



2025 Student 1 Consent Calendar and Report

National Congress of Student Members
July 31 - August 2, 2025

RECOMMENDATION: The Student 1 Reference Committee recommends the following consent calendar for adoption:

Item 1: Not Adopt Resolution No. S101 on “Encouraging the Incorporation of Evidence-Based Integrative Medicine into Clinical Guidelines.”

Item 2: Reaffirm Resolution No. S102 on “American Academy of Family Physicians Support for the Continued Existence of the United States Preventative Services Task Force.”

Item 3: Reaffirm Resolution No. S103 on “Insurance Approval for GLP-1 RA for Weight Management.”

Item 4: Reaffirm Resolution No. S104 on “Supporting Residents and Early Career Physicians in Navigating Public Service Loan Forgiveness (PSLF).”

Item 5: Adopt Substitute Resolution No. S105 on “Support for Policies that Promote Built Environments Encouraging Physical Activity and Health” in lieu of Resolution No. S105.

Item 6: Adopt Substitute Resolution No. S106 on “Supporting Inclusive Care for People Engaged in Sex Work” in lieu of Resolution of No. S106.

Item 7: Adopt Substitute Resolution No. S107 on “Advocating for Health Equity and Safety for Undocumented Individuals in Primary Care” in lieu of Resolution of No. S107.



2025 Student 1 Consent Calendar and Report

The Student 1 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: Encouraging the Incorporation of Evidence-Based Integrative Medicine into Clinical Guidelines

RESOLVED, That the American Academy of Family Physicians encourage incorporation of evidence-based integrative medicine diagnoses, management, and/or treatment into clinical guidelines, and be it further

RESOLVED, That the American Academy of Family Physicians, when considering the incorporation of integrative medicine into clinical guidelines, evaluate potential implications of cultural harm, for example ensuring that resource-limited medicines are not broadly implemented on a national or international guideline basis, and be it further

RESOLVED, That the American Academy of Family Physicians support the availability and knowledge of accessible integrative medicine techniques for diagnosis and treatment that would contribute to higher quality patient-centered wholistic care for the individual and for communities, and be it further

RESOLVED, That the American Academy of Family Physicians support further robust research on integrative medicine practices, whether in funding or other ways, to better inform family physicians and patients regarding these practices.

The reference committee heard limited testimony, all in support of the resolution. The AAFP is not currently implementing all of the actions requested in the resolution. However, there is currently a new curriculum guideline being developed to address integrative medicine in residencies. This guideline aims to develop comprehensive, evidence-based curriculum standards for teaching integrative medicine in Family Medicine residency programs across the U.S. It is being written by a national team of experienced family physicians and medical educators with specialized expertise and leadership in integrative medicine and curriculum development. The reference committee believed that the curriculum guideline in development should be allowed to move forward as a first step before working to address the other specific actions requested in this resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. S101 not be adopted.

Item No. 2: Resolution No. S102: American Academy of Family Physicians Support for the Continued Existence of the United States Preventative Services Task Force

RESOLVED, That the American Academy of Family Physicians adopt a stance in favor of the United States Preventative Services Task Force continuing to generate recommendations as to the strength of support and contraindications for preventative services, and be it further

RESOLVED, That the American Academy of Family Physicians write an open letter to the head of the Department of Health and Human Services supporting the existence of the United States Preventative Services Task Force.

There was no testimony on the resolution. The reference committee reviewed the resolution and AAFP's current actions in support of the United States Preventive Services Task Force and identified that the AAFP is already addressing the issues as requested in the resolution. The AAFP has co-authored a public statement with the American Academy of Pediatrics, American College of Physicians, American College of Obstetricians and Gynecologists, and American Psychiatric Association, explicitly opposing efforts to dismantle or politically interfere with the USPSTF. The statement reaffirmed USPSTF's independence and evidence-based mission; warned that political interference undermines public trust and access to preventive services; and emphasized the medical necessity of keeping USPSTF intact, particularly because they drive insurance coverage under the Affordable Care Act.

RECOMMENDATION: The reference committee recommends that Resolution No. S102 be reaffirmed.

Item No. 3: Resolution No. S103: Insurance Approval for GLP-1 RA for Weight Management

RESOLVED, That the American Academy of Family Physicians support legislation encouraging insurance plans to cover GLP-1 Receptor Agonists for the treatment of obesity and overweight without requiring diagnosis of diabetes.

The reference committee received testimony only from the author in support of the resolution. The reference committee reviewed the current AAFP "Obesity and Overweight" policy as well as ongoing AAFP advocacy initiatives. Additionally, the reference committee examined existing GLP-1 medications and noted that two are currently FDA-approved for obesity treatment, indicating coverage of these medications is not exclusively restricted to diabetes management.

RECOMMENDATION: The reference committee recommends that Resolution No. S103 be reaffirmed.

Item No. 4: Resolution No. S104: Supporting Residents and Early Career Physicians in Navigating Public Service Loan Forgiveness (PSLF)

RESOLVED, That the American Academy of Family Physicians support residents and early career physicians in understanding and applying for Public Service Loan Forgiveness (PSLF) by advocating for streamlined processes and providing access to guidance tools, and be it further

RESOLVED, That the American Academy of Family Physicians develop and/or promote educational materials, webinars, individual or group counseling, and partnerships with legal or financial aid experts to help members successfully navigate the Public Service Loan Forgiveness program, and be it further

RESOLVED, That the American Academy of Family Physicians advocate at the federal level for administrative simplification, transparency, and accountability in the Public Service Loan Forgiveness program to reduce burdens on eligible physicians pursuing careers in public service.

The testimony in support of the resolution was limited. The reference committee reviewed information provided by staff regarding AAFP's ongoing advocacy to maintain the Public Service Loan Forgiveness program and its current collaborations with financial organizations that offer direct support and educational resources to members about student loan refinancing and forgiveness options. While the testimony primarily addressed concerns about the burden and complexity of forgiveness programs, the reference committee recognized that AAFP's primary focus is on preserving the program itself, which substantially addresses the issues raised about physician access to the forgiveness program.

RECOMMENDATION: The reference committee recommends that Resolution No. S104 be reaffirmed.

Item No. 5: Resolution No. S105: Support for Policies that Promote Built Environments Encouraging Physical Activity and Health

RESOLVED, That the American Academy of Family Physicians develop and adopt a policy recognizing the impact of the built environment on physical activity, health behaviors and chronic disease risk, and be it further

RESOLVED, That the American Academy of Family Physicians develop and adopt a policy to support local, state and federal efforts to improve infrastructure that promotes physical activity, such as sidewalks, bike lanes, greenspaces, public transit and safe recreational areas, particularly in underserved communities, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for inclusion of health impact assessments in zoning, transportation and urban planning decisions as part of a broader "Health in All Policies" approach.

The reference committee did not receive any testimony. The reference committee discussed the significant influence of the built environment on health. Upon reviewing the individual resolved clauses, the reference committee determined that combining them into a single substitute resolved clause would be more effective, thereby proposing the adoption of one new policy addressing this issue.

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

RESOLVED, That the American Academy of Family Physicians develop a policy recognizing the role of the built environment in shaping health outcomes, supporting infrastructure improvements that promote physical activity—especially in underserved communities—and advocating for health impact assessments in planning decisions as part of a "Health in All Policies" approach.

Item No. 6: Resolution No. S106: Supporting Inclusive Care for People Engaged in Sex Work

RESOLVED, That the American Academy of Family Physicians affirm its commitment to providing stigma-free, patient-centered care for individuals engaged in sex work by collaborating with organizations that advocate for sex workers (such as Sex Workers Outreach Project USA

(SWOP USA)) to develop educational materials and best practices on working with this population, and be it further

RESOLVED, That the American Academy of Family Physicians explore the development of a formal position recognizing stigma toward sex workers as a public health issue.

The reference committee heard testimony in support of the resolution from the author. The reference committee reviewed the matter, emphasizing the significance of providing equitable care for all patients. After considering current policies and initiatives, including AAFP guidance on health equity, social determinants of health, behavioral health stigma, and implicit bias, the reference committee determined that the AAFP does not formally acknowledge barriers faced by this population or provide guidance on optimal care for patients involved in sex work. To address this, the reference committee proposed a substitute for the second resolved clause to clarify the intended action.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S106 be adopted in lieu of Resolution No. S106 which reads as follows:

RESOLVED, That the American Academy of Family Physicians affirm its commitment to providing stigma-free, patient-centered care for individuals engaged in sex work by collaborating with organizations that advocate for sex workers (such as Sex Workers Outreach Project USA (SWOP USA)) to develop educational materials and best practices on working with this population, and be it further

RESOLVED, That the American Academy of Family Physicians develop a formal policy or position paper recognizing stigma toward sex workers as a public health issue.

Item No. 7: Resolution No. S107: Advocating for Health Equity and Safety for Undocumented Individuals in Primary Care

RESOLVED, That the American Academy of Family Physicians (AAFP) reaffirm that healthcare is a human right, and that healthcare settings must be safe, accessible spaces for all individuals regardless of immigration status, free from the threat of surveillance, arrest, or questioning by federal immigration agencies (e.g. ICE) and that the AAFP support federal legislation, including but not limited to Protecting Sensitive Locations Act (H.R. 1061 / S. 455), to explicitly prohibit immigration enforcement in or near healthcare facilities, schools, and other sensitive locations, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the inclusion of immigration-related health equity content in family medicine training and continuing education, including trauma-informed care, legal rights education, and culturally responsive communication with immigrant communities and that the AAFP develop and disseminate educational resources to support family physicians in creating welcoming clinical environments, responding to federal immigration agencies (e.g ICE) activity appropriately, and understanding patient rights in the context of immigration enforcement, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) advocate for the preservation and strengthening of federal and state protections including Emergency Medical Treatment and Labor Act, Health Insurance Portability and Accountability Act, the Family Educational Rights and Privacy Act, and related anti-discrimination laws to ensure that

emergency, primary, preventive, reproductive, and mental health care remains accessible and confidential for all patients regardless of immigration status and that the AAFP collaborate with partner organizations (e.g., the American Medical Association, National Immigration Law Center, Physicians for Human Rights) to provide education and guidance to family physicians on maintaining patient confidentiality, legal protections under the Emergency Medical Treatment and Labor Act and Health Insurance Portability and Accountability Act, and advocacy strategies to protect immigrant patients' access to healthcare, and be it further

RESOLVED, That the American Academy of Family Physicians oppose any legislation or regulatory changes that would obligate family physicians to inquire about or disclose a patient's immigration or citizenship status, recognizing the importance of maintaining patient confidentiality and trust under the Health Insurance Portability and Accountability Act and medical ethics, as such mandates erode patient trust, deter essential medical care, and exacerbate health disparities.

The reference committee did not receive any testimony regarding the resolution. After reviewing the resolution and relevant information, the reference committee noted that current AAFP advocacy efforts already address the first, third and fourth resolved clauses. Although the second resolved clause was extensive, the reference committee determined that it requests education and guidance for members dealing with immigration enforcement in clinical settings. The reference committee found that the AAFP does not currently offer such guidance and proposed substitute language to clarify this point.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. S107 be adopted in lieu of Resolution No. S107 which reads as follows:

RESOLVED, That the American Academy of Family Physicians develop and disseminate educational resources to provide guidance and information to members regarding their legal protections and roles and patient rights during immigration enforcement actions in health care settings.



2025 Student 1 Consent Calendar and Report

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,

Payal Morari, Chair

Melissa Adler
Alex Jennings
Miranda Harris Martinez
Joshua Perez