



2025 Consent Calendar for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

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

RECOMMENDATION: The Reference Committee on Practice Enhancement recommends the following consent calendar for adoption:

Item 1: Adopt Substitute Resolution No. 5001 "Expanding Scope of Business Fundamentals Toolkit" in lieu of Resolution No. 5001.

Item 2: Adopt Resolution No. 5002 "Opposition to Law Enforcement Activities in Health Care and Educational Facilities for the Purpose of Immigration Enforcement".

Item 3: Adopt Resolution No. 5003 "Documentation of Immigration Status in the Medical Record".

Item 4: Not adopt Resolution No. 5004 "Third Party Credentialing Assistance".

Item 5: Adopt Resolution No. 5005 "Criminalization of Medical Practice (Revision)".

Item 6: Adopt Resolution No. 5006 "Support for Fertility Preservation in Serious Illness".

Item 7: Adopt Substitute Resolution No. 5007 "AAFP to Provide Action Guide on Utilization of Community Health Workers" in lieu of Resolution No. 5007.

Item 8: Adopt Resolution No. 5008 "Development of Centralized Resources for Coding Education".

Item 9: Adopt Substitute Resolution No. 5009 "Policy for Lactating Post-Training Practicing Physicians" in lieu of Resolution No. 5009.

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The Reference Committee on Practice Enhancement has considered each of the items referred to it and submits the following report. The committee's recommendations on each item 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. 5001: Expanding Scope of Business Fundamentals Toolkit

RESOLVED, That the American Academy of Family Physicians expand on the current Business Fundamentals for New Physicians toolkit by incorporating features that illustrate the intersection between executive agendas and clinical practice for physicians to advocate for best practices through a business lens, and be it further

RESOLVED, That the American Academy of Family Physicians add this resource to its current Business Fundamentals for New Physicians toolkit.

The reference committee heard testimony all in support of the resolution. Members acknowledged the AAFP currently offers some basic business education, however, these resources need to go further to equip family physicians with the knowledge and language to effectively advocate with business leaders within their organizations, including Chief Financial Officers. The reference committee discussed the testimony and reviewed the currently available business resources. They agreed the AAFP's business resources could be expanded. They also noted that the existing resources are available in multiple locations on the AAFP website making it difficult to find and that the cost for accessing multiple resources could be prohibitive. The request in the second resolved clause is duplicative of the request in the first resolved clause therefore, the reference committee recommends only adopting the first resolved clause.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5001, which reads as follows, be adopted in lieu of Resolution No. 5001:

RESOLVED, That the American Academy of Family Physicians expand on the current Business Fundamentals for New Physicians toolkit by incorporating features that illustrate the intersection between executive agendas and clinical practice for physicians to advocate for best practices through a business lens.

Item No. 2: Resolution No. 5002: Opposition to Law Enforcement Activities in Health Care and Educational Facilities for the Purpose of Immigration Enforcement

RESOLVED, That the American Academy of Family Physicians amend the policy "Criminalization of Provision of Medical Care to Undocumented Immigrants" to oppose legislation and regulations involving the use of law enforcement for the purpose of immigration enforcement in medical and educational facilities.

The reference committee heard testimony all in support of the resolution. Members expressed concerns that uninhibited access to medical facilities by immigration and law enforcement agencies is resulting in patients forgoing needed care further eroding trust in health care and causing fear among staff and physicians for their own safety. The reference committee agreed with the testimony heard and discussed that this issue is a new and pressing one which warrants addition to the existing policy on provision of medical care to undocumented immigrants.

RECOMMENDATION: The reference committee recommends that Resolution No. 5002 be adopted.

Item No. 3: Resolution No. 5003: Documentation of Immigration Status in the Medical Record

RESOLVED, That the American Academy of Family Physicians investigate the potential harms of documenting a patient's immigration status in the medical record unless explicitly necessary to provide medical care, required by their organization, or required by law, and be it further

RESOLVED, That the American Academy of Family Physicians provide the results of the investigation to the Board of Directors.

The reference committee heard testimony all in support of the resolution. Members testified about their experiences caring for patients whose citizenship status was unknown or undocumented under a new administration that is focusing on deportation and ICE enforcement. They shared how undocumented patients are fearful to share their full clinical and personal history due to potential ramifications of documenting that in an electronic medical chart, and how that directly impacts providing high-quality care. There was also testimony that while knowing immigration status can often help connect patients to community resources, it is not necessary to capture this information in the chart. The reference committee appreciated the focus on an investigation of potential harms by documenting a patient's immigration status rather than a directive on what a physician should or shouldn't do, knowing these directives are often defined at a state or organizational level.

RECOMMENDATION: The reference committee recommends that Resolution No. 5003 be adopted.

Item No. 4: Resolution No. 5004: Third Party Credentialing Assistance

RESOLVED, That the American Academy of Family Physicians provide an online survey to measure credentialing timelines and for family physicians reporting credentialing taking longer than the recommended 45 days stated in the "Third-Party Credentialing" policy, they will be provided contacts of state-specific public and private advocacy organizations that may be able to further assist in expediting the credentialing process.

The reference committee heard testimony all in support of the resolution. Members shared personal testimony on experiences of delayed credentialing and how that directly impacted patient care, as

well as how gaps in work history can negatively impact a physician's credentialing process. The reference committee discussed that while they agree with the spirit of the proposed resolution, they felt there were multiple ways it could be interpreted. It was unclear what the outcomes of the survey would achieve, where specific state-by-state resources could be found, and who would be providing those resources to members. The reference committee was unclear on how the survey proposed by the resolution would provide an accurate and/or actionable assessment of the current landscape. The reference committee reviewed the "[Third-Party Credentialing](#)" policy and noted that its primary purpose was to call for a "single, nationally standardized health care professional credentialing application as one way to support administrative simplification". The committee agreed to not adopt as the central ask of the resolution was not clear and inconsistent with the policy referenced.

RECOMMENDATION: The reference committee recommends that Resolution No. 5004 not be adopted.

Item No. 5: Resolution No. 5005: Criminalization of Medical Practice (Revision)

RESOLVED, That the American Academy of Family Physicians (AAFP) revise their policy on Criminalization of Medical Practice to include the safeguarding of related patient data from any out-of-state authority or agency.

The reference committee heard testimony all in support of the resolution. Members expressed family physicians are trusted with patient's most private information and in the current environment out-of-state entities are seeking to punish both those providing and receiving certain care. There is a need to protect patients and physicians from criminalization of this care. The reference committee reviewed the resolution, current policy and testimony heard and agreed with the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 5005 be adopted.

Item No. 6: Resolution No. 5006: Support for Fertility Preservation in Serious Illness

RESOLVED, That the American Academy of Family Physicians support payor coverage for fertility preservation services and long-term storage of eggs, sperm, and embryos as standard of care in treatments for cancer and other serious illnesses that can impact fertility or future child-bearing potential, and be it further

RESOLVED, That the American Academy of Family Physicians develop and publish clinic-based resources on fertility preservation to help physicians working with patients of reproductive age confronting serious illness including, but not limited to, cancer.

The reference committee heard testimony all in support of this resolution. Members shared patient and personal experiences relating to the importance of this medical intervention that is often not covered by insurance. It was also noted that physicians need education and resources to help them better understand the available treatments and to guide patients through decision-making. The

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reference committee agreed with the member testimony and noted that both advocacy and member resources would be valuable to AAFP members.

RECOMMENDATION: The reference committee recommends that Resolution No. 5006 be adopted.

Item No. 7: Resolution No. 5007: AAFP to Provide Action Guide on Utilization of Community Health Workers

RESOLVED, That the American Academy of Family Physicians create an action guide for physician members on how to identify and utilize Community Health Workers into their own practice care model to address and improve social determinants of health, and be it further

RESOLVED, That the American Academy of Family Physicians create an action guide for physician members on how to properly code for Community Health Worker services under their practice care model.

The reference committee heard testimony all in support of the resolution. Testifying members noted that community health workers are essential members of the care team and assets in building trust with patients, which is especially important in the current climate. It was noted that the use of CHWs is highly aligned with the AAFP's position on health equity, but that AAFP team-based care resources do not include clear guidance on how to effectively integrate CHWs into care. The reference committee agreed with the point of view represented in member testimony. The reference committee reviewed the [coding guidance](#) called for in the second resolved clause and agreed that while there is general guidance on coding for CHW services, it would be valuable as part of a succinct action brief. The substitute language provides clarity for the requested implementation, as the AAFP does not currently develop action guides.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5007, which reads as follows, be adopted in lieu of Resolution No. 5007:

RESOLVED, That the American Academy of Family Physicians create a resource for physician members on how to identify and utilize Community Health Workers into their own practice care model to address and improve social determinants of health, and be it further

RESOLVED, That the American Academy of Family Physicians create a resource for physician members on how to properly code for Community Health Worker services under their practice care model.

Item No. 8: Resolution No. 5008: Development of Centralized Resources for Coding Education

RESOLVED, That the American Academy of Family Physicians develop a consolidated centralized resource and/or continuing medical education package containing all of the Academy's existing literature for all family physicians, especially residents and new



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attendings, to utilize to enhance practice and to educate family physicians on the most relevant aspects of coding and billing for clinical services including value-based care.

Testimony in support of the resolution noted the value of AAFP's coding resources, and the difficulties experienced in finding the information when needed. The reference committee reviewed the recently updated [AAFP coding page](#) and acknowledged it as an improvement but noted it does not include guidance on all codes used by family physicians, such as inpatient, nursing home, procedural (POCUS), home, and urgent care. The reference committee also felt that the information could be better organized to make it easier to quickly find what is needed.

RECOMMENDATION: The reference committee recommends that Resolution No. 5008 be adopted.

Item No. 9: Resolution No. 5009: Policy for Lactating Post-Training Practicing Physicians

RESOLVED, The American Academy of Family Physicians create new policy that protects post-training practicing lactating family physicians, similar to the advocacy efforts and documented protections provided to trainees to include access to care, lactation facilities, protected time, culture of support, and be it further

RESOLVED, The American Academy of Family Physicians include in any new policy clarifying their support for lactation protections to account for the physician's productivity and compensation, and be it further

RESOLVED, The American Academy of Family Physicians expand on the current educational material for contract negotiation to include support for individual advocacy efforts to uphold all rights around lactation efforts.

The reference committee heard testimony all in support of the resolution. Members expressed that the AAFP has excellent policy to support trainees to protect their rights and compensation during lactation, and while there is a position paper, there is no related policy to support lactating practicing physicians. Members also expressed the need for additional education to advocate for their protected time and compensation. The substitute language provides clarity for the requested implementation.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5009, which reads as follows, be adopted in lieu of Resolution No. 5009:

RESOLVED, The American Academy of Family Physicians create new policy on protecting lactating family physicians from barriers to lactation in the workplace post-training, similar to the advocacy efforts and documented protections provided to trainees to include access to care, lactation facilities, protected time, culture of support, and be it further



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RESOLVED, The American Academy of Family Physicians include support for lactation protections to account for the physician's productivity and compensation in any relevant new policy, and be it further

RESOLVED, The American Academy of Family Physicians expand on the current educational material for contract negotiation to include support for individual advocacy efforts to uphold all rights around lactation efforts.



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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,

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Kristy Riniker, MD, MPH, FAAFP – Women

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