



## **2025 Agenda for the Reference Committee on Health of the Public and Science**

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National Conference of Constituency Leaders

### **Item No.**

1. Resolution No. 3001: American Academy of Family Physicians Urges Inclusion of Health Equity in Licensing and Board Assessments
2. Resolution No. 3002: Proposal for AAFP Policy Recommendation on Destigmatizing Mental Health Language in Healthcare Entity Credentialing and Licensing Applications
3. Resolution No. 3003: Requesting a Report on AAFP Resource and Toolkit Utilization Data by Chapter to Advance Health Equity
4. Resolution No. 3004: Longitudinal Education on Gender and Sexual Diverse Health
5. Resolution No. 3005: A Pathway for Foreign IMGs to Apply for Family Medicine Obstetrics Fellowship Training Programs
6. Resolution No. 3006: Education Regarding Embryo Adoption
7. Resolution No. 3007: Gender-Affirming Care as Essential Health Benefit
8. Resolution No. 3008: Expansion to Existing Policy About Use of Restraints on Pregnant Incarcerated People
9. Resolution No. 3009: American Academy of Family Physicians Guidelines for Preventive Care and Health Maintenance of LGBTQ+ Individuals
10. Resolution No. 3010: American Academy of Family Physicians to Oppose Mask Ban Legislation

## **RESOLUTION NO. 3001**

### **American Academy of Family Physicians Urges Inclusion of Health Equity in Licensing and Board Assessments**

Introduced by: Sarah Gerrish, MD, BIPOC  
Oanh Truong, MD, BIPOC  
Josephine Glaser, MD, BIPOC  
Ashley Baldauf, DO, BIPOC  
Kento Sonoda, MD, FAAFP, IMG  
Prachi Thapar, DO, New Physician

WHEREAS, In January 2022, the American Academy of Family Physicians Board of Directors approved the formation of the Commission on Diversity, Equity and Inclusiveness in Family Medicine to advance equity in medical education and practice, and

WHEREAS, extensive evidence demonstrates that systemic racism in health care and intergenerational trauma among marginalized populations contributes to health disparities, and

WHEREAS, recent federal anti-diversity, equity, and inclusion legislation targets academic institutions that teach anti-racism, health equity, and health disparities, and

WHEREAS, federal funding is increasingly being withdrawn from programs that address health disparities in medical education, and

WHEREAS, the inclusion of health equity and anti-racism content on board examinations reinforces and sustains these topics within medical school and residency curricula, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians advocate to include health equity content – related to the impact of health disparities, anti-racism, microaggressions, and social and structural determinants of health on licensing examinations (the United States Medical Licensing Examination and the Comprehensive Osteopathic Medical Licensing Examination of the United States) board examinations, and be it further

RESOLVED, That American Academy of Family Physicians engage in targeted advocacy efforts in collaboration with the Liaison Committee on Medical Education, the Accreditation Council on Graduate Medical Education, and the National Board of Medical Examiners to work towards increasing competencies in anti-racism and health disparities reflected in board examination questions.

## **RESOLUTION NO. 3002**

### **Proposal for AAFP Policy Recommendation on Destigmatizing Mental Health Language in Healthcare Entity Credentialing and Licensing Applications**

Introduced by:       Jill Campbell, MD, Women  
                              Sarah Coles, MD, Women  
                              Ashley Wilk, DO, Women  
                              Caroline Kirsch, DO, General Registrant  
                              Tasha Harder, DO, New Physician

WHEREAS, The American Academy of Family Physicians (AAFP) recognizes the critical impact of physician mental health on well-being and patient care, and acknowledges that stigmatizing language in credentialing applications deters help-seeking, and

WHEREAS, the Dr. Lorna Breen Health Care Provider Protection Act and related guidance emphasize focusing on current functional capacity rather than past mental health history, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians shall advocate that all healthcare entities and licensing bodies adopt policies to destigmatize mental health language in their credentialing application, and be it further

RESOLVED, That the American Academy of Family Physicians will develop and disseminate resources to educate members and healthcare entities on implementing these destigmatizing credentialing practices, and be it further

RESOLVED, That the American Academy of Family Physicians will actively collaborate with other stakeholders to promote the widespread adoption of this policy.

## **RESOLUTION NO. 3003**

### **Requesting a Report on AAFP Resource and Toolkit Utilization Data by Chapter to Advance Health Equity**

Introduced by: Frank Anthony Aliganga, MD, BIPOC  
Chad Montgomery, MD, BIPOC  
Maria Paula Castro Reales, MD, General Registrant

WHEREAS, The American Academy of Family Physicians (AAFP) provides a variety of resources and toolkits designed to diversify family medicine physicians in order to deliver high-quality care and improve the health of patients, families, and communities, and

WHEREAS, understanding the geographic patterns of utilization of these AAFP resources and toolkits could offer valuable insights into their reach and impact across different chapters, and

WHEREAS, analyzing this utilization data by chapter could help the AAFP identify areas where its resources are being effectively accessed and areas where there might be a need for increased awareness or targeted dissemination efforts, and

WHEREAS, gaining insights into resource utilization at the chapter level could assist the AAFP in ensuring that its valuable resources are reaching the communities where they are needed most to advance health equity, and

WHEREAS, such data could inform and develop culturally tailored strategies and resources that are easily accessible to chapters of the greatest need, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians compile and report data on the utilization of its publicly available resources and toolkits, categorized by chapter, to the National Conference of Constituency Leaders within one year of the adoption of this resolution, and be it further

RESOLVED, That the American Academy of Family Physicians report should include information on the types of resources and toolkits being utilized and identify areas with significant disparities to better allocate resources to areas with the greatest need.

## **RESOLUTION NO. 3004**

### **Longitudinal Education on Gender and Sexual Diverse Health**

Introduced by:        Leanne Chrisman-Khawam, MD, LGBTQ+  
                              Aaron Griffin, MD, LGBTQ+  
                              Keegan Weaver, DO, LGBTQ+  
                              Megan Hanna, MD, LGBTQ+  
                              Raye Reeder, MD, LGBTQ+

WHEREAS, Previous American Academy of Family Physicians (AAFP) resolutions have addressed the education and discriminatory language across the medical continuum on equitable treatment of women, Black, Indigenous, and People of Color, and lesbian, gay, bisexual, transgender and queer (LGBTQ+) individuals in residency training programs, and

WHEREAS, while the AAFP has developed a curricular guideline of LGBTQ+ health, family medicine residency program directors face challenges in implementing a General Arts and Humanities (GAH) curriculum due to a lack of faculty expertise in GAH for transgender patients (24.6%), limited curriculum availability (4.2%), and lack of program director expertise in GAH for transgender patients (3.8%), and

WHEREAS, now more than ever, legal actions, adverse social determinants of health, and lack of access to primary health care disproportionately affect transgender people, especially gender diverse youth, and

WHEREAS, longitudinal and spiraled education can lead to improved knowledge, attitudes, skills and behaviors in medical school education, post-graduate education, and into lifelong learning across practice, and

WHEREAS, members pay dues to both AAFP and local chapters which support the creation of resources, such as the LGBTQ+ Health Toolkit “Pride in Care” and “Care of Diverse Families” costing \$325 for members and \$215 for students/residents, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians (AAFP) explore ways to promote a longitudinal lesbian, gay, bisexual, transgender and queer trauma-informed healthcare curriculum throughout medical education and promote the integration of inclusive patient representation across all identities into everyday learning, including but not limited to standardized board questions created by the AAFP, and in undergraduate medical education, as a foundational recurring element that reflects the diversity of individuals experiencing common health conditions, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) develop and offer no-cost, high-quality, lesbian, gay, bisexual, transgender and queer (LGBTQ+) health training modules, including trauma-informed care focusing on LGBTQ+ youth for all AAFP members, as part of its CME offerings.

## **RESOLUTION NO. 3005**

### **A Pathway for Foreign IMGs to Apply for Family Medicine Obstetrics Fellowship Training Programs**

Introduced by: Amro ElSharoud, MD, IMG  
Breanna Gawrys, DO, Women  
Bright Zhou, MD, New Physician  
Carol's Montes-Rouse, MD, BIPOC  
Bindusri Paruchur, MD, IMG  
Kento Sonoda, MD, IMG

WHEREAS, All obstetrics fellowships offered to the family medicine residency graduates are lacking in Accreditation Council for Graduate Medical Education (ACGME) accreditation, offering a challenge to potential applicants as well as credentialing entities, and

WHEREAS, the Educational Commission for Foreign Medical Graduates (ECFMG) only sponsors a visa for ACGME-accredited residency and fellowship programs; thus, foreign international medical graduates (IMGs) on a visa are unable to apply to obstetrics fellowships to help address the growing gap in maternity care, and

WHEREAS, family medicine obstetrics fellowship is under the accreditation of the American Board of Physicians specialties, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians supports and advocates for creating a pathway for foreign international medical graduates to have opportunities for advanced fellowship training in obstetrics, and be it further

RESOLVED, That the American Academy of Family Physicians encourage family medicine obstetrics (FMOB) fellowships to work with hospital leadership to create visa sponsorship opportunities for trainees in an FMOB fellowship, and be it further

RESOLVED, That the American Academy of Family Physicians communicates with the Educational Commission for Foreign Medical Graduates (ECFMG) to add "board of physician specialties" through Accreditation Council for Graduate Medical Education (ACGME) accreditation and communicates with ECFMG to advocate for those on visa sponsorships to be able to apply and train within a family medicine obstetrics fellowship, despite not having accreditation.

## **RESOLUTION NO. 3006**

### **Education Regarding Embryo Adoption**

Introduced by: Jonnae Atkinson, MD, Women  
Janet Hurley, MD, General Registrant  
Carrie Gray, DO, General Registrant  
Catherine Chua, MD, Women

WHEREAS, Infertility is common and causes a great deal of emotional grief, and

WHEREAS, the process of in vitro fertilization (IVF) is expensive and complicated, and

WHEREAS, IVF often results in the creation of more embryos than the individual desires, and

WHEREAS, there are an estimated that 400,000-1.4 million frozen embryos in storage, and

WHEREAS, embryo adoption is available for infertile individuals to enable them to experience pregnancy, delivery and lactation, and

WHEREAS, from 2004-2019 there were 21,060 frozen donated embryo transfers in the United States, resulting in 8,457 live births, and

WHEREAS, the overall pregnancy rate and live birth rate per frozen donated embryo transfer increased in 2019 to 52.3% and 44.8%, respectively, and

WHEREAS, many physicians and patients are not aware of embryo adoption as an option, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create educational resources for family physicians and the public about the options and success of embryo adoptions, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for embryo adoption to remain a strictly altruistic act, with no financial compensation beyond reimbursement for reasonable expenses to prevent the commercialization of human embryos.

## **RESOLUTION NO. 3007**

### **Gender-Affirming Care as Essential Health Benefit**

Introduced by: Quinn Jackson, MD; MPH, LGBTQ+  
Joanna Turner Bisgrove, MD, FAAFP, General Registrant  
Kris Schwacha, DO, LGBTQ+

WHEREAS, There exists a strong evidence base of gender-affirming care improving the health and quality of life of transgender and gender diverse people, and

WHEREAS, the American Academy of Family Physicians (AAFP) currently “supports access to gender-affirming care for gender-diverse patients” and “supports gender-affirming care as an evidence-informed intervention that can promote health equity for gender-diverse individuals” per AAFP policy on “Care for the Transgender and Gender Nonbinary Patient”, and

WHEREAS, the Affordable Care Act assigns responsibility for defining essential health benefits to the Department of Health and Human Services, which is currently antagonistic to gender affirming care, and

WHEREAS, the AAFP policy states that “All Medicaid coverage should include a uniform range of mandatory services and state-approved optional services,” which, given the current and future political environment, leaves gender diverse people in states antagonistic to gender affirming care vulnerable to access to care being denied, and

WHEREAS, the Center for Medicare and Medicaid services, which is housed in the Department of Health and Human Services, determines mandatory coverage in Medicare and Medicaid plans, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians update the Policy “Care for the Transgender and Gender Nonbinary Patient” to read: “supports gender-affirming care as an evidence-informed and medically necessary intervention that can promote health equity for gender-diverse individuals”, and be it further

RESOLVED, That the American Academy of Family Physicians add language to the policy “Care for the Transgender and Gender Nonbinary Patient” to indicate the need for Center for Medicare and Medicaid Services to define gender affirming care as an essential health benefit.



## **RESOLUTION NO. 3008**

### **Expansion to Existing Policy About Use of Restraints on Pregnant Incarcerated People**

Introduced by: Kris Schwacha, DO, LGBTQ+  
Joseph Hogue, MD, LGBTQ+  
Christal Crooks, MD, Women

WHEREAS, In 2019, the American Academy of Family Physicians (AAFP) adopted a resolution recommending state and federal governments adopt a policy to limit the use of restraints in incarcerated pregnant people to situations where there is imminent risk of harm to others or of escape, and

WHEREAS, the use of restraints in pregnant patients can negatively impact both birthing person and fetal outcomes, and

WHEREAS, the current word “incarcerated” refers to those who have been charged with a criminal offense, and does not cover those under Immigration and Customs Enforcement (ICE) custody who are not criminally charged, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians expand the existing policy “Use of Restraints on Incarcerated Women During Labor” to apply to pregnant people in federal or state custody, including those who are incarcerated, and those who are under Immigration and Customs Enforcement (ICE) custody, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) update the existing policy “Use of Restraints on Incarcerated Women During Labor”, by changing the word “women” to “people” to pertain to anyone who has the capacity for pregnancy.

## **RESOLUTION NO. 3009**

### **American Academy of Family Physicians Guidelines for Preventive Care and Health Maintenance of LGBTQ+ Individuals**

Introduced by: Carmella DeSerto, MD, LGBTQ+  
Kris Schwacha, MD, LGBTQ+  
Reyna Niner, MD, General Registrant

WHEREAS, The family medicine scope of practice includes healthcare prevention and maintenance, including age- and risk-appropriate screenings, and

WHEREAS, the United States Preventative Services Task Force screening guidelines for breast cancer, abdominal aortic aneurysm, and osteoporosis do not include recommendations for transgender and gender-diverse patients, and

WHEREAS, other guidance for transgender health screenings comes from the University of California, San Francisco and American College of Radiology, but are not endorsed by the American Academy of Family Physicians (AAFP), and differ in their age and frequency recommendations, and

WHEREAS, the AAFP has a general guideline for health maintenance of transgender and gender-diverse individuals, but does not report specific guidelines for breast cancer, abdominal aortic aneurysm and osteoporosis screening as affected by gender affirming care, and

WHEREAS, evidence-based guidelines are limited for abdominal aortic aneurysm screening, human immunodeficiency virus pre-exposure prophylaxis, and doxycycline sexually transmitted infection post-exposure prophylaxis for patients assigned female at birth, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create a taskforce to evaluate and endorse evidence-based guidelines for preventative care, including breast cancer, abdominal aortic aneurysm, and osteoporosis screening, for transgender and gender-diverse adults, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for policies that promote research for human immunodeficiency virus pre-exposure prophylaxis and doxycycline sexually transmitted infection post-exposure prophylaxis for patients assigned female at birth.

## **RESOLUTION NO. 3010**

### **American Academy of Family Physicians to Oppose Mask Ban Legislation**

Introduced by: Kwanza Devlin, MD, BIPOC  
Heba Elzawahry, MD, MPH, IMG  
Chelsea Faso, MD, General Registrant  
George Alvarez, MD, BIPOC

WHEREAS, Masks protect individuals from infectious diseases, pollutants, and allergens, and

WHEREAS, widespread public masking protects immunocompromised and disabled persons with higher risks of contracting airborne illnesses and higher risks of hospitalizations and severe complications, and

WHEREAS, the American Academy of Family Physicians (AAFP) supports the use of high-quality, surgical, and cloth face masks to reduce the spread of respiratory diseases such as COVID-19, and

WHEREAS, high-quality masks are neither free nor universally accessible in the United States, and some individuals may wear cloth masks or a scarf around their mouth and nose for protection against disease, and

WHEREAS, there are individuals who wear face coverings for religious or cultural norms, and

WHEREAS, several states have enacted anti-mask legislation that criminalizes the use of face coverings, and

WHEREAS, the ban on masks could discourage the use of a proven health promotion tool and exacerbate health inequities among our patients, and

WHEREAS, mask bans may be discriminatorily enforced against historically over-policed groups, including Black, Indigenous, and People of Color (BIPOC), Asian, Muslim, LGBTQ+, and unhoused individuals and these groups are also at greater risk for health complications from communicable diseases, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians create policy to support the evidence-based usage of masking in public spaces, and be it further

RESOLVED, That the American Academy of Family Physicians oppose any legislation or policy that bans or restricts the use of face coverings in public settings.