



2025 Agenda for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

Item No.

1. Resolution No. 5001: Expanding Scope of Business Fundamentals Toolkit
2. Resolution No. 5002: Opposition to Law Enforcement Activities in Health Care and Educational Facilities for the Purpose of Immigration Enforcement
3. Resolution No. 5003: Documentation of Immigration Status in the Medical Record
4. Resolution No. 5004: Third Party Credentialing Assistance
5. Resolution No. 5005: Criminalization of Medical Practice (Revision)
6. Resolution No. 5006: Support for Fertility Preservation in Serious Illness
7. Resolution No. 5007: AAFP to Provide Action Guide on Utilization of Community Health Workers
8. Resolution No. 5008: Development of Centralized Resources for Coding Education
9. Resolution No. 5009: Policy for Lactating Post-Training Practicing Physicians

RESOLUTION NO. 5001

Expanding Scope of Business Fundamentals Toolkit

Introduced by: Heran Abiye, MD, New Physician
Edy Gomes, MD, New Physician

WHEREAS, Medicine in the United States is a business, and

WHEREAS, new physicians often times do not understand the full breadth of practice management options available when seeking employment, and

WHEREAS, understanding the business aspects of medicine allows us to better reach parity in compensation, and

WHEREAS, family physicians face burnout often times from a lack of preparedness for advocacy to efficiently discuss business as it relates to the practice of family medicine, and

WHEREAS, having appropriate compensation and autonomy contributes towards physician well-being, and

WHEREAS, states like North Carolina and Washington State have developed business-oriented comprehensive curriculums geared toward educating new physicians to have competency when in discussion with executive counterparts, now, therefore, be it

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.

RESOLUTION NO. 5002

Opposition to Law Enforcement Activities in Health Care and Educational Facilities for the Purpose of Immigration Enforcement

Introduced by: Brittany Vaughn, MD, Women
 Sabrina Martinez, MD, BIPOC
 Jiana Menendez, MD, Women
 Christal Crooks, MD, Women
 Ani Bodoutchian, MD, Women

WHEREAS, The immigration raids specifically targeting medical facilities are affecting patient access to care, feeling of safety, trust in the medical community, and public health, and

WHEREAS, the immigration raids specifically targeting educational facilities are affecting children's ability to attend school, which we know affects their growth, well-being, development, and long-term health, and

WHEREAS, the ripple effects of immigration raids causes trauma to the entire community, which affects the mental and physical health of the entire community, and

WHEREAS, the American Academy of Family Physicians (AAFP) has policy that specifically "opposes actions that would criminalize the provision of medical care to undocumented foreign-born individuals", and

WHEREAS, the AAFP has additional policy on migrant health stating the AAFP, "believes that all people should have access to essential health care services, regardless of their immigration status," now, therefore, be it

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.

RESOLUTION NO. 5003

Documentation of Immigration Status in the Medical Record

Introduced by: Sabrina Martinez, MD, BIPOC
 David Tran, MD, General Registrant
 Gerica Alvarado, MD, FAAFP, BIPOC

WHEREAS, The Department of Homeland Security (DHS) has revoked its policy regarding enforcement in sensitive areas including health care facilities, places of worship, disaster response centers and social service centers, and

WHEREAS, the American Academy of Family Physicians (AAFP) policy, "Information Technology Used In Health Care," states "Patient health data and information should be proactively and automatically shared with their primary care physicians to promote coordinated care," and

WHEREAS, the AAFP policy, "Information Technology Used In Health Care," states, "Patients must maintain control over the privacy of their information but should not be burdened with communicating their health information between members of their care team," and

WHEREAS, the AAFP policy, "Institutional Racism in the Health Care System," also states "The AAFP opposes all forms of institutional racism and supports family physicians to actively work to dismantle racist and discriminatory practices and policies in their organizations and communities," and

WHEREAS, patient health information is protected under federal law by the Health Insurance Portability and Accountability Act (HIPAA), and

WHEREAS, HIPAA can be negated without a patient's authorization under a court order, court-ordered warrant, subpoena, administrative request, or when that information can be used as evidence of a crime, and

WHEREAS, documentation of a patient's immigration status in the medical record creates legal risk for both the patient and the physician, and

WHEREAS, documentation of an patient's immigration status in the medical record may discourage future care for immigrants, including those without legal status, now, therefore, be it

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.

RESOLUTION NO. 5004

Third Party Credentialing Assistance

Introduced by: Wesley Goodrich, DO, New Physician
Jason Maddox, DO, New Physician
Tisha Van Pelt, MD, New Physician
Kento Sonoda, MD, FAAFP, IMG
Tabatha Davis, MD, FAAFP, New Physician

WHEREAS, Prolonged physician credentialing can lead to delayed access to patient care and in some cases disrupt continuity of care between the physician and patient when a physician changes employment, and

WHEREAS, delay in physician credentialing can delay establishment of the physician-led care team across practice settings, and

WHEREAS, the American Academy of Family Physicians has stated support that payers “should make final physician credentialing determinations within 45 days of receipt of a completed application” as stated in October of 2023, and

WHEREAS, the Association of Advancing Physician and Provider Recruitment reports the range of time from application submission to approval ranges from 30 to 150 days across states, and

WHEREAS, the 2025 National Committee of Quality Assurance (NCQA) guidelines has decreased the timeframe for NCQA-accredited organizations to 120 days and NCQA-certified organizations to 90 days, and

WHEREAS, the American Medical Association and various employers have contracted with third-party credentialing services to expedite credentialing, now, therefore, be it

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.

RESOLUTION NO. 5005

Criminalization of Medical Practice (Revision)

Introduced by: Kelly Thibert, DO, MPH, LGBTQ+
Erica Courtney, MD, LGBTQ+
Bright Zhou, MD, New Physician
Rebecca Stoll, DO, Women
Gerica Alvarado, MD, BIPOC
Monica Chamorro, MD, New Physician

WHEREAS, The American Academy of Family Physicians (AAFP) has established policies affirming the importance of the patient-physician relationship, including the right to confidential, evidence-based, and non-judgmental care, and

WHEREAS, existing AAFP policy supports access to telehealth services, gender-affirming care, and reproductive healthcare, including abortion, as core components of family medicine, and

WHEREAS, the AAFP has established policies that oppose legislation that would prosecute or otherwise penalize physicians and other clinicians, patients, and those who aid patients in receiving reproductive, abortion, or gender-affirming healthcare across state lines, and

WHEREAS, state and federal legislation increasingly targets physicians providing such care, including through criminal and civil penalties for actions that are legal in their home state but illegal elsewhere, now, therefore, be it

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.

RESOLUTION NO. 5006

Support for Fertility Preservation in Serious Illness

Introduced by: Kathryn Rampon, MD, Women
Sara Peterson-Dzik, DO, MBA, General Registrant
Stacey Blyth, MD, Women

WHEREAS, According to the Alliance for Fertility Preservation approximately 1.8 million people are diagnosed with cancer annually within the United States, with approximately 9% of those new diagnoses occurring in patients who are under 45 years of age with reproductive capacity (around 160,000 people) annually, and

WHEREAS, studies have shown that for many patients infertility can be as distressing as cancer itself (National Coalition for Cancer Survivorship) and remains a source of distress for cancer survivors (ASCO guidelines 2025), and

WHEREAS, the American Society of Clinical Oncology, American Society of Reproductive Medicine, National Comprehensive Cancer Network each have clinical guidelines supporting fertility preservation for cancer patients of reproductive age, and

WHEREAS, according to the Alliance for Fertility Preservation, there is a significant financial burden for patients undergoing egg or embryo preservation estimated at costs estimated between \$10,000 and \$15,000 per cycle and annual storage fees that may range from \$300 to \$600, and

WHEREAS, only 8% of women pursue fertility services after a cancer diagnosis, citing cost as a significant deterrent, and

WHEREAS, states with insurance benefit mandates see a significantly higher percentage of patients were referred to a fertility specialist (12.4% compared to 4.2%), now, therefore, be it

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.

RESOLUTION NO. 44270

AAFP to Provide Action Guide on Utilization of Community Health Workers

Introduced by: Joaquin Villegas, MD, BIPOC
 Shayla Toombs-Withers, DO, BIPOC
 Charity Reynolds, MD, BIPOC
 Michelle Crespo, MD, MPH, BIPOC
 Temmy Brotherson, MD, BIPOC

WHEREAS, Community Health Workers (CHWs) are designated health professionals by the Affordable Care Act (ACA) and recognized by local, state, and federal governmental organizations, and

WHEREAS, CHWs address clinical and community integration and social determinants of health that promote building culture-minded relationships and expand treatment capacity in underserved areas, often of low-income and marginalized minority communities, and

WHEREAS, the American Academy of Family Physicians (AAFP) currently creates and distributes resources related to current and up-to-date practice recommendations and guidelines to its physician members, and

WHEREAS, the AAFP currently has a “Team-Based Care” policy but does not focus explicitly on CHWs, and

WHEREAS, the AAFP has demonstrated interest in improving health equity by identifying and creating clinical tools and resources to address patients’ social needs, as well as advocating for policies that encourage health equity, now, therefore, be it

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.

RESOLUTION NO. 5008

Development of Centralized Resources for Coding Education

Introduced by: Cean Mahmud, MBA, MD, IMG
Adnaan Edun, MD, IMG
Shruti Javali, MD, IMG
George Alvarez, MD, BIPOC
Suganya Mahinthan, MD, New Physician
Ani Bodoutchian, MD, MBA, FAAFP, Women

WHEREAS, Compensation for services performed by family physicians, whether it be in employed or private practice roles, is directly correlated to the ability for said family physician to accurately capture the cognitive burden and technical skillset through coding Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) and value-based care systems, and

WHEREAS, family physicians are often listed on aggregated compensation survey data to be on the lower end of physician compensation nationally thus impacting the ability to recruit new physicians into the specialty, and

WHEREAS, the lack of education in coding knowledge creates an environment in which family physicians perform critical services such as, but not limited to, evaluation and management, counseling, responding to patient initiated electronic messages and completion of documents required for chronic care delivery, but potentially remain uncompensated, and

WHEREAS, the American Academy of Family Physicians has previously developed tools and resources within value-based care models to support resident and new physician education, however, these resources do not encompass other existing methods of coding and billing (i.e. Evaluation and Management Services, CPT/HCPCS, etc.), and

WHEREAS, the *Family Practice Management* journal contains many relevant topics but these are currently decentralized and fragmented, and not readily usable in residency curriculum development, now, therefore, be it

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 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.

RESOLUTION NO. 5009

Policy for Lactating Post-Training Practicing Physicians

Introduced by: Faihza Hill, MD, MS, MPH, Women
 Rebecca Stoll, DO, Women
 Tamara Huson, MD, Women
 Erica Courtney, MD, LGBTQ+
 Gerica Alvarado, MD, BIPOC

WHEREAS, The federal government has current protections in place for lactating physicians in the workplace, and

WHEREAS, the American Academy of Family Physicians (AAFP) has a policy for medical trainees to have protected time and space for lactation, and

WHEREAS, although there is an AAFP position paper that discusses protections for post-training practicing family physicians, there is not formal policy, and

WHEREAS, post-training practicing lactating family physicians may be required to reduce their productivity or “double book” patients to make up for that time, and therefore need support from the AAFP, now, therefore, be it

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.