



**Summary of Actions:  
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**2025 Resolutions**

<i>Res. No.</i>	<i>Title and Resolved</i>	<i>Action of NCCL</i>	<i>Referrals</i>	<i>Final Actions</i>
1001	<p><b>Standardizing Expectations for Ratio of Scheduled Patient Care Hours and Administrative Patient Tasks in the Primary Care Setting</b></p> <p><u>Substitute:</u> RESOLVED, That the American Academy of Family Physicians promote research to determine appropriate standards for scheduled patient and administrative patient care as standards change over time with the development of artificial intelligence and patient care team models.</p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for information</p> <p>In conducting a limited, informal literature review, several studies have measured the time physicians spend on “administrative” or “non-patient-facing” activities versus “patient care.” Some studies explicitly segment administrative tasks, while others focus on time spent in the EHR, including time spent on asynchronous care. The literature estimates that administrative or non-patient-facing care accounts for between 30 percent and 60 percent of a full-time physician’s time. This variation is likely mainly due to the definition of the included tasks.</p> <p>The Commission on Quality and Practice recommended accepting the resolution for information as the intended outcome of the request to “promote research” is unclear. In addition, there is currently a project planned that may address the intent of this resolution. The AAFP is developing a Primary Care Innovation Network (PCIN) to support the responsible, effective development and implementation of digital health and AI in primary care. The PCIN will synthesize research on AI in primary care. Working with the Robert Graham Center, the PCIN will conduct an ongoing scan of the literature and periodically publish a synthesized summary to inform practices adopting AI-enabled technologies. As part of this planned work, the PCIN can also point to gaps in the literature and engage with the research community to promote addressing these gaps.</p>
1002	<p><b>Advocating for Comprehensive Insurance Coverage for Obesity Treatment</b></p>	Substitute Adopted	Commission on Federal	Accept as current policy



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	<p><b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians advocate for the reversal of recent federal policy decisions that limit Medicare and Medicaid coverage of obesity treatments, including submitting formal comments to Centers for Medicare and Medicaid Services (CMS) and collaborating with appropriate stakeholders to support legislative efforts.</i></p>		and State Policy	The Commission on Federal and State Policy compared costs of obesity treatment in the United States to those in other countries, such as the United Kingdom. The commission evaluated AAFP policies and advocacy initiatives related to this issue and determined that current efforts fulfilled the intentions of the resolution.
1003	<p><b>Achieving Reimbursement Equity for Primary Care Services provided by Family Physicians</b> <b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians advocate for equity in total financial compensation, including Work Relative Value Unit valuation and reimbursement, across specialties to meet the projected primary care workforce shortage.</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept as current policy</p> <p>The AAFP is engaged in work to advocate for pay equity at a national level and has resources for members to advocate within their systems for equitable and transparent compensation.</p> <p>The AAFP's <a href="#">policy on Medicare Payment</a> calls, "for a realignment of Medicare payment to reflect more equitable payment for services provided by family physicians." Consistent with the policy, the AAFP <a href="#">advocates</a> for reforms to the budget-neutral nature of the Medicare Physician Fee Schedule. Reforms include reconciling utilization assumptions for RVU adjustments that trigger a budget-neutrality adjustment with the actual utilization as well as raising the budget neutral threshold.</p> <p>The AAFP has also <a href="#">advocated</a> that policymakers evaluate whether the methods and data used by the RUC and CMS remain appropriate to value all services under the fee schedule. In response to the 2026 Medicare Physician Fee Schedule Proposed Rule, the <a href="#">AAFP expressed support</a> for CMS's desire to get more empiric time data to inform the valuation of services under the PFS. The AAFP also urged CMS to maintain physician involvement in the valuation of physician services, as the use of empiric data does not address all elements</p>



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				<p>included in the valuation of physician work.</p> <p>AAFP supports CMS in seeking additional empirical data beyond surveys as described in the 2026 MPFS proposed rule, as outlined in <a href="#">our comment letter</a>.</p> <p>The AAFP has several resources to assist physicians in understanding contracts and compensation, as well as education and resources about negotiating.</p> <p>The member-exclusive, <a href="#">Career Benchmark Dashboard</a>, which is being updated in the fall of 2025 and will be relaunched in Jan 2026. This interactive dashboard allows members to filter on characteristics like geography, practice setting, demographic characteristics, primary position, and more. The updated Dashboard will expand to include scope of practice, rural and DPC.</p> <p>Employment contracting content and education: <a href="#">Employment Contracting   AAFP</a></p> <p>Member-exclusive, negotiation skills training video series: <a href="#">Negotiation Skills for Physicians   AAFP</a></p> <p>Publications:</p> <ul style="list-style-type: none"><li>o <a href="#">Using Advocacy and Powerful Tools to Increase Family Physician Compensation   AAFP</a></li><li>o <a href="#">FPM Negotiating and Contracting Topic Collection   AAFP</a></li></ul> <p>Blog: <a href="#">A negotiation success story for family docs who know their worth   AAFP Voices</a></p> <p>Member Advantage partnership with <a href="#">Resolve   AAFP</a></p> <ul style="list-style-type: none"><li>o Free access to limited data on current contracts in market</li><li>o Free access to on-demand webinar on contracts and negotiation</li></ul>
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				<ul style="list-style-type: none"> <li>o Free access to J-1 waiver process and tracking of state-level waiver programs</li> <li>o Member discounts on services such as data access, contract analysis, and contract review.</li> </ul>
1004	<p><b>Advocating for Prior Authorization Reform</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians amend its Position Paper on Prior Authorization to specifically include imaging to read "A physician's attestation of a clinical diagnosis or order should be sufficient documentation of medical necessity for clinical or imaging services, medications, and/or durable medical equipment (DME)".</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for implementation</p> <p>The AAFP has made prior authorization (PA) reform a central focus of its advocacy efforts, emphasizing the need to reduce administrative burdens and improve patient access to timely care. Through legislative support, the AAFP has supported bills such as the <a href="#">Reducing Medically Unnecessary Delays in Care Act of 2025</a> and the <a href="#">Seniors Timely Access to Care Act</a>, both of which aim to ensure that PA decisions are made by board-certified physicians and based on transparent clinical criteria.</p> <p>In addition to legislative work, the AAFP engages directly with national health plans to advocate for reduced or automated PA requirements and participates in coalitions like the Regulatory Relief Coalition to amplify its message across specialties. Public communications, including letters to CMS and Congress, reinforce the Academy's stance against excessive PA requirements and support reforms that prioritize clinical judgment and patient care.</p> <p>Updating the <a href="#">Prior Authorization and Step Therapy (Position Paper)</a> to reflect the proposed revision would align with AAFP strategy and with current legislative and regulatory advocacy. It would strengthen the Academy's voice in policy discussions, provide clearer guidance for member engagement, and enhance the effectiveness of advocacy materials.</p>
1005	<p><b>Increasing Advocacy Resources and Protections for Diversity, Equity, and Inclusion Work</b> <u>Substitute:</u></p>	Substitute Adopted	Commission on Diversity, Equity and Inclusiveness	<p>Accept for information</p> <p>The Commission on Diversity, Equity, and Inclusiveness in Family Medicine</p>



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	<p><i>RESOLVED, That the American Academy of Family Physicians facilitate collaborations amongst physicians working to advocate for proportional representation policies within medical groups, organizations, and corporations, and be it further</i></p> <p><i>RESOLVED, That American Academy of Family Physicians expand the current toolkit on standardized Diversity, Equity, and Inclusion, anti-racism/anti-discrimination training to include a continually updated resource of guiding verbiage for drafting anti-discriminatory policies and initiatives, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians evaluate and choose from existing evidence-based Diversity, Equity, and Inclusion program designed rubrics and encourage the use of said rubric by residency programs.</i></p>		in Family Medicine	<p>discussed that the resolution aligns with work already underway. AAFP has promoted inclusive leadership and maintains a robust DEI Toolkit, which could easily incorporate the requested guiding verbiage. While a formal initiative to support inter-physician collaboration on proportional representation does not yet exist, it builds on ongoing work. Evaluation of DEI rubrics for residencies is also aligned with existing partnerships and educational strategies. Accepting the resolution for information acknowledges this alignment without duplicating efforts.</p>
1006	<p><b>Affirming the Personhood and Rights of Transgender, Intersex, and Gender Diverse People</b></p> <p><b>Substitute:</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians issue a statement affirming the inherent personhood defined as an individual who has rights, protections, responsibilities, and moral or legal standing within a society of Transgender, Intersex, and Gender Diverse people.</i></p>	Substitute Adopted as Amended	EVP (Rebecca Beeler)	<p>Accept as current policy</p> <p>The AAFP policy Care for the Transgender and Gender Nonbinary Patient recognizes diversity in gender identity as part of the human existence and not as a representation of pathology. As such, the “inherent personhood” of “Transgender and Gender Nonbinary Patients” is acknowledged. The AAFP’s policies around <a href="#">patient discrimination</a>, <a href="#">patient/physician confidentiality</a> and <a href="#">infringement on patient physician relationship</a> also seek to protect the rights, autonomy and protections of all people, including transgender, intersex and gender diverse people. These policies are, essentially, public statements as they are used as the foundation for media messaging, advocacy work and public statements.</p> <p>The AAFP regularly publishes blogs and news articles, with accompanying</p>



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				newsletters and social media, highlighting the work of family physicians who identify as transgender, intersex and gender diverse, the care of patients who identify as such, or health issues that may disproportionately affect patients who identify as transgender, intersex and gender diverse. These blogs and news articles are in front of the login on the website and therefore "public."
1007	<p><b>Protecting Parents/Guardians Supporting Gender-Affirming Care in Minors</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians update its policy titled "Child Abuse" to add the phrase "evidence-based medical care", and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians update its policy titled "Care for the Transgender and Gender Nonbinary Patient" to reflect that evidence-based gender affirming care for minors does not constitute child abuse or trafficking.</i></p>	Substitute Adopted	EVP	<p>Accept for implementation</p> <p>The AAFP EVP/CEO is gathering additional information for background and no decisions have been made at this time.</p>
1008	<p><b>Support for Family Physicians Navigating Criminalization and Restrictive Healthcare Laws</b> <i>RESOLVED, That the American Academy of Family Physicians collate and share on their website reputable resources and tools to help members navigate the legal, ethical, and clinical challenges related to reproductive health, gender-affirming care, and diversity, equity, and inclusion (DEI) services.</i></p>	Adopted	EVP	<p>Accept as current policy</p> <p>The AAFP has developed and made available a series of different toolkits related to reproductive health, gender affirming care, and anti-DEI legislation for use by our state chapters in support of their advocacy efforts.</p>
1009	<p><b>Preserve Public Service Loan Forgiveness for Primary Care</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians advocate to preserve Public Service Loan Forgiveness Program eligibility</i></p>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept as current policy</p> <p>The Commission on Federal and State Policy reviewed relevant policy, advocacy efforts, and current political environment, including how HR 1 has influenced the AAFP's advocacy strategy. Staff informed the commission that discussions with</p>



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	<p>for primary care physicians (defined as family medicine, general pediatrics, general internal medicine, and general OB-Gyn) if a physician's eligibility is threatened.</p>			<p>lawmakers about Public Service Loan Forgiveness (PSLF) have centered on primary care and that advancing primary care priorities continues to be the main advocacy focus. Furthermore, accepting as current policy does not preclude the AAFP from engaging on this topic in the future.</p>
1010	<p><b>Combating Closure of Maternity Units Across the United States</b> <b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians study the impact of the closure of labor and delivery units in areas with high patient to physician ratios leading to the creation of pregnancy care deserts, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians continue to engage with relevant stakeholders to prioritize family physicians as the solution for staffing shortages in pregnancy care deserts.</i></p>	Substitute Adopted	Commission on Health of the Public and Science	<p>Accept for information</p> <p>In 2025 the Commission on Health of the Public and Science worked to update the content of the Striving for Birth Equity position paper. In the update, content was included that addresses both resolved clauses of the resolution. In 2025 the Robert Graham published the <a href="#">Center the Closing the Distance in Rural Primary Care</a> evidence report and in 2024 an article titled <a href="#">Family physicians provide maternity care in and around the maternity care shortage areas, particularly rural</a>.</p> <p>In 2026, CHPS is updating the Keeping Physicians in Rural Health position paper and maternal health care access is expected to be included in that update.</p>
2001	<p><b>Coalition for Contraception, Sexually Transmitted Infection, and Human Immunodeficiency Virus Guidelines</b> <i>RESOLVED, That the American Academy of Family Physicians collaborate with relevant stakeholders to create a coalition that will maintain and update contraceptive, sexually transmitted infection prevention and treatment, and human immunodeficiency virus prevention and treatment guidelines.</i></p>	Adopted as Amended	Commission on Health of the Public and Science	<p>Accept for information</p> <p>The AAFP has a public facing repository of many of the topics addressed in this resolution including a dedicated repository in the American Family Physician (AFP) journal with pages for <a href="#">contraception</a>, <a href="#">sexually transmitted infections</a>, and <a href="#">HIV</a>. The AAFP has also developed several member-facing resources on these topics, including:</p> <ul style="list-style-type: none"> <li>• The <a href="#">Screening for Sexually Transmitted Infections Practice Manual</a></li> <li>• <a href="#">Preconception Care</a> position paper</li> <li>• AAFP Patient Care page on <a href="#">Sexually Transmitted Infections</a>.</li> </ul>



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				<p>with links to relevant policies and position papers</p> <p>In early 2026, the AAFP will also be participating in an initiative to amplify the <a href="#">AMA Routine Screening Toolkit, which promotes routine screening for HIV, STIs, viral hepatitis, and latent tuberculosis infection (LTBI)</a>. The toolkit is designed to help clinicians integrate these screenings into standard care practices. The project is funded through the AMA's cooperative agreement with the CDC.</p>
2002	<p><b>Resolution to Advance Equitable Access to Buprenorphine (Suboxone) Treatment for Opioid Use Disorder</b> <b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians update its policies to acknowledge racial and socioeconomic disparities in buprenorphine access as a critical public health issue and affirms the need for systemic change to ensure equity in treatment for all individuals with OUD.</i></p>	Substitute Adopted	Commission on Health of the Public and Science	<p>Accept for implementation</p> <p>The Commission on Health of the Public and Science voted to accept the resolution for implementation. Expected implementation efforts include updating all relevant policies, including the Substance Use Disorders policy which is in process of being updated to fulfill other resolutions.</p>
2003	<p><b>Updating AAFP Policy to Reflect Fair Multilingual Compensation to Advance Health Equity</b> <b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians update its existing policy to recommend compensation for patient-congruent, certified language proficiency for family physicians.</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for information</p> <p>Policies were reviewed that were cited in the original resolution and the Commission on Quality and Practice did not feel that the mention of physician compensation was appropriate for inclusion in the existing relevant policies. In the current strategic plan, the AAFP is working on both updating the AAFP Career Benchmark Dashboard, to which compensation for multilingual services has already been added, and researching Family Physician compensation models with a goal to provide members with best practices and resources to support their compensation advocacy efforts. AAFP staff will work to include these concepts in the ongoing compensation work.</p>
2004	<p><b>Create a Reporting System for Immigration-based Mistreatment to Better Inform Employment and</b></p>	Not Adopted	N/A	N/A



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	<p><b>Training Decisions for Visa Holders</b>  <i>RESOLVED, That the American Academy of Family Physicians create an anonymous platform for work visa holders (Exchange Visitor non-immigrant (J1), temporary non-immigrant foreign worker (H1B)) facing mistreatment based on their immigration status to report such incidents, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians make accessible to members the aggregated information on work visa based mistreatment to aid future employment decisions.</i></p>			
2005	<p><b>Create and Implement a Vaccine Education Toolkit for Primary School Age Students</b>  <i>RESOLVED, That the American Academy of Family Physicians create and support implementation of a toolkit (including but not limited to presentations and/or social media production) targeted toward primary school students (defined as K-12th grade students) regarding vaccines/vaccine education, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage family medicine departments and residency programs to recruit medical students and residents to present this toolkit as part of their curriculum.</i></p>	Adopted	EVP	<p>Accept for information</p> <p>The AAFP agrees with the importance of addressing vaccine misinformation and actively works to provide accurate information and to dispel rumors and misinformation where possible. The AAFP has existing resources for physicians to discuss vaccine hesitancy with patients, as well as vaccine campaigns that reach public audiences through social media and public relations efforts. <a href="https://www.familydoctor.org">FamilyDoctor.org</a> is a resource for consumers, including children and their parents, to use for easy-to-digest information. Other organizations, such as Vaccinate Your Family, the American Academy of Pediatrics, also provide resources for public health use that are appropriate for younger audiences, so it would be a duplication of effort to develop additional resources.</p>
2006	<p><b>From “Just a Family Doc” to Leader: Building Confidence and Self-Promotion Skills in Family Physicians</b>  <i>RESOLVED, That the American Academy of Family Physicians develop educational content on self-promotion to equip family physicians with language, narratives, and mindset training that fosters confidence in their</i></p>	Reaffirmed as current policy	N/A	N/A



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	<p><i>skills, highlights the full scope of family medicine, and strengthens professional identity to advance the specialty as a whole, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians identify and highlight family physicians who are skilled in self-promotion of their specialty as a means of inspiring and guiding the next generation of family doctors, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians incorporate this self-promotion educational content into its well-being curriculum, including through the addition of workshop offerings and coaching videos that emphasize professional pride and identity development.</i></p>			
2007	<p><b>Support for the Assistant Physician Pathways to Address Primary Care Workforce Short-ages and Utilize Unmatched Medical Graduates</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians support the expansion and adoption of the Assistant Physician (AP) licensure pathway as a workforce solution in states experiencing physician shortages, particularly in rural and underserved areas, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate for the development of national standards and best practices for Assistant Physician licensure, including eligibility criteria, scope of practice, supervision requirements, continuing education, and transition to full licensure and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support and collaborate with state chapters in engaging with legislators and stakeholders to promote awareness,</i></p>	Not Adopted	N/A	N/A



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	<i>development, and implementation of Assistant Physician licensure pathways as a way to utilize un-matched medical graduates in meeting the healthcare needs of underserved populations.</i>			
2008	<p><b>Increasing the Supply of Family Medicine Physicians Through Inclusive Policies Toward International Medical Graduates</b></p> <p><b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians lobby for and promote federal initiatives to streamline visa processes for International Medical Graduates.</i></p>	Substitute Adopted	Commission on Federal and State Policy	<p>Accept as current policy</p> <p>The Commission on Federal and State Policy reviewed the AAFP’s state and federal advocacy efforts regarding International Medical Graduates and streamlining the visa process. The commission also differentiated this conversation from the alternative pathways to licensure discussion that took place during Winter Cluster. The commission concluded that current AAFP policy and advocacy efforts on this topic satisfied the intentions of the resolution.</p>
2009	<p><b>Affirming AAFP’s Commitment to Advancing Health Equity</b></p> <p><b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians expand mentorship and career development initiatives to better support, retain, and advance underrepresented minority (URM) medical students and residents through connections with family physician mentors and leaders.</i></p>	Substitute Adopted	Commission on Education	<p>Accept for information</p> <p>The Commission on Education affirmed the spirit of the resolution and the critical role of mentorship and role modeling for all students, particularly those from historically and intentionally excluded backgrounds. Previous similar resolutions have demonstrated that implementation of this resolution could require a multimillion-dollar investment. AAFP is currently investigating opportunities for organic, informal connections with near-peers instead of creating formal mentorship programs.</p>
3001	<p><b>American Academy of Family Physicians Urges Inclusion of Health Equity in Licensing and Board Assessments</b></p> <p><i>RESOLVED, That the American Academy of Family Physicians advocate (i.e. writing letters) to 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</i></p>	Adopted as amended	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for information</p> <p>The Commission on Diversity, Equity, and Inclusiveness in Family Medicine discussed that the AAFP has long supported the inclusion of health equity, structural racism, and SDOH in medical education and training. Through the Center for Diversity and Health Equity and partnerships with ABFM and others, the Academy is already working to advance these goals. This resolution reflects current AAFP priorities, and filing</p>



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	<p>and the Comprehensive Osteopathic Medical Licensing Examination of the United States) board examinations.</p>			<p>for information acknowledges ongoing advocacy efforts.</p>
3002	<p><b>Proposal for AAFP Policy Recommendation on Destigmatizing Mental Health Language in Healthcare Entity Credentialing and Licensing Applications</b>  <i>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.</i></p>	<p>Adopted as amended</p>	<p>Commission on Quality and Practice</p>	<p>Accept as current policy</p> <p>The Commission on Quality and Practice reviewed the policy, <a href="#">Impaired and Clinically Deficient Physicians</a>, earlier this year, and the Board approved revisions in April 2025. A bulleted list of guidance for licensing boards, hospitals, health systems and health plans was included in the policy. Staff learned there is growing support in the medical community to refrain from asking intrusive mental health questions on licensure and credentialing applications, including questions about past diagnosis or treatment. Substance use fits into the category of chronic medical conditions and should not be called out separately. This aligns with the AAFP's advocacy document on licensing-credentialing in the Physician Well-Being Toolkit for chapters and the FPM July/August 2024 article, "<a href="#">Say Something: Addressing Physician Alcohol Use Disorder, Depression, and Suicide</a>".</p>
3003	<p><b>Requesting a Report on AAFP Resource and Toolkit Utilization Data by Chapter to Advance Health Equity</b>  <i>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</i></p> <p><i>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</i></p>	<p>Not Adopted</p>	<p>N/A</p>	<p>N/A</p>



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	resources to areas with the greatest need.			
3004	<p><b>Longitudinal Education on Gender and Sexual Diverse Health</b> <u>Substitute:</u> <i>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</i></p> <p><i>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.</i></p>	Substitute Adopted as Amended	EVP	<p>Accept for information</p> <p>The AAFP Criteria for Excellence outlines curricula recommendations for family medicine residency programs and includes a section dedicated to the care of LGBTQ+ patients. The AAFP LGBTQ+ Health toolkit remains free to access via AAFP and contains a section dedicated to science and education resources (Science &amp; Education ). Our current AAFP CME course, LGBTQ+ Health: Pride in Care has been offered for free each June for the past two years for all AAFP members. This course’s CME application will expire in May 2026; however, AAFP is in the process of updating the content for a new course release. AAFP does not write standardized board examinations; however, we have shared this suggestion with the ABFM for consideration. The AAFP encourages faculty to use inclusive case presentations when preparing sample questions for AAFP CME courses and intend to continue this practice in the future.</p>
3005	<p><b>A Pathway for Foreign IMGs to Apply for Family Medicine Obstetrics Fellowship Training Programs</b> <u>Substitute:</u> <i>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</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians encourage family medicine obstetrics (FMOB) fellowships to work with hospital leadership to create visa</i></p>	Substitute Adopted	Commission on Education	<p>Accept for information</p> <p>While the resolution aligns with AAFP’s values of inclusiveness and support for IMGs, current policy and visa restrictions limit the Academy’s ability to implement the proposed pathway effectively. The AAFP is already engaged in ongoing advocacy through Government Relations staff to address visa-related barriers that impact IMG access to fellowship training. These efforts are foundational and necessary before any formal pathway can be established. Additionally, there are already opportunities for many IMGs, even those on visas, to seek FM Obstetrics Fellowships.</p>



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	<i>sponsorship opportunities for trainees in an FMOB fellowship.</i>			
3006	<p><b>Education Regarding Embryo Adoption</b>  <b>Substitute:</b>  <i>RESOLVED, That the American Academy of Family Physicians create educational resources for family physicians about the options and success of embryo donation.</i></p>	Substitute Adopted	Commission on Health of the Public and Science	<p>Accept for information</p> <p>The AAFP does not have any content or resources specific to embryo donations. While family physicians are involved in the full spectrum of care for a patient, including fertility counseling, this specific ask related to managing embryo donation falls outside the scope of most family medicine physicians. The AAFP's <a href="#">Center for Women's Health</a> provides resources and stories that support family physicians and care teams in partnering with patients from diverse backgrounds to promote healthy living across the lifespan. AAFP policy on <a href="#">Coverage Equity</a> calls for equal coverage of prescription drugs, procedures, diagnostic testing, fertility assistance, assisted reproductive technologies, and all evidence-based preventive services for all patients. Complementing this, the AAFP policy on <a href="#">Reproductive Decisions, Coverage for</a> affirms that health plans covering pregnancy should also cover initiating and ending a pregnancy, including fertility services and abortion care, across public and private insurers. Finally, the AAFP policy on <a href="#">Reproductive Decisions, Training in</a> recommends comprehensive training in reproductive decision-making for all medical students and family medicine residents, including contraception, pregnancy complications, miscarriage management, counseling, and referral services.</p>
3007	<p><b>Gender-Affirming Care as Essential Health Benefit</b>  <b>Substitute:</b>  <i>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</i></p>	<p>Divided the Question.</p> <p>1<sup>st</sup> Resolved Clause – Adopted as Amended</p> <p>2<sup>nd</sup> Resolved</p>	EVP	<p>1<sup>st</sup> Resolved Clause – Accept for information</p> <p>The proposed update to the policy statement "Care for the Transgender and Gender Nonbinary Patient" seeks to clarify and reaffirm the Academy's longstanding position in support of gender-affirming care, particularly in an evolving policy and regulatory environment. While the current</p>



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	<p><i>on shared-decision making that can promote health equity for gender-diverse individuals”, and be it further</i></p> <p><i>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.</i></p>	<p>Clause - Adopted</p>	<p>policy already supports access to appropriate, patient-centered care for transgender and gender diverse individuals, the proposed language refinement emphasizes that gender-affirming care is evidence-informed, medically necessary, and grounded in shared decision-making, all principles already foundational to family medicine.</p> <p>Explicitly naming gender-affirming care as evidence-informed and medically necessary aligns the policy with the Academy’s broader commitments to health equity and patient-centered care. While the proposed update clarifies and strengthens existing policy language, it doesn’t introduce new clinical requirements or advocacy directives. Accepting this resolved clause for information allows the AAFP to recognize the intent of the resolution while maintaining the status quo. It also allows for future opportunities to further refine policy language as needed.</p> <p>2<sup>nd</sup> Resolved Clause – Accept for information</p> <p>The current policy on “Care for the Transgender and Gender Nonbinary Patient”, as written, has historically enabled effective advocacy on issues related to gender-affirming care. Additionally, the Academy does not typically offer prescriptive guidance to federal agencies within policy but rather uses our policy as a foundation to advocate to any entity, including CMS. For example, On April 8, 2025, AAFP <a href="#">wrote</a> to CMS in response to their proposed rule ‘Patient Protection and Affordable Care Act: Marketplace Integrity and Affordability (CMS-9884-P)’ which included a proposed prohibition on “coverage of sex-trait modification as an essential health benefit (EHB).” In our response, we restated our <a href="#">current policy</a> on “Care for the Transgender and Gender Nonbinary Patient”, and encouraged CMS</p>
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				to maintain EHB status for gender-affirming care services. We also recommended CMS refrain from defining “sex-trait modification” within the proposed rule. This proposed rule was finalized on June 20, 2025, and the <a href="#">final rule</a> prohibits coverage of specific sex-trait modification procedures as an EHB and defines “specific sex-trait modification procedure” The final rule went into effect on August 25, 2025.
3008	<p><b>Expansion to Existing Policy About Use of Restraints on Pregnant Incarcerated People</b></p> <p><i>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</i></p> <p><i>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.</i></p>	Adopted	Commission on Health of the Public and Science	<p>Accept for implementation</p> <p>Updates to this policy were approved by the Commission on Health of the Public and Science in Summer 2025 and approved by the Board during COD 2025. The title of the revised policy is <i>Use of Restraints on Incarcerated and Detained People During Labor</i>. Updates to the policy include the expansion of language to include any individual who has been detained, not just those considered incarcerated who have been convicted. Language updates were made to ensure more gender inclusiveness. These shifts are reflected in the policy title. Additional language was added to specify that restraints should never interfere with leg movement and is aligned with the ACOG policy on this same topic. The types of restraints used was expanded upon in the policy update to better include physical, medical, and environmental restrictions.</p>
3009	<p><b>American Academy of Family Physicians Guidelines for Preventive Care and Health Maintenance of LGBTQ+ Individuals</b></p> <p><i>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</i></p>	Not Adopted	N/A	N/A



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	<p><i>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.</i></p>			
3010	<p><b>American Academy of Family Physicians to Oppose Mask Ban Legislation</b>  <i>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</i></p> <p><i>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.</i></p>	<p>Divided the Question.</p> <p>1<sup>st</sup> Resolved Clause – Adopted</p> <p>2<sup>nd</sup> Resolved Clause - Adopted</p>	<p>1<sup>st</sup> Resolved Clause – Commission on Health of the Public and Science</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Federal and State Policy</p>	<p>1<sup>st</sup> Resolved Clause – Accept for implementation</p> <p>The Commission on Health of the Public and Science voted to accept the resolution for implementation. CHPS will work on developing and finalizing a new AAFP policy derived from this resolution to present to the board for approval.</p> <p>2<sup>nd</sup> Resolved Clause – Accept for implementation.</p> <p>The Commission on Federal and State Policy reviewed relevant AAFP policy and discussed opportunities to implement the resolution, including opposing legislation prohibiting masks, such as the Unmasked Act. The commission also discussed other ways the AAFP could support mask use, particularly in the event of natural disasters or other pandemics. It was suggested that the AAFP could support appropriations for a national stockpile or, potentially, other measures authorized by the Pandemic and All Hazards Preparedness Act.</p>
4001	<p><b>Expanding American Academy of Family Physicians Membership Benefits and Access for Medical School Graduates with Interest in Family Medicine</b>  <i>RESOLVED, That the American Academy of Family Physicians grant membership to medical student graduates with interest in family medicine, including International Medical Graduates not yet enrolled in United States residency programs, and be it further</i></p>	<p>1<sup>st</sup> Resolved Clause – Reaffirmed as Current Policy</p> <p>2<sup>nd</sup> Resolved Clause – Not Adopted</p>	N/A	N/A



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	<p><i>RESOLVED, That the American Academy of Family Physicians (AAFP) extend the free student membership to pre-residency trained medical student graduates beyond two years, allowing access to all AAFP resources to navigate a successful family medicine residency match.</i></p>			
4002	<p><b>Prioritizing International Medical Graduate Membership Resources</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians improve visibility on the website for content specific to International Medical Graduates such as networking opportunities, mentorship, medical school application processes, residency application processes, visa sponsorships, J-1 waivers, and employment pathways.</i></p>	Substitute Adopted	EVP (Michelle Emerson)	<p>Accept for implementation</p> <p>To implement this resolution, the AAFP will develop a unified IMG Hub—a centralized landing page that organizes all relevant IMG topics for easy access. Key steps include placing this hub prominently in the Student section of the website, promoting IMG content through cross-site tagging and in the new Match app, optimizing technical search engine optimization for greater online visibility, and expanding high-value content areas such as visa processes and member stories. The timeline targets inclusion of IMG resources in the student Match app and development of the IMG Hub by Q3 FY27.</p>
4003	<p><b>Securing American Academy of Family Physicians International Medical Graduate Member Data</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians securely encrypt its member data, including any data pertaining to its members' immigration status.</i></p>	Substitute Adopted	EVP (Michelle Emerson)	<p>Accept as current policy</p> <p>The American Academy of Family Physicians (AAFP) is committed to protecting the privacy, confidentiality and security of member data. We collect and use member information only for legitimate organizational purposes, including delivering member services, supporting professional development, advancing advocacy efforts, improving engagement and fulfilling operational and legal obligations. The AAFP does not collect, maintain or store any information related to its members' immigration status.</p> <p>The AAFP maintains robust administrative, technical and physical safeguards designed to protect member data against unauthorized access, misuse, loss or disclosure. Member data is encrypted using industry-standard encryption</p>



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				<p>technologies when stored and when transmitted across systems, and is accessed only by authorized personnel and trusted partners who are required to adhere to strict data protection and confidentiality standards.</p> <p>When data is shared with third parties, it is done in a limited and controlled manner, solely to support AAFP programs, services, research or communications, and only with vendors and partners who meet AAFP's security, privacy and encryption requirements.</p> <p>AAFP regularly reviews and updates its data governance and security practices to align with applicable laws, regulations and industry best practices. We are committed to transparency and accountability in how member data is collected, managed, stored and shared, and we take our responsibility to safeguard member trust seriously.</p>
4004	<p><b>Investigating Existing Health Impacts of Inequitable Access to Legal Services</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians create an evidence-based policy or position paper on the health impacts of inequitable access to legal services.</i></p>	Substitute Adopted	Commission on Diversity, Equity, and Inclusiveness in Family Medicine	<p>Accept for information</p> <p>The Commission on Diversity, Equity, and Inclusiveness in Family Medicine discussed that the AAFP has acknowledged legal aid access as a social determinant of health and adopted related resolutions in prior years. This topic is being incorporated into the updated Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine position paper, currently in progress.</p>
4005	<p><b>Gender Pronouns in Health Care Documentation</b> <i>RESOLVED, That the American Academy of Family Physicians issue a statement encouraging health care entities to continue current practices which allow patients to self-identify their gender identity in the medical record.</i></p>	Adopted	EVP	<p>Accept as current policy</p> <p>The AAFP has current policy titled, "<a href="#">Care for the Transgender and Gender Nonbinary Patient</a>." This policy affirms the validity of acknowledging gender diversity as "a normal part of the human existence" and presents that it "does not represent pathology." As such the full range of gender-affirming care, from social supports (declaring and using pronouns) to therapeutic and surgical intervention,</p>



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				<p>should be available to the transgender and gender nonbinary patient. Policies on <a href="#">Health Equity</a> and <a href="#">Sensitivity to Diversity and Cultural Proficiency in AAFP Education</a> further call for application of practices that acknowledge and include diversity of physicians and patients. The AAFP’s position paper “<a href="#">Cultural Sensitivity: The Importance of Cultural Sensitivity in Providing Effective Care for Diverse Populations</a>” includes gender identity. Through blogs, public statements, family physician features and patient care resources the AAFP highlights the ways in which AAFP members can and are providing care for Transgender and Gender Nonbinary patients, including best practices.</p> <p>Relatedly, The American Health Information Management Association <a href="#">supports</a> collecting and maintaining gender identity information as provided by the patient, recognizing its importance for accurate, respectful and clinically appropriate care. The American Medical Association has <a href="#">adopted policy</a> supporting inclusive gender identity options on medical documentation. These and other organizations help create an environment in which documenting and utilizing a patient’s preferred pronouns is the norm rather than the exception.</p>
4006	<p><b>Stand By Diversity, Equity and Inclusion</b> <b>Substitute:</b> <i>RESOLVED, That the American Academy of Family Physicians (AAFP) release additional statements that reaffirm the AAFP’s dedication to diversity, equity, and inclusion to both membership and the general public.</i></p>	Substitute Adopted	Reaffirm as current policy	<p>Reaffirmed as current policy</p> <p>The AAFP has released several statements pointing to its commitment to diversity, equity and inclusion. Those statements include ones made in reference to <a href="#">medical education</a>, <a href="#">immigration</a>, <a href="#">health equity fellows</a> and <a href="#">Minority Health Month</a>. Additionally, the AAFP houses and promoted the EveryONE Project and related website hub, annually observed Minority Health Month, and maintains and updated a <a href="#">Health Equity Media Hub</a></p>



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				to facilitate media relations efforts related to diversity, equity and inclusion.
4007	<p><b>Combating Medical Misinformation and Disinformation in the Digital Era</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians develop a policy statement that opposes medical disinformation and misinformation, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians maintain an active social media presence focused on sharing evidence-based health information, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians support the development of member-accessible toolkits, patient-facing materials and digital resources to equip family physicians in addressing misinformation during patient care and community engagement.</i></p>	Substitute Adopted	EVP (Rebecca Beeler)	<p>Accept as current policy</p> <p>While not directly focused on misinformation, AAFP policy <a href="#">Patient Education</a> calls on family physicians to take a leadership role “in improving the health of the American public by providing accurate, evidence-based, culturally proficient, and meaningful patient education in an inclusive manner.” A policy opposing medical disinformation and misinformation would reaffirm AAFP position and practice, but it would not provide any new guidance.</p> <p>The AAFP currently provides evidence-based health information on social media via the AAFP and <a href="#">FamilyDoctor.org</a> social media accounts. In 2025, the AAFP posted 4,316 pieces of content on <a href="#">FD.org</a> and AAFP social media profiles, earning 46 million impressions and nearly 1 million engagements. The audience for the content grew 6.4% over 2024.</p> <p>In December, the Board of Directors approved funding for an expansion of the Consumer PR Initiative to include the development of a member toolkit and educational resources to combat misinformation and promote science. Patient-facing materials and digital resources on clinical topics already exist on <a href="#">FamilyDoctor.org</a>, the AAFP’s social media channels, and <a href="#">AAFP.org</a>.</p>
4008	<p><b>Supporting Practices in Paid Parental and Family Leave</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians develop a policy on paid parental and/or family leave, separate from existing vacation or sick leave, that lasts for at least 12 weeks, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians explore</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for information</p> <p>The AAFP has policies on two related topics: “<a href="#">Parental Leave During Residency Training</a>” and “<a href="#">Paid Sick Leave</a>.” However, neither of the policies goes as far as the request in this resolved clause to adopt a policy stance stating that employers should provide paid leave for a specific duration of time. This language is too</p>



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	<p>existing relationships such as locum tenens agencies to help physicians locate a provider to continue their practice, and be it further</p> <p><i>RESOLVED, That the American Academy of Family Physicians explore the feasibility of providing short-term disability style coverage for physicians utilizing parental or family leave.</i></p>			<p>specific and far-reaching, which could cause harm to physician practice owners.</p> <p>There are a number of exhibitors that offer locums and staffing services that exhibit at AAFP conferences. However, none of these organizations has been interested in engaging in the Member Advantage program to offer our members discounts.</p> <p>The AAFP already provides members with access to short-term disability income insurance for members to purchase through the AAFP Insurance Program.</p>
4009	<p><b>Menopause Workplace Accommodations</b> <u>Substitute:</u> <i>RESOLVED, That the American Academy of Family Physicians develop a policy in support of workplace accommodations for people experiencing menopause, and be it further</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians adopt and implement the work-place recommendations set forth by The Menopause Society in its 2024 Menopause and the Workplace: Consensus Recommendations.</i></p>	Substitute Adopted	Commission on Health of the Public and Science	<p>Accept for implementation</p> <p>The Commission on Health of the Public and Science voted to accept the resolution for implementation. As of January 2026, work on this topic is already in motion or planned. Per the FY27 Strategic Plan, the Center for Women’s Health will focus on a point-of-care resource creation including fact sheets, shared decision-making tools, and patient and physician educational materials. In April 2026, a Menopause &amp; Perimenopause CME activity is expected to be completed. The Women’s Health FY27 materials will support this CME.</p>
5001	<p><b>Expanding Scope of Business Fundamentals Toolkit</b> <u>Substitute:</u> <i>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.</i></p>	Substitute Adopted	EVP (Tracey Allen-Ehrhart)	<p>Accept for information</p> <p>Revising this course would not be recommended at this time; however, the requested content would be appropriate to include in the AAFP CME package on health care business and practice management which is currently in development with an anticipated launch date in spring 2026. For members needing access to this educational content in the interim, we recommend viewing the session “From Tension to Teamwork: Building Bridges between Family Physicians and Health System</p>



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				Leadership for Enhanced Patient Care” in the AAFP CME course “Value-Based Care- The Role of Teams”. This course is currently available ( <a href="https://www.aafp.org/cme/all/practice-management/value-based-care-role-of-teams.html">https://www.aafp.org/cme/all/practice-management/value-based-care-role-of-teams.html</a> ) at no charge to AAFP members.
5002	<p><b>Opposition to Law Enforcement Activities in Health Care and Educational Facilities for the Purpose of Immigration Enforcement</b>  <i>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.</i></p>	Adopted	Commission on Federal and State Policy	<p>Accept for implementation</p> <p>The Commission on Federal and State Policy expressed concern that the language could prevent the AAFP from supporting legislation or inhibit law enforcement from protecting the public during an act of violence at a health care facility. It was explained that the resolution specifically addresses situations in which law enforcement arrives unannounced to enforce immigration laws and does not extend beyond those circumstances. The policy assumes Congress would seek ICE involvement in removing individuals from medical facilities, so it did not prompt the AAFP to advocate for undocumented patients. However, should the AAFP engage on this issue, the policy would offer a basis for action.</p>
5003	<p><b>Documentation of Immigration Status in the Medical Record</b>  <i>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</i></p> <p><i>RESOLVED, That the American Academy of Family Physicians provide the results of the investigation to the Board of Directors.</i></p>	Adopted	Commission on Quality and Practice	<p>Accept for implementation</p> <p>The AAFP has not previously investigated the potential harms of documenting immigrant status within medical records. Documentation of immigrant status has not been required to date, and AAFP has <a href="#">policy</a> opposing any regulation or legislation requiring health care workers to collect and report data regarding a patient’s legal residency status. Recent HHS <a href="#">regulatory actions</a> aim to prevent “aliens” from receiving care at FQHCs, community health centers, and an expanded list of programs and facilities by revising the interpretation of “federal public benefits.” AAFP <a href="#">advocacy</a> in response notes we have serious concerns that the proposed expansion of</p>



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				<p>PRWORA’s definition would significantly impede access to essential health care for vulnerable populations and increase downstream financial and administrative burdens across the health care system. AAFP has several related policies, including: <a href="#">Migrant Healthcare</a>, <a href="#">Health Impacts of Immigration</a>, <a href="#">Criminalization of the Medical Practice</a>, and <a href="#">Criminalization of the Provision of Medical Care to Undocumented Individuals</a>.</p> <p>Given the evolving landscape and numerous member concerns, a high-level investigation by the Robert Graham Center (RGC) is recommended. The RGC does not have access to a data set that includes immigration or residency status of patients. Therefore, the scope of an AAFP investigation would be limited to a literature review by one of the RGC scholars that would then be provided to the AAFP Board of Directors for review.</p>
5004	<p><b>Third Party Credentialing Assistance</b> <i>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.</i></p>	Not Adopted	N/A	N/A
5005	<p><b>Criminalization of Medical Practice (Revision)</b> <i>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.</i></p>	Adopted	Commission on Federal and State Policy	<p>Accept as current policy</p> <p>The Commission on Federal and State Policy reviewed patient confidentiality policies and advocacy efforts related to health and location data protection. The commission expressed concern that the policy would not cover data from insurance companies operating in multiple states. They noted that states</p>



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				could use subpoena power to access patient information about treatments that are legal in one state but illegal in another and possibly use this to criminalize family physicians. While there were doubts about whether the policy protected physicians in such cases, the commission ultimately decided concern raised by the resolution was addressed under the AAFP's Infringement of Patient Physician Relationship policy.
5006	<p><b>Support for Fertility Preservation in Serious Illness</b>  <i>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</i></p> <p><i>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.</i></p>	Adopted	<p>1<sup>st</sup> Resolved Clause – Commission on Quality and Practice</p> <p>2<sup>nd</sup> Resolved Clause – Commission on Health of the Public and Science</p>	<p>1<sup>st</sup> Resolved Clause – Accept for implementation</p> <p>The AAFP has two policy statements, "<a href="#">Reproductive Decisions, Coverage for</a>" and <a href="#">Coverage Equity for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies</a> but neither of these policies call for payor coverage for fertility preservation and long-term storage as standard of care for cancer and serious illnesses. Both policies provide a foundation (coverage equity and reproductive decision-making), but neither names fertility preservation nor storage as a standard of care in the context of cancer treatment. Implementation will update these existing policies.</p> <p>2<sup>nd</sup> Resolved Clause – Accept for information</p> <p>After reviewing this resolution and existing AAFP policy, the commission determined that while family physicians are involved in the full spectrum of care for a patient, including fertility counseling, the specific ask in this resolution may be beyond the scope of family medicine and better fall under the umbrella of an endocrinologist and other fertility subspecialties.</p>
5007	<p><b>AAFP to Provide Action Guide on Utilization of Community Health Workers</b>  <u>Substitute:</u>  <i>RESOLVED, That the American</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for information</p> <p>The AAFP currently has resources available that address aspects of Community Health Worker (CHW)</p>



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	<p><i>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</i></p> <p><i>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.</i></p>			<p>integration within broader public health and social drivers of health efforts. Specifically, the AAFP maintains resources focused on public health integration and addressing patients' social needs. These materials provide context for incorporating community-based approaches into clinical care but do not constitute a dedicated resource focused specifically on identifying and utilizing CHWs within the practice setting. The following resources taken together help provide the guidance requested:</p> <p><a href="#">Public Health Integration   AAFP</a></p> <p><a href="#">Teaming Up with Public Health (aafp.org)</a></p> <p><a href="#">Public Health Partnership Guide_FINAL.pdf (aafp.org)</a></p> <p><a href="#">collaboration-guide.pdf (aafp.org)</a></p> <p>While the AAFP does not currently have any dedicated implementation guidance on the utilization of CHWs in the practice setting, family physicians may access this CDC-developed resource: <a href="#">Collaborating with Community Health Workers to Enhance the Coordination of Care and Advance Health Equity</a>.</p> <p>Starting in 2024, CHW services may be billed as part of Community Health Integration (CHI) and Principal Illness Navigation services. The AAFP has webpages that provide information on how to bill these codes.</p> <p><a href="#">Using HCPCS Codes G0019 and G0022 for Community Health Integration Services</a></p> <p><a href="#">Using HCPCS Codes G0023, G0024, G0140, and G0146 for Principal Illness Navigation Services</a></p> <p>The AAFP is currently redesigning its website, guided by principles that prioritize clear, easy-to-read layouts, mobile optimization and a modern user-centered experience. The AAFP's</p>
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				<p>communications team is performing a comprehensive review and updating content as part of this process. The new website will launch in late spring 2026.</p> <p>The Commission on Quality and Practice recommended the resolution be accepted for information as there are relevant, helpful resources available and the creation of the requested resources would require staff effort and financial commitment while not aligning with current strategic plan priorities.</p>
5008	<p><b>Development of Centralized Resources for Coding Education</b> <i>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.</i></p>	Adopted	Commission on Quality and Practice	<p>Accept for implementation</p> <p>The AAFP's current <a href="#">Getting Paid</a> page seeks to provide access to AAFP's payment content. <i>FPM</i> has a <a href="#">Coding Topic Collection</a>. In addition to coding articles, this page provides links to other relevant <i>FPM</i> topic collections and AAFP coding resources. The Coding Topic Collection can be found in the <a href="#">FPM Journal</a> section of the AAFP website. It is also cross-linked on the AAFP's <a href="#">Getting Paid webpage</a>.</p> <p>The AAFP's <a href="#">Medical Billing &amp; Coding landing page</a> is available on the Getting Paid webpage and cross-linked on the <i>FPM</i> Coding Topic Collection page. The Medical Billing &amp; Coding landing page is organized by topic and provides links to AAFP's individual coding webpages. Topics include:</p> <ul style="list-style-type: none"> <li>· Coding for Evaluation and Management Services</li> <li>· Coding Basics</li> <li>· Medicare Wellness and Care Coordination</li> <li>· Hierarchical Condition Category</li> <li>· Coding for Group Visits</li> <li>· Coding for Newborn Care Services</li> <li>· Coding for Vaccine Administration</li> </ul>



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				<p>· Non-covered Services</p> <p>It also includes links to several other relevant coding pages in the “Also in this Section,” which is located at the bottom of the page. Additionally, individual coding webpages provide links to other relevant coding pages.</p> <p>The AAFP is in the process of a website redesign initiative. The structure and organization of billing and coding information will be updated as part of the overarching website redesign strategy.</p>
5009	<p><b>Policy for Lactating Post-Training Practicing Physicians</b> <b>Substitute:</b> <i>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</i></p> <p><i>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</i></p> <p><i>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.</i></p>	Substitute Adopted	Commission on Quality and Practice	<p>Accept for information</p> <p>The policy requested is taking a stand that is already codified in law. The Providing Urgent Maternal Protections for Nursing Mother’s (PUMP) Act is a law that enhances protections for lactating workers under the Fair Labor Standards Act (FLSA). The PUMP Act was signed into law in 2022. Most nursing employees are entitled to reasonable break time and a private space (not a bathroom) to express breast milk at work for up to one year after their child’s birth. Employers must ensure the space is shielded from view and free from intrusion. Breaks used for pumping must be compensated if the employee performs work during that time or if the employer provides paid breaks. Retaliation against employees for asserting these rights is prohibited, and violations may result in legal remedies including reinstatement, lost wages, and damages. Employees may have additional rights to receive break time, space and other accommodations at work for lactation under other state laws.</p> <p>The second resolved clause asks that the AAFP include, in any relevant new policies, protections to account for the physician’s productivity and compensation while lactating. There is currently no plan to develop new policies on this topic. Staff will take this request under consideration</p>



**Summary of Actions:  
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				<p>as any new compensation policies are developed.</p> <p>The third resolved clause asks that educational material for contract negotiation be expanded to include support for individual advocacy efforts to uphold all rights around lactation efforts. There are no current plans to update the AAFP contract negotiation materials, but it is reasonable to expect that these will be updated in the next few years, and staff will seek to include this in future updates.</p>
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