



2025 Consent Calendar for the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

The Reference Committee on Health of the Public and Science 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 Health of the Public and Science recommends the following consent calendar for adoption:

Item 1: Not Adopt Resolution No. 3001 "American Academy of Family Physicians Urges Inclusion of Health Equity in Licensing and Board Assessments". [EXTRACTED](#)

Item 2: Reaffirm Resolution No. 3002 "Proposal for AAFP Policy Recommendation on Destigmatizing Mental Health Language in Healthcare Entity Credentialing and Licensing Applications". [EXTRACTED](#)

Item 3: Not Adopt Resolution No. 3003 "Requesting a Report on AAFP Resource and Toolkit Utilization Data by Chapter to Advance Health Equity".

Item 4: Adopt Substitute Resolution No. 3004 "Longitudinal Education on Gender and Sexual Diverse Health" in lieu of Resolution No. 3004. [EXTRACTED](#)

Item 5: Adopt Substitute Resolution No. 3005 "A Pathway for Foreign IMGs to Apply for Family Medicine Obstetrics Fellowship Training Programs" in lieu of Resolution No. 3005.

Item 6: Substitute Adopt Resolution No. 3006 "Education Regarding Embryo Adoption" in lieu of Resolution No. 3006.

Item 7: Not Adopt Resolution No. 3007 "Gender-Affirming Care as Essential Health Benefit". [EXTRACTED](#)

Item 8: Adopt Resolution No. 3008 "Expansion to Existing Policy About Use of Restraints on Pregnant Incarcerated People".

Item 9: Not Adopt Resolution No. 3009 "American Academy of Family Physicians Guidelines for Preventive Care and Health Maintenance of LGBTQ+ Individuals".

Item 10: Not Adopt Resolution No. 3010 "American Academy of Family Physicians to Oppose Mask Ban Legislation". [EXTRACTED](#)

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Item No. 1: Resolution No. 3001: American Academy of Family Physicians Urges Inclusion of Health Equity in Licensing and Board Assessments

RESOLVED, That the American Academy of Family Physicians advocate [\(i.e. writing letters\)](#) to ~~include~~ [increase](#) 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 in-creasing competencies in anti-racism and health disparities reflected in board examination questions.~~

The reference committee heard testimony only in support of the resolution. Testimony stressed that the embedding of diversity, equity, and inclusion into board examination questions would ensure that all family physicians would be held accountable to practicing patient centered, high-quality, culturally appropriate care. The resolution lists the USMLE and COMLEX exams specifically, and did not mention specific board exams. The resolution called for the AAFP to advocate, but did not provide accurate direction as to whom. The reference committee thought “support” might be more a relevant word rather than “advocate.” Due to this uncertainty, the reference committee voted that the first resolved clause not be adopted.

The reference committee inquired with staff regarding the feasibility of implementing the second resolved clause. Staff clarified with the reference committee that the LCME and ACGME are not involved in licensing board exams – but they are the accrediting bodies of U.S. allopathic medical schools and residency programs, respectively. The reference committee unanimously agreed with the spirit of the resolution but due to the scope of the AAFP, the reference committee voted that this resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 3001 not be adopted. [EXTRACTED – ADOPTED AS AMENDED](#)

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Item No. 2: Resolution No. 3002: Proposal for AAFP Policy Recommendation on Destigmatizing Mental Health Language in Healthcare Entity Credentialing and Licensing Applications

~~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.~~

RESOLVED, That the American Academy of Family Physicians update the policy “Impaired and Clinically Deficient Physicians” to recommend that healthcare entities and licensing bodies use destigmatizing mental health language in their credentialing applications and collaborate with relevant stakeholders to promote this policy.

The reference committee heard testimony entirely in support of the resolution. Those testifying recognized that AAFP has an informational toolkit that broadly addresses removing stigmatizing language, but information is lacking at a more individualized level. Many providing testimony shared personal experiences with the stigma around mental health in the field of medicine and made note that past medical conditions or controlled medical conditions, such as hypertension or diabetes, are not subject to disclosure when applying for licensure. Testimony also noted that while stigma around mental health exists in some cultures, physicians understand the impact mental health has on populations and the field of medicine should create a safe space for support.

The reference committee agreed with the spirit of the resolution, acknowledging that mental health is personal to many in the field of medicine. Staff informed the reference committee the policy on Impaired and Clinically Deficient Physicians encourages licensing boards, hospitals, health systems, and health plans to refrain from asking intrusive mental health questions, including past diagnosis or treatment on licensure and credentialing applications. This policy is currently under review for approval. The reference committee voted to reaffirm the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 3002 be reaffirmed as current policy. EXTRACTED – ADOPTED AS AMENDED

Item No. 3: Resolution No. 3003: Requesting a Report on AAFP Resource and Toolkit Utilization Data by Chapter to Advance Health Equity

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

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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.

The reference committee heard unanimous support for the resolution with no opposition. Testimonies highlighted difficulties in navigating the AAFP website and accessing resources, emphasizing the need for data collection to identify barriers and improve resource utilization.

The reference committee discussed the overall intent and clarity of the resolution. It was noted that the resolution makes a broad statement to collect data on existing resources but does not list particular resources or topic areas, and that no specific metrics were noted in the resolution making it too broad to effectively implement. Staff informed the reference committee that the AAFP website is currently being redesigned and will be more user-friendly. The reference committee suggested waiting until the website update is complete to determine if resources are more accessible and if the AAFP collects metrics on resource utilization, the authors could consider reapproaching this request. The reference committee voted that the resolution not be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 3003 not be adopted.

Item No. 4: Resolution No. 3004: Longitudinal Education on Gender and Sexual Diverse Health

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.

The reference committee heard mixed testimony on the resolution. Those in support of the resolution indicated they did not receive LGBTQ+ education during medical school or were unable to afford LGBTQ+ education on their own. Regardless of personal stance on this topic, gender diverse patients will be seeking medical care, and it is important that all physicians have the necessary education to care for their patients. Those opposed to the resolution cited European medical studies and a Cochrane review that indicated low level evidence or changing evidence on gender medical care risks.

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The reference committee recognized it is challenging for family medicine residents to access education despite the AAFP curricular guideline on LGBTQ+ health. In addition, many practicing family physicians want more education on this topic.

The reference committee agreed with the spirit of the resolution but concluded that the first resolved clause lacks clarity and was too broad by calling for two separate actions. The reference committee proposed a substitute to the second resolved clause that meets the request for longitudinal healthcare education by combining language of the resolved clauses to request that the AAFP explore methods to decrease financial burden to high-quality longitudinal education.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3004, which reads as follows, be adopted in lieu of Resolution No. 3004: [EXTRACTED – ADOPTED AS AMENDED](#)

~~RESOLVED, That the American Academy of Family Physicians explore ways to decrease the financial burden of high-quality longitudinal, 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.~~

[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 including but not limited to standardized board questions, and be it further](#)

[RESOLVED, That the American Academy of Family Physicians \(AAFP\) offer the already existing high-quality lesbian, gay, bisexual, transgender, and queer \(LGBTQ+\) health training modules at no additional costs for all AAFP members.](#)

~~RESOLVED, That the American Academy of Family Physicians (AAFP) offer the already existing high-quality, lesbian, gay, bisexual, transgender and queer (LGBTQ+) health training modules at no additional cost for all AAFP members.~~

Item No. 5: Resolution No. 3005: A Pathway for Foreign IMGs to Apply for Family Medicine Obstetrics Fellowship Training Programs

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

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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.

The reference committee heard testimony mostly in support of the resolution. The authors of the resolution noted that obstetrics fellowships are not ACGME accredited, like other fellowships such as lifestyle medicine and family medicine. Testimony focused on addressing the severe gap in maternal care nationwide and encouraged AAFP to advocate for a pathway for IMGs to gain access to ACGME accreditation for obstetrics fellowship programs. While the reference committee agreed with the spirit of the resolution, it found the third resolved clause to be problematic as it does not include the necessary entities to accomplish the intent of the authors.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3005, which reads as follows, be adopted in lieu of Resolution No. 3005:

RESOLVED, That the American Academy of Family Physicians supports and advocates for creating a pathway for foreign-citizen international medical graduates who have completed a US Family Medicine Residency 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.

Item No. 6: Resolution No. 3006: Education Regarding Embryo Adoption

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 reason-able expenses to prevent the commercialization of human embryos.

The reference committee heard testimony both in support of and in opposition to the resolution. The author expressed interest in raising awareness around embryo adoption and providing those who are infertile the opportunity to experience pregnancy, delivery, and lactation. Those in opposition expressed concern regarding the potential for the resolution to create a loophole for embryo personhood, which would have a negative impact on reproductive rights.

Because the AAFP does not have an existing policy on embryo adoption, the reference committee discussed the policy of other organizations on this issue. The reference committee found that the American College of Obstetricians and Gynecologists [issued a statement in 2022](#) that opposes any

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proposals, laws, or policies that attempt to confer "personhood" to a fertilized egg, embryo, or fetus. This statement notes that these laws and policies are used to limit, restrict, or outright prohibit access to care for women and people seeking reproductive health care. In addition, the American Society of Reproductive Medicine [developed a committee to define the ethical appropriateness of patients donating embryos to other patients for family building, or research](#). The ethics committee determined the term "adoption" for embryos to be inaccurate and should be avoided.

The reference committee unanimously agreed that using the term "adoption" for embryos is misleading as it opens interpretation for personhood. The reference committee recommended to substitute adopt the first resolved clause by replacing the term "adoption" with "donation". The shift in this term addresses the concerns raised in the second resolved clause around risks for financial compensation or commercialization of embryo donation. Additionally, the reference committee expressed concern regarding the phrase "and the public," noting that creating educational information for the public is not within the scope of the AAFP.

RECOMMENDATION: The reference committee recommends Substitute Resolution No. 3006, which reads as follows, be adopted in lieu of Resolution No. 3006:

RESOLVED, That the American Academy of Family Physicians create educational resources for family physicians about the options and success of embryo donation.

Item No. 7: Resolution No. 3007: Gender-Affirming Care as Essential Health Benefit

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 [based on shared-decision making](#) 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.

The reference committee heard testimony mostly in support of the resolution with one member speaking against it because of the need to review policy in a broader respect. AAFP has current policy on Care for the Transgender and Nonbinary Patient, which states that "Gender-affirming health care is part of comprehensive primary care for many gender-diverse patients, and may include supportive behavioral health care, voice therapy, gender-affirming hormones, puberty blockade, surgical interventions, permanent hair removal, and other medical procedures. The AAFP 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."

The reference committee believed the term "medically necessary" is too broad and could be interpreted in a way that could detract from shared decision-making between the physician and patient. The reference committee also expressed concerns for the unintended consequences

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related to dictating something as medically necessary, as some transgender and nonbinary individuals may choose not to receive some aspects of gender affirming care, such as hormone therapy. The reference committee expressed that “essential health benefit” noted in the second resolved clause is already covered in the current policy by acknowledging gender affirming care is a part of comprehensive primary care.

RECOMMENDATION: The reference committee recommends that Resolution No. 3007 not be adopted. EXTRACTED - DIVIDED THE QUESTION. 1ST RESOLVED CLAUSE – ADOPTED AS AMENDED; 2ND RESOLVED CLAUSE – ADOPTED.

Item No. 8: Resolution No. 3008: Expansion to Existing Policy About Use of Restraints on Pregnant Incarcerated People

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.

The reference committee heard testimony entirely in support of this resolution, with none opposed. Testimony called for the AAFP to expand advocacy and protections for anyone with capacity for pregnancy, and to ensure those protections include individuals who are under ICE custody, as the current policy only covers convicted individuals rather than anyone in custody. It was noted that given the current political climate, language and specificity matters.

Staff informed the reference committee that the Commission on Health of the Public and Science is currently revising the [Restraints on Incarcerated Women During Labor, Use of](#) policy as part of the AAFP’s 5-year policy review process. Staff shared that the language is being expanded beyond incarceration to include those being detained, as well as including more gender-inclusive language. Considering this requested resolution is already in the process of being implemented, the reference committee voted that this resolution be adopted.

RECOMMENDATION: The reference committee recommends that Resolution No. 3008 be adopted.

Item No. 9: Resolution No. 3009: American Academy of Family Physicians Guidelines for Preventive Care and Health Maintenance of LGBTQ+ Individuals

RESOLVED, That the American Academy of Family Physicians create a taskforce to evaluate and endorse evidence-based guidelines for preventative care, including breast cancer,

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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.

Testimony in support of the resolution stated that guidelines listed in the resolved clause are not clear for certain demographics, and there is missing information that affects those who are designated female at birth. It was noted that with limited evidence, these guidelines lack well rounded information and gender diverse patients are not well captured in research efforts. It would be helpful if the AAFP website would include additional guidance for those seeking information, and requested the AAFP make its website more accessible for those caring for patients in the moment as finding information can be difficult.

The reference committee acknowledged that while the resolution is strong and well-reasoned, the AAFP has an existing robust process to develop and review evidence-based clinical practice guidelines. The AAFP regularly collaborates with other medical specialty societies and other partner organizations to develop clinical practice guidelines. Additionally, the AAFP has a process for endorsement of external evidence-based clinical practice guidelines that meet established criteria for review. The Commission on Health of the Public and Science is responsible for reviewing and making recommendations for approval of all clinical preventive services and clinical practice guidelines developed or supported by the AAFP. The commission's Subcommittee on Clinical Recommendations and Policies reviews and evaluates proposed and current clinical preventive service guidelines to determine relevance and value to members and patients. Often these activities are collaborative efforts involving other national medical societies, quality improvement organizations, and work groups.

The reference committee supported the work called for in the resolution, but recognized that these efforts are already in place, and AAFP considers guideline reviews developed by external organizations when requested by those organizations.

RECOMMENDATION: The reference committee recommends that Resolution No. 3009 not be adopted.

Item No. 10: Resolution No. 3010: American Academy of Family Physicians to Oppose Mask Ban Legislation

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.

While the majority of testimony was in support, those in opposition to the resolution identified concerns with the language in the second resolved clause stating that prior to opposing any

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legislation or policy that restricts face coverings in public, the historical context to existing legislation on this topic be explored for better understanding. Those in support of this resolution identified the risks associated with restricting face coverings and criminalization for those wearing masks. The potential for over policing, increased “stop and frisk”, bias, and potential for excessive abuse and brutality could result from mandates that promote anti-masking, particularly for already marginalized communities. Testimony stressed how restrictions to face coverings would have a negative cultural impact for those whose culture calls for covering in public.

The reference committee acknowledged the importance of protecting those whose health would be negatively impacted by anti-masking legislation, and the critical role that organized medical associations have in voicing public health support and safety. The reference committee recognized that the intent of the resolution is to protect marginalized communities who are more likely to be discriminated against, however, it found that the resolved clauses do not specifically address the public health or the cultural/spiritual impact of restricting face coverings in public.

RECOMMENDATION: The reference committee recommends that Resolution No. 3010 not be adopted. EXTRACTED - DIVIDED THE QUESTION. 1ST RESOLVED CLAUSE – ADOPTED; 2ND RESOLVED CLAUSE - 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,

Frank Animikwam, MD – CHAIR

Julia Flax, MD, FAAFP – Women

Joaquin Villegas, MD – BIPOC

Theresa Dierker, DO – New Physician

Adnaan Edun, MD – IMG

Jesse Nieuwenhuis, MD, FAAFP – LGBTQ+

Destiny Etheridge, MD (Observer)