2026 Student Consent Calendar and Report

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

RECOMMENDATION: The Student Reference Committee recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. S101 on Juntos Avanzamos (Together We Advance): Increasing Access to Medical Spanish Education in Family Medicine in lieu of Resolution No. S101. Extracted – Adopted as Amended

Item 2: Not Adopt Resolution No. S102 on Incentivizing the Utilization of Educational Commission for Foreign Medical Graduates Certified International Medical Graduates to Fill Healthcare Delivery Gaps.

Item 3: Adopt Resolution No. S103 on Expansion of Student Liaison Positions to National Medical Student Organizations.

Item 4: Not Adopt Resolution No. S104 on Renaming Current American Academy of Family Physicians Policy Regarding Gender Affirmation Care.

Item 5: Adopt Substitute Resolution No. S105 on "Strengthening the Border and Rural Family Physician Workforce" in lieu of Resolution No. S105.

Item 6: Adopt Resolution No. S106 on Transparency of Artificial Intelligence Usage in Residency Admissions Cycle.

Item 7: Reaffirm Resolution No. S107 on Patient Use of Artificial Intelligence.

Item 8: Adopt Substitute Resolution No. S108 on Providing Balanced Counseling After Prenatal Diagnosis of Trisomy 21 in lieu of Resolution No. S108.

Item 9: Adopt Resolution No. S109 on Methadone Prescribing in Primary Care. Extracted - Adopted

Item 10: Not Adopt Resolution No. S110 on Advocacy for Reimbursement and Clinical Integration of Consumer Wearable Health Data.

Item 11: Not Adopt Resolution No. S111 on Funding Alcohol Use Disorder Treatment and Recovery Services.

Item 12: Adopt Substitute Resolution No. S112 on Addressing Problem Gambling in lieu of Resolution No. S112.

Item 13: Adopt Substitute Resolution No. S113 on Supporting Family Caregivers in lieu of Resolution No. S113.

Item 14: Adopt Resolution No. S114 on Learning to Care for People Experiencing Homelessness.

2026 Student Consent Calendar and Report

The Student Reference Committee has considered each of the items referred to it and submits the following report. The committee's recommendations will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

Item No. 1: Resolution No. S101: Juntos Avanzamos (Together We Advance): Increasing Access to Medical Spanish Education in Family Medicine

> 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
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> 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
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> 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.

The reference committee heard testimony in support of the resolution with none opposed. Issues included the need to assess a clinician's comprehension and proficiency in Spanish before independent use in patient care and the recognition that serving as a medical translator requires appropriate certification. Staff shared that the AAFP's position paper, "The Importance of Cultural Sensitivity in Providing Effective Care for Diverse Populations", states that the AAFP endorses the 2013 enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) standards that improve patient safety and reduce medical error due to miscommunication. Patients need to understand their care and participate in decisions regarding their health. In order to ensure that individuals with limited English proficiency have equitable access to health services, AAFP supports the use of qualified interpreters who demonstrate special language aptitude in both the language of medical terminology and in health systems.

Regarding the first resolved, the reference committee appreciated the spirit of the resolution but found that developing AAFP-specific medical Spanish education was outside the scope of the Academy, particularly because many vetted resources already exist. Regarding the third resolved, the reference committee discussed the merits of validating physician language proficiency in clinical settings, however, decided that the goal of the resolved clause is best accomplished through prescriptive guidance on, as opposed to general encouragement of, the evaluation of Spanish fluency levels prior to use in clinical settings. This prescriptive guidance is unfortunately out of scope for the AAFP, leading the reference committee to decide to strike the third resolved clause.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S101, which reads as follows, be adopted in lieu of Resolution No. S101. Extracted - Adopted as Amended

~~**RESOLVED, That the American Academy of Family Physicians identify vetted medical Spanish education resources through appropriate linguistic organizations and explore member discounts or group licensing opportunities for those resources.**~~

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.

Item No. 2: Resolution No. S102: Incentivizing the Utilization of Educational Commission for Foreign Medical Graduates Certified International Medical Graduates to Fill Healthcare Delivery Gaps

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.

The reference committee received no testimony in support of or opposition to the resolution. The reference committee appreciated the resolution's intent, recognizing both the significant primary care workforce shortage and the barriers many international medical graduates (IMGs) face in practice. Staff reviewed current AAFP advocacy efforts supporting IMGs, including outreach, education, and efforts to elevate IMG perspectives in federal advocacy. Staff also noted ongoing collaboration with state chapters to identify and address barriers affecting IMG practice. In addition, the AAFP continues to advocate for policies that expand opportunities for matched IMG residents to meet workforce needs, including support for Conrad 30 and H-1B and J-1 visa pathways.

While the reference committee agreed with the spirit of the resolution, it noted that the AAFP cannot directly incentivize residency programs or implement changes at the individual residency program level, as these actions fall outside the Academy's scope. Given the AAFP's existing federal, congressional, and state advocacy efforts in this area, the reference committee recommended not adopting the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. S102 not be adopted.

Item No. 3: Resolution No. S103: Expansion of Student Liaison Positions to National Medical Student Organizations

> 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
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> 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
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> 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.

The reference committee heard testimony in support of the resolution. Testimony noted that the AAFP currently appoints student liaisons to several national medical student organizations, including the Latino Medical Student Association (LMSA) and the Student National Medical Association (SNMA). Speakers identified an opportunity to expand engagement with organizations representing Native American, Asian Pacific Islander, and first-generation/low-income medical students to further promote inclusivity and awareness of family medicine among diverse student populations.

In its deliberations, the reference committee recognized that the resolution builds upon the Academy's existing relationships with underrepresented medical student organizations and seeks to broaden outreach efforts. The reference committee discussed the defined scope of the request and acknowledged the potential financial implications associated with expanding liaison appointments and organizational engagement. After considering the testimony and discussion, the reference committee concluded that the proposed action is consistent with the Academy's commitment to fostering a diverse and inclusive physician workforce and recommended adoption.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S103, which reads as follows, be adopted in lieu of Resolution S103.

RESOLVED, That the American Academy of Family Physicians explore opportunities to expand its student liaison program with national medical student organizations, including but not limited to the Association of Native American Medical Students (ANAMS), the First-Generation and/or Low-Income Medical Student Association (FLIMA), and the Asian Pacific American Medical Student Association (APAMSA), with responsibilities similar to those of existing student liaisons to the Latino Medical Student Association and the Student National Medical Association.

Item No. 4: Resolution No. S104: Renaming Current American Academy of Family Physicians Policy Regarding Gender Affirmation Care

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.

The reference committee heard mostly supportive testimony, with one person opposed. The author stated the goal was to make the policy title more inclusive without changing the comprehensive policy content. Opposing testimony argued that removing transgender-specific language could further marginalize that population. The reference committee found merit in the concern. The current title clearly identifies the population for whom the policy was originally developed and whose access to evidence-based, patient-centered care the policy seeks to support. Maintaining that specificity helps preserve the policy's purpose and reinforces the Academy's commitment to addressing the unique health needs of transgender and gender nonbinary individuals.

The reference committee affirmed the intent to promote inclusive policy language; however, it concluded that the proposed revisions could unintentionally reduce the visibility of transgender and gender nonbinary patients, the population specifically addressed by existing AAFP policy. Current policy already recognizes gender-affirming care as part of comprehensive primary care, supports patient-centered and evidence-informed care, and advances health equity for gender-diverse individuals. Because the existing title accurately reflects the policy's purpose and population focus, and because no substantive policy gap requiring revision was identified, the reference committee recommended that the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. S104 not be adopted.

Item No. 5: Resolution No. S105: Strengthening the Border and Rural Family Physician Workforce

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

The committee heard testimony in support of the resolution and received no opposing testimony. Supporters emphasized that recruiting and supporting medical students from rural communities strengthens the family medicine pipeline and helps address rural physician shortages. Staff shared the AAFP's ongoing efforts to strengthen the rural physician workforce through advocacy for rural training pathways, Teaching Health Center GME, rural residency expansion, and other federal policies supporting physician training in rural communities. Staff also discussed AAFP's advocacy related to the Rural Health Transformation Fund, including its potential benefits and limitations. The reference committee sought to highlight rural health education for medical students without narrowly prescribing a specific advocacy approach. Accordingly, the reference committee recommends adoption of substitute resolved as follows:

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S105, which reads as follows, be adopted in lieu of Resolution No. S105.

RESOLVED, That the American Academy of Family Physicians support expanded funding for medical student rural education, including but not limited to student travel, housing, and stipends during rural clinical rotations.

Item No. 6: Resolution No. S106: Transparency of Artificial Intelligence Usage in Residency Admissions Cycle

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.

The reference committee heard testimony in support of Resolution S106 emphasizing that artificial intelligence is increasingly being used in residency application reviews and may influence how applicants are evaluated. During executive session, AAFP staff provided background on current Academy efforts related to artificial intelligence, including policy development grounded in transparency, accountability, fairness, physician oversight, and ethical implementation.

The reference committee discussed the importance of applying these principles to the residency selection process, given the significant implications for applicants, programs, and the future physician workforce. The reference committee concluded that disclosure of AI use in residency admissions is consistent with responsible AI governance and supports trust, fairness, and equity in the selection process. For these reasons, the reference committee adopted the resolution, concluding that it is timely, aligns with emerging AAFP policy priorities, and appropriately centers transparency in a high-stakes process.

RECOMMENDATION: The reference committee recommends that Resolution No. S106 be adopted.

Item No. 7: Resolution No. S107: Patient Use of Artificial Intelligence

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.

Testimony demonstrated that patients are increasingly using artificial intelligence tools to obtain health information and are bringing AI-generated content into clinical encounters. The resolution seeks to ensure that both patients and physicians have access to evidence-based resources that support informed and productive discussions about AI-generated health information.

While there is currently limited AAFP guidance addressing patient use of AI and strategies for physician-patient conversations regarding AI, the resolution aligns with ongoing Academy efforts to advance responsible, transparent, and ethical use of artificial intelligence and supports development of educational resources that help patients and physicians navigate this rapidly evolving landscape.

RECOMMENDATION: The reference committee recommends that Resolution No. S107 be reaffirmed.

Item No. 8: Resolution No. S108: Providing Balanced Counseling After Prenatal Diagnosis of Trisomy 21

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.

The reference committee heard testimony regarding the importance of balanced, evidence-informed counseling that addresses both the challenges and available supports associated with life with Down syndrome. Testimony also noted the need to avoid perpetuating stigma toward individuals with disabilities and to support patient autonomy through comprehensive, unbiased information.

The reference committee agreed that the objectives of the resolution are consistent with established ethical principles regarding informed consent and patient-centered counseling. However, rather than directing development of new standalone clinical guidelines, the reference committee determined that reaffirming and promoting existing ethical guidance would more appropriately address the concerns raised in testimony while avoiding duplication of existing resources. Accordingly, the reference committee adopted substitute language affirming the AMA Code of Medical Ethics and encouraging the dissemination of balanced educational materials and resources for patients and families who receive a prenatal diagnosis of Trisomy 21.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S108, which reads as follows, be adopted in lieu of Resolution No. S108.

RESOLVED, That the American Academy of Family Physicians reaffirm our acceptance of the American Medical Association code of medical ethics policy on "Trisomy 21 in prenatal screening: How to talk with parents" which provides 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 promote 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.

Item No. 9: Resolution No. S109: Methadone Prescribing in Primary Care

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).

The reference committee heard testimony entirely in support of the resolution. Testimony cited personal and professional experiences of the lack of access to necessary and appropriate resources to treat opioid use disorders, specifically in rural areas where methadone is highly inaccessible. Those testifying noted that methadone is uniquely and highly regulated compared to buprenorphine. With greater access to this medication, those testifying note that the stigma associated with opioid use disorder and use of methadone will be reduced.

The reference committee discussed the testimony provided and current AAFP efforts on this topic. Staff shared that AAFP has formally endorsed the removal of the x-waiver to prescribe buprenorphine in the SUPPORT Act. Changing accessibility to methadone would require a Congressional revision of the Controlled Substances Act. Staff also shared that the Department of Justice recently finalized the implementation of this act that will allow pharmacies to ship patient-specific OUD medications, excluding methadone, to a practitioner's site for in-office administration and extends the administration window from 14 to 45 days The AAFP is closely tracking the implementation of this issue for further action.

RECOMMENDATION: The reference committee recommends that Resolution No. 109 be adopted. Extracted - Adopted

Item No. 10: Resolution No. S110: Advocacy for Reimbursement and Clinical Integration of Consumer Wearable Health Data

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.

The reference committee received limited testimony in support of the resolution and no opposition. Supporters highlighted gaps in interoperability standards for patient-generated health data, the potential benefits of wearable devices on patient outcomes, and the need for reimbursement for physician work associated with integrating wearable-generated data into clinical care.

The reference committee appreciated the resolution's intent to address interoperability challenges, establish clinical validation standards for wearable data, and ensure appropriate recognition and reimbursement for the physician work required to interpret and use these data. However, it expressed concern that promoting non-FDA-approved wearables may not be the most appropriate mechanism to advance these goals, as FDA approval provides an important foundation for clinical validation and patient safety.

Staff reviewed current AAFP advocacy efforts related to appropriate guardrails on health data interoperability. While these efforts have focused broadly on digital literacy, remote monitoring, AI-enabled tools, Software-as-a-Service, and health IT infrastructure rather than consumer wearables specifically, the AAFP has advocated for greater recognition of physician work associated with interpreting technology-generated patient data, stronger interoperability and EHR integration standards, reduced implementation barriers, and support for technology-enabled chronic disease management. These efforts encompass many of the resolution's objectives. Accordingly, the reference committee recommended not adopting the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. S110 not be adopted.

Item No. 11: Resolution No. S111: Funding Alcohol Use Disorder Treatment and Recovery Services

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.

The reference committee heard a single testimony on the resolution. The person providing testimony was in support and shared personal experience working in a community health center and noted that alcohol and polysubstance use were common occurrences. It was also noted that, when physicians seek to make referrals, uninsured and underinsured patients often encounter roadblocks to accessing necessary treatment centers. The testimony also cited legal precedent at the local and national levels for holding entities whose products cause harm accountable, with revenue directed toward public treatment efforts, such as with the tobacco industry.

The reference committee discussed the testimony provided and ultimately determined that the request in the resolution falls outside the scope of the AAFP, as the Academy does not lead efforts to tax industries or develop financial funds as requested in the resolution. The reference committee recognized the importance of the issue but determined that advocacy efforts would be more appropriately pursued at the state or local level to trigger change. The reference committee recommends this resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. S111 not be adopted.

Item No. 12: Resolution No. S112: Addressing Problem Gambling

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.

The reference committee heard testimony entirely in support of the resolution. Testimony heavily discussed the frequency of gambling and polymarketing advertisements in everyday media consumption. It was noted in one person's testimony that gambling is not regularly screened in office visits, though other high-risk behaviors are. To combat this gap and associated risks with gambling behaviors, those testifying stated that screeners would allow physicians to get ahead of potential gambling and associated health issues by including screening into practice.

The reference committee considered the testimony provided and discussed the June 2026 *American Family Physician* article Gambling Disorder: Diagnosis and Treatment, which covers a majority of the concerns discussed in the resolution, including assessment tools, diagnostics, and treatment options. A substitution to the original resolution clarifies that the Academy would support existing educational and training resources rather than developing new resources.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S112, which reads as follows, be adopted in lieu of Resolution No. S112.

> **RESOLVED, That the American Academy of Family Physicians support existing educational resources for patients about gambling disorder and online betting, including sports and prediction markets, and be it further**
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> **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 support evidence-based training educational resources for family physicians to recognize and address signs of gambling disorder.**

Item No. 13: Resolution No. S113: Supporting Family Caregivers

> 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
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> 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
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> 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.

The committee heard limited testimony in support of the resolution and no opposition. Testifiers emphasized the critical role of family caregivers and the often overlooked and underreported burden they experience. While the reference committee appreciated the resolution's intent to recognize caregiver burden, it recommended striking the first resolved clause because the AAFP cannot direct or edit *American Family Physician* editorial content.

For the second resolved clause, the committee noted that validated tools such as the MCSI, PCS, and ZBI-12 can assess caregiver burden, but fewer tools are available to identify family caregivers independent of burden assessment. To better reflect the resolution's intent and clarify the language around "identifying family caregivers," the committee recommended substituting the second resolved

clause to support both the identification of family caregivers and the assessment of caregiver burden using validated tools.

Staff reviewed current AAFP advocacy efforts related to family caregivers. Given the Academy's ongoing advocacy for adequate reimbursement, protections, and access to caregiver-related services, the committee recommends substitute adoption.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S113, which reads as follows, be adopted in lieu of Resolution No. S113:

> **RESOLVED, That the American Academy of Family Physicians encourage the routine identification of family caregivers and assessment of caregiver burdens through the use of validated screening tools, and be it further**
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> **RESOLVED, That the American Academy of Family Physicians advocate for adequate reimbursement for family physicians who provide caregiver burden 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.**

Item No. 14: Resolution No. S114: Learning to Care for People Experiencing Homelessness

> 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
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> 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.

The reference committee heard testimony entirely in support of this resolution. Testimony emphasized that unhoused populations are often served by residents and students, yet these learners are not consistently provided with well-structured education on how best to support this patient population. Increased support for residents and physicians would help improve care for people experiencing homelessness.

The reference committee considered the testimony provided and discussed the various existing street medicine programs and councils dedicated to providing health care to people who are unhoused. It was noted that the AAFP has physician members who are actively working in the street medicine space and can provide valuable insight to new and incoming physicians on what a career in this area looks like. Given the existing resources available and opportunities for continued education, the reference committee determined that the resolution should be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. S114 be adopted.

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I wish to thank those who appeared before the reference committee to give testimony and the reference committee members for their invaluable assistance. I also wish to commend the AAFP staff for their help in the preparation of this report.

Respectfully submitted,

Mykaila Peters, Chair

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