients, and

WHEREAS, current policy “supports an informed consent model rather than a diagnostic model as the preferred approach to providing gender-affirming health care to adults and emancipated minors”, and a title change would encompass the broad spectrum of evidence-based gender affirming medical care routinely prescribed by family physicians regardless of a patient’s gender identity, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians reaffirm that gender affirming healthcare is an inclusive practice necessary for the health and well-being of all patients, regardless of gender identity, by changing the title of the “Care for the Transgender and Gender Nonbinary Patient” policy, and be it further

RESOLVED, That the American Academy of Family Physicians consider updating the current policy website “Care for the Transgender and Gender Nonbinary Patient” page to include the cisgender affirmation care provided to patients.

RESOLUTION NO. S105

Strengthening the Border and Rural Family Physician Workforce

Introduced by: Sana Ali
Kori Gandara
Lauren Hutchinson
Kimberly Cabrera

WHEREAS, Pipeline programs that begin in elementary school and continue through high school, college, medical school, and residency can help to increase the number of physicians entering rural practice, and

WHEREAS, border counties average 16.3 physicians per 10,000 residents compared to 26.1 per 10,000 nationally demonstrating a significant physician workforce shortage, and

WHEREAS, the American Academy of Family Physicians supports rural health graduate medical education (GME) training but lacks medical student incentives for rural health elective rotations, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for federal and state policies that expand targeted funding for medical student rural tracks, including financial support for student travel, housing, and stipends during rural clinical rotations, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with state rural health organizations to identify best practices for sustaining the rural healthcare workforce.

RESOLUTION NO. S106

Transparency of Artificial Intelligence Usage in Residency Admissions Cycle

Introduced by: Adrienne Nguyen
Emma Phelps

WHEREAS, Medical schools and residency programs are beginning to use artificial intelligence (AI) tools to screen, summarize, score, and rank applicants, including during file review and interview evaluation, and

WHEREAS, research shows that AI-assisted selection tools can reduce or reproduce bias based on their design, training data, and use, yet common standards for fairness testing and public reporting remain limited, and

WHEREAS, evidence from employment and other high-stakes settings shows that poorly monitored algorithms can repeat past discrimination and restrict access to opportunity, and

WHEREAS, medical school admission and residency selection shape the future physician workforce, so biased AI systems can affect individual applicants and the diversity of the profession, and

WHEREAS, applicants often receive little information about how AI affects their review and lack a standard process to examine or challenge AI-influenced decisions, and

WHEREAS, limited disclosure of AI use can weaken trust and prevent applicants, institutions, and regulators from assessing whether selection systems treat applicants fairly, and

WHEREAS, human review, clear explanations, routine bias audits, and ongoing monitoring are established safeguards for AI systems used in high-stakes decisions, and

WHEREAS, legal scholars have raised concerns that AI-assisted residency selection systems may create disparate impact discrimination and expose training programs to liability under employment discrimination laws if these systems are not appropriately evaluated and monitored, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support and advocate for transparency, accountable, and equitable use of artificial intelligence (AI) in the residency application review process including disclosure of AI involvement in application screening application review, interview evaluation, scoring, ranking, and other selection activities.

RESOLUTION NO. S107

Patient Use of Artificial Intelligence

Introduced by: Christina Lan
Elaha Noori 9571937
Preya Patel, 9614387

WHEREAS, Artificial Intelligence (AI) platforms have increasingly become health information sources for the public, often providing misleading or incomplete medical information without appropriate clinical context, and

WHEREAS, the American Academy of Family Physicians has provided resources on combatting medical misinformation but has yet to develop specific materials on patient use of AI for health information, and

WHEREAS, family physicians are uniquely positioned to provide patient counseling on interpreting health information and integrating digital resources in shared medical decision making, and

WHEREAS, family physicians lack guidelines regarding how to best advise patient use of AI, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop or collaborate in the development of evidence-based patient education materials describing the appropriate use, benefits, and limitations of Artificial Intelligence tools for health information, and be it further

RESOLVED, That the American Academy of Family Physicians update existing resources to provide specific guidelines for physicians to aid in conversations with patients regarding patient use of Artificial Intelligence.

RESOLUTION NO. S108

Providing Balanced Counseling After Prenatal Diagnosis of Trisomy 21

Introduced by: Jordan De la Rosa

WHEREAS, Parents are often challenged with difficult decisions after a prenatal diagnosis of Trisomy 21, given that there are significant unknowns regarding the future, many parents become fearful and are overwhelmed by potential adverse outcomes and how to navigate potential challenges, and

WHEREAS, with the advancement and large adoption of prenatal genetic screening tools such as Cell-Free DNA (cfDNA), quad screening, and the availability of diagnostic procedures such as chorionic villus sampling (CVS) and amniocentesis, the prevalence of prenatal Trisomy 21 diagnosis has increased in recent years, and

WHEREAS, a 2018 anonymous survey conducted among parents of children with Down Syndrome demonstrated that the vast majority of respondents reported a “high quality of life” for their child and family, but that counseling at the time of diagnosis often focused primarily on potential adverse outcomes, creating an incomplete representation of Down Syndrome and contributing to fear among expectant parents, and

WHEREAS, the American Academy of Pediatrics recommends a balanced approach to family counseling after receiving a diagnosis, stating that families benefit from hearing the positive outcomes experienced by children with Down Syndrome and support early connection with Down Syndrome resources and support organizations, and

WHEREAS, the American Academy of Family Physicians currently lacks published policy or clinical guidance regarding Trisomy 21 and offers limited educational resources for patients, despite the prevalence of the condition and the family physician's integral role in prenatal care, pregnancy counseling, and longitudinal patient care, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create guidelines on providing balanced anticipatory guidance for prenatal Trisomy 21 diagnosis, including both potential negative and positive outcomes and resources available to parents after receiving this diagnosis, and be it further

RESOLVED, That the American Academy of Family Physicians create balanced educational materials for parents on the diagnosis of Trisomy 21, providing information on negative and positive outcomes as well as local and national resources.

RESOLUTION NO. S109

Methadone prescribing in primary care

Introduced by: Emma Phelps, MD
Adrienne Nguyen

WHEREAS, An estimated 44,564 Americans died from opioid overdoses in 2025, and

WHEREAS, only 13.4% of Americans who may benefit from methadone or buprenorphine treatment actually receive treatment, and

WHEREAS, emerging evidence suggests that methadone is associated with better treatment retention than buprenorphine, and

WHEREAS, federal regulations currently require methadone to be prescribed and dispensed by Opioid Treatment Programs (OTPs), with limited opening hours and requirements for frequent visits, which creates barriers to patient access, and

WHEREAS, the AAFP advocates for removal of barriers to the access of medication-assisted treatment (MAT) for opioid use disorder and encourages family physicians to incorporate MAT into their practice, and

WHEREAS, primary care physicians prescribe methadone in Canada, the UK, and Australia in office-based settings, and

WHEREAS, expanding methadone prescribing to include primary care physicians would particularly expand access in rural areas, and

WHEREAS, a National Academies of Sciences, Engineering, and Medicine report titled “Opportunities to Improve Opioid Use Disorder and Infectious Disease Services: Integrating Responses to a Dual Epidemic” recommends federal legislative change to allow primary care practitioners to prescribe methadone, and

WHEREAS, the AAFP actively advocated for the removal of the X-waiver for buprenorphine prescribing because it presented barriers to patient access to MAT, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians support federal and state efforts to enable family physicians to prescribe methadone treatment for opioid use disorder in office-based settings, outside of Opioid Treatment Programs (OTPs), and be it further

RESOLVED, That the American Academy of Family Physicians support federal and state efforts to enable community pharmacies to dispense methadone treatment for opioid use disorder, and be it further

RESOLVED, That American Academy Family Physicians policy entitled “Substance Use Disorders” be amended by addition of the following clause: The AAFP supports patient access to methadone treatment for opioid use disorder in primary care settings, outside of Opioid Treatment Programs (OTPs).

RESOLUTION NO. S110

Advocacy for Reimbursement and Clinical Integration of Consumer Wearable Health Data

Introduced by: Dayaan Ghani, MD

WHEREAS, Data shows 86% of U.S. physicians report at least sometimes reviewing patient wearable data, but only 6% report that this data is integrated into clinical workflows or electronic health records, and only 10% utilize remote monitoring Current Procedural Terminology (CPT) codes, in part because those codes require an FDA-cleared, clinician-directed device and do not provide a pathway for reviewing patient-owned consumer wearable data, and

WHEREAS, Centers for Medicare & Medicaid Services has begun testing outcome-based payment models, including the ACCESS Model, that incorporate wearable monitoring devices and digital coaching tools into chronic disease management, signaling a shift toward reimbursement structures that could accommodate consumer wearable data, and

WHEREAS, lack of interoperability between consumer wearable platforms and electronic health records, combined with the absence of a dedicated reimbursement mechanism, prevents physicians from acting on clinically relevant patient-generated data despite patient willingness to share it, and

WHEREAS, wearable devices increasingly capture clinically relevant physiologic data — including heart rate, rhythm, oxygen saturation, and sleep patterns — with adoption reaching 41.1% of U.S. adults by 2024, and

WHEREAS, wearable device ownership among U.S. adults has grown substantially in recent years, yet this growth has not been matched by improvements in clinical integration — a gap driven not by declining device utility, but by the absence of reimbursement pathways and interoperable systems needed to act on the data patients are willing to provide, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate to public and private payers for a reimbursement pathway for physician review and clinical integration of patient-generated data from consumer wearable devices, distinct from existing remote patient monitoring codes that require clearance by the Food and Drug Administration, clinician-prescribed device, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for interoperability standards requiring consumer wearable platforms to support standardized, secure data transmission into electronic health records, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for the establishment of clinical validation standards for consumer wearable devices used to inform medical decision-making, and develop guidance for family physicians on the clinical validation, appropriate use, and documentation of patient-generated wearable data in routine care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate that reimbursement and integration pathways for wearable-derived health data include provisions to prevent

disparities in access based on digital literacy, income, or technology access.

RESOLUTION NO. S111

Funding Alcohol Use Disorder Treatment and Recovery Services

Introduced by: Jack Beattie, MD

WHEREAS, Alcohol Use Disorder (AUD) affects an estimated 28 to 30 million adults and adolescents in the United States and contributes to approximately 178,000 deaths annually, making excessive alcohol use one of the nation's leading preventable causes of death, and the economic burden of excessive alcohol use in the United States is estimated at $249 billion annually, with governments absorbing nearly 40 percent of this burden directly, and

WHEREAS, an estimated 90 percent of adults who meet criteria for AUD never receive treatment, a gap driven in significant part by a persistent shortage of residential treatment beds, addiction specialists, and affordable treatment infrastructure, particularly in rural, low-income, and other underserved communities, and

WHEREAS, peer-reviewed research demonstrates that exposure to alcohol advertisements induces measurable physiological craving and cue reactivity in individuals with AUD, and that alcohol marketing is reported by people in recovery to trigger relapse, a risk compounded by the near-constant presence of alcohol advertising across various media types, and

WHEREAS, family physicians are frequently the first, and often the only, medical professional to encounter and manage a patient's AUD, and family physicians, especially in rural and underserved areas, routinely report having few or no residential treatment resources available for referral, and

WHEREAS, the alcohol industry spends well over $1 billion annually on measured media advertising alone, and several billion dollars annually on total marketing activity, a sum that substantially exceeds total federal block grant funding dedicated to substance use disorder prevention and treatment nationwide across all substances combined, and

WHEREAS, there is direct precedent for requiring an industry whose advertised product causes substantial, well-documented public health harm to help fund mitigation of that harm: the federal government banned broadcast advertising of cigarettes in 1971, and the 1998 Tobacco Master Settlement Agreement required tobacco manufacturers to fund a $1.45 billion national public health education fund in addition to ongoing annual payments now exceeding $200 billion, and

WHEREAS, at least ten U.S. states already dedicate a portion of alcohol excise tax revenue to substance use treatment and prevention, and multiple states demonstrate that a dedicated, industry-linked funding mechanism is both administratively practical and politically achievable, and

WHEREAS, current American Academy Family Physicians (AAFP) policy addresses alcohol advertising's role in underage drinking and broadly supports SUD funding advocacy, but no AAFP policy serves to establish a funding mechanism tied directly to alcohol advertising expenditures; now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate for the enactment of federal and state legislation establishing a dedicated fee or tax on alcoholic beverage

advertising and promotional expenditures, and be it further

RESOLVED, That the American Academy of Family Physicians advocate that revenue generated from such a fee be deposited into a dedicated trust fund to expand access to residential treatment facilities, community health centers, and other evidence-based resources for alcohol use disorder, with priority given to rural, low-income, uninsured, and other underserved and vulnerable populations; and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with Substance Abuse and Mental Health Services Administration (SAMHSA), state substance use disorder authorities, and other relevant stakeholders to inform the design and equitable distribution of this dedicated funding mechanism.

RESOLUTION NO. S112

Addressing Problem Gambling

Introduced by: Fozan Salim
Donovan Roberts

WHEREAS, With the legalization of sports betting in many states and the proliferation of prediction markets online, gambling is more readily accessible online and via mobile apps, and

WHEREAS, gambling has become increasingly prevalent globally, with almost half of all people endorsing sports betting, and

WHEREAS, exposure to advertisements and ease-of-access of betting being known risk factors for problem gambling, and

WHEREAS, gambling losses can be associated with suicidal behaviors, as well as depression and anxiety disorders, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians develop educational resources for patients about problem gambling and online betting, including sports and prediction markets, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for decreased exposure to gambling-related materials and advertisements, and be it further

RESOLVED, That the American Academy of Family Physicians develop training resources for family physicians to recognize and address signs of gambling disorder.

RESOLUTION NO. S113

Supporting Family Caregivers

Introduced by: Grace Joseph
Sean MacCallum
Sarah Markland

WHEREAS, One in five United States (U.S.) adults act as unpaid family caregivers, providing 90% of care for the 80% of adults requiring long-term care who live at home in the community, and

WHEREAS, caregiving is associated with physical, psychological, and financial burden for caregivers, and

WHEREAS, family physicians are uniquely positioned to identify, assess, and support family caregivers due to the longitudinal, relationship-centered nature of primary care, yet fewer than 11% of primary care physicians report conducting a formal caregiver assessment using a standardized instrument, and

WHEREAS, the American Academy of Family Physicians' (AAFP) 2019 paper titled "Caregiver Care" predates the COVID-19 pandemic, which substantially expanded the population of family caregivers in the United States, intensified caregiving demands, and worsened caregiver burnout and mental health, and

WHEREAS, there are currently no dedicated Current Procedural Terminology (CPT) codes for caregiver screening and counseling, creating a reimbursement gap that limits the ability of family physicians to provide and be compensated for these essential services, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update its 2019 position on caregiver care to reflect the substantially changed caregiving landscape following the COVID-19 pandemic, and be it further

RESOLVED, That the American Academy of Family Physicians encourage the routine assessment and identification of family caregivers through the use of validated screening tools, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for adequate reimbursement for family physicians who provide caregiver assessment, counseling, and care coordination services, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for federal and state policies that expand access to respite care, community-based caregiver support services, and psychoeducational programs, and that they support the full implementation of the Raise, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act.

RESOLUTION NO. S114

Learning to Care for People Experiencing Homelessness

Introduced by: Mark Mills

WHEREAS, The mission of the American Academy of Family Physicians (AAFP) is to improve the health of patients, families, and communities by serving the needs of members with professionalism and creativity, and

WHEREAS, AAFP policy recognizes that people who are unhoused frequently experience co-occurring severe physical, psychiatric, substance use, and social problems that affect both individuals and families, and

WHEREAS, the AAFP recognizes the critical role street and shelter-based services play in improving health outcomes for people experiencing homelessness, and

WHEREAS, the AAFP recognizes the importance of street medicine as a unique aspect of family medicine addressing the needs, mind, body, and spirit of those critically at-risk due to housing insecurity and limited community outreach and works to promote the role of family physicians in securing nonhospital care, and

WHEREAS, the AAFP's strategic plan includes influencing and supporting the professional aspirations and growth of students, residents, and new physicians to strengthen the future of family medicine, and

WHEREAS, medical students, residents, and physicians are involved in the care of people experiencing homelessness, often without formal education or training for how to care for this underserved population and in settings that frequently are not dedicated to this purpose, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians explore how best to support student, resident, and physician members who are providing care for patients experiencing homelessness, and be it further

RESOLVED, That the American Academy of Family Physicians develop informational materials for medical students and early-career physicians about how to pursue and sustain a career in street medicine and other models of care for people experiencing homelessness.