



# 2026 Consent Calendar for the Reference Committee on Advocacy

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National Conference of Constituency Leaders

The Reference Committee on Advocacy 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 Advocacy recommends the following consent calendar for adoption:**

**Item 1:** Adopt Substitute Resolution No. 1001 "Protecting Patients from Conversion Therapy" in lieu of Resolution No. 1001. [EXTRACTED](#)

**Item 2:** Reaffirm Resolution No. 1002 "Opposing Forced Disclosure of Gender Transition".

**Item 3:** Adopt Substitute Resolution No. 1003 "The Corporate Practice of Medicine Doctrine: Expanding and Enforcing This Legal Principle" in lieu of Resolution No. 1003.

**Item 4:** Reaffirm Resolution No. 1004 "Expansion and Modernization of the Conrad 30 J-1 Visa Waiver Program to Improve Physician Workforce Retention in Underserved Areas". [EXTRACTED](#)

**Item 5:** Adopt Substitute Resolution No. 1005 "Regulating the Use of Kratom and 7-OH in the United States" in lieu of Resolution No. 1005. [EXTRACTED](#)

**Item 6:** Adopt Substitute Resolution No. 1006 "Targeting and Surveillance of Physicians Providing Gender-Affirming Care" in lieu of Resolution 1006.

**Item 7:** Not Adopt Resolution No. 1007 "Improving Recognition and Management of Obesity Across the Female Reproductive Lifecycle". [EXTRACTED](#)

**Item 8:** Adopt Substitute Resolution No. 1008 "Access to and Regulation for Safe Supplements and Botanicals" in lieu of Resolution No. 1008.

**Item 9:** Adopt Substitute Resolution No. 1009 "Advancing Evidence-Based Practice in Health Equity and Inclusive Care Through Data" in lieu of Resolution No. 1009.

**Item 10:** Adopt Substitute Resolution No. 1010 "Streamlining Payer Enrollment to Reduce Delays in Physician Practice Entry" in lieu of Resolution No. 1010.

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National Conference of Constituency Leaders

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

**Item No. 1: Resolution No. 1001: Protecting Patients from Conversion Therapy**

RESOLVED, That the American Academy of Family Physicians update its policy on Reparative and Conversion Therapy to include that it precipitates harm to patients and lacks scientific evidence of benefit, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for effective protections to safeguard patients, particularly minors, from the harms and risks associated with conversion therapy, and be it further

RESOLVED, That the American Academy of Family Physicians provide all members with advocacy toolkits appropriate for use in the post Chiles v. Salazar era.

The reference committee heard testimony in support of the resolution. Proponents stated that current policy does not adequately reflect its longstanding opposition to conversion therapy, particularly amid recent federal actions perceived to weaken protections for LGBTQIA+ patients. Testimony emphasized that the practice is harmful and not supported by credible evidence, and speakers raised concerns about potential legal risks for family physicians providing affirming care. It was further noted that AAFP needed to better align with stronger positions from other medical organizations. It was further recommended that the AAFP write a comprehensive, evidence-based position paper to clearly oppose conversion therapy and guide care for affected patients. There was no opposition to the resolution. The reference committee expressed support for the resolution, with consensus to shift from a toolkit to a clearer, more actionable policy approach—favoring a strengthened position paper and refinement of the resolved clauses, including combining or removing provisions that were unclear or not feasible.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1001, which reads as follows, be adopted in lieu of Resolution No. 1001: [Extracted. Substitute Adopted.](#)**

**RESOLVED, That the American Academy of Family Physicians update its policy on Reparative and Conversion Therapy to include that it precipitates harm to patients and lacks scientific evidence of benefit.**

**Item No. 2: Resolution No. 1002: Opposing Forced Disclosure of Gender Transition**

RESOLVED, That the American Academy of Family Physicians advocate that an individual's gender transition status is private and confidential information that must not be disclosed without the individual's explicit and informed consent, and be it further

RESOLVED, That the American Academy of Family Physicians oppose any legislation that would require nonconsensual sharing of a person's gender transition status by that person or any other.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution highlighted state activity around forced outing laws, which have the potential to expose patient confidentiality to individuals outside the physician-patient relationship. There were concerns that such actions could lead to dangerous environments at work, school, and home. Opposition to the resolution pointed out concerns about leaving parents out of the decision-making process with minors who are considering gender transition. Staff noted that current AAFP policy supports patient confidentiality and opposition to legislative and regulatory efforts that seek to compromise the integrity of the physician-patient relationship. It was further noted that the AAFP has taken steps to support chapters in their efforts to push back on state legislation that seeks to impede patient confidentiality.

**RECOMMENDATION: The reference committee recommends that Resolution No. 1002 be reaffirmed.**

### **Item No. 3: Resolution No. 1003: The Corporate Practice of Medicine Doctrine: Expanding and Enforcing This Legal Principle**

RESOLVED, That the American Academy of Family Physicians develop its own policy statement on the Corporate Practice of Medicine Doctrine and how corporations and entities involved in venture capital are harming our patients and our profession, and be it further

RESOLVED, That to protect patients and our profession, the American Academy of Family Physicians coordinate and collaborate with other professional groups and associations, such as the American Medical Association, to educate members and support local chapters with their efforts to advocate to state legislators and policymakers, with the intent to enforce the main tenets of the Corporate Practice of Medicine Doctrine.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution noted that the corporate practice of medicine doctrine has existed for some time but has not been widely adopted. Some states have taken steps to enact legislation codifying the doctrine; however, the subject remains largely unaddressed both statewide and federally. It was noted that other medical societies have developed policy around the doctrine and the opportunity exists for the AAFP to take a stronger stance on deceptive practices in the health care system. There was no testimony offered in opposition. It was noted that the AAFP does not have policy around the doctrine but has elevated issues with corporate interventions in the healthcare system, including testimony submitted to Congress and providing feedback to states engaged in advocacy efforts. The reference committee agreed that development of a policy would help support the academy's advocacy efforts and believed that the second resolved should be amended to allow the AAFP to collaborate with organizations beyond the American Medical Association.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1003, which reads as follows, be adopted in lieu of Resolution No. 1003:**

**RESOLVED, That the American Academy of Family Physicians develop its own policy statement on the corporate practice of medicine and how corporations and entities involved in venture capital are harming our patients and our profession, and be it further**

**RESOLVED, That the American Academy of Family Physicians collaborate with other professional organizations to amplify the main tenets of the corporate practice of medicine.**

#### **Item No. 4: Resolution No. 1004: Expansion and Modernization of the Conrad 30 J-1 Visa Waiver Program to Improve Physician Workforce Retention in Underserved Areas**

RESOLVED, That the American Academy of Family Physicians advocate with federal policy makers to expand or eliminate the current 30-physician annual cap per state in the Conrad 30 J-1 Visa Waiver Program, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for expedited, reliable pathways to permanent residency (green cards), including reduction of immigration backlogs, for physicians who commit to serving in underserved areas, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for increased flexibility within the Conrad 30 J-1 Visa Waiver Program, including reasonable job mobility protections for participating physicians while maintaining service to underserved populations.

[RESOLVED, That the American Academy of Family Physicians advocate with state keyholders to prioritize the placement of family physicians within the Conrad 30 J-1 Visa Waiver Program in Health Professional Shortage Areas \(HPSAs\) and Medically Underserved Areas \(MUAs\) to strengthen the primary care workforce.](#)

The reference committee heard testimony in support of the resolution. Proponents stated that expanding the Conrad 30 waiver program would improve physician retention, increase flexibility, and help expedite the green card process for international medical graduates. Testimony highlighted the complexity of the current visa system and noted that existing waiver caps—unchanged since 2002—are quickly exhausted, limiting access to care, particularly in health professional shortage areas. One member suggested prioritization of Conrad 30 waivers for primary care clinicians. There was no testimony offered in opposition to the resolution. Staff outlined the current advocacy activities to date and the committee agreed with the testimony offered. The reference committee accepted the resolution as current policy.

**RECOMMENDATION: The reference committee recommends that Resolution No. 1004 be reaffirmed. [Extracted. Adopted as amended.](#)**

#### **Item No. 5: Resolution No. 1005: Regulating the Use of Kratom and 7-OH in the United States**

RESOLVED, That the American Academy of Family Physicians create educational and advocacy toolkits regarding Kratom and 7-OH use, and be it further

RESOLVED, That the American Academy of Family Physicians support state chapters in their efforts to advocate for the regulation of Kratom and 7-OH, and be it further

RESOLVED, That the American Academy of Family Physicians, as a medical association, petition the United States Drug Enforcement Administration to categorize Kratom and 7-OH as federally controlled substances.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution raised concerns that widely available, minimally regulated Kratom (and other similar substances)—often perceived as safe—have opioid-like risks, increasing addiction and treatment challenges, and prompting calls for more physician education, clinical guidance, and potential federal oversight by the Drug Enforcement Administration (DEA). One member expressed support for the first two resolved clauses but cited concerns that DEA classification could create a black market and emphasized the need for regulation that avoids criminalizing individuals who use Kratom or are experiencing addiction. Staff outlined current activities of the AAFP, including case-by-case assistance in response to legislative affairs. While the committee appreciated the spirit of the third resolved clause, it believed that the FDA should play the central role in regulating Kratom since it is more of an appropriate agency to regulate this substance and also avoids the criminalization concerns as referenced during the testimony.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1005, which reads as follows, be adopted in lieu of Resolution No. 1005: [Extracted. Substitute adopted as amended.](#)**

**RESOLVED, That the American Academy of Family Physicians create educational resources regarding Kratom and 7-OH use, and be it further**

**RESOLVED, That the American Academy of Family Physicians support state chapters in their efforts to advocate for the regulation of Kratom and 7-OH.**

[RESOLVED, That the American Academy of Family Physicians, as a medical association, petition United States regulatory bodies, including but not limited to the Drug Enforcement Administration and Food and Drug Administration to regulate and categorize Kratom and 7-OH.](#)

## **Item No. 6: Resolution No. 1006: Targeting and Surveillance of Physicians Providing Gender-Affirming Care**

RESOLVED, That the American Academy of Family Physicians reaffirm current policy opposing the surveillance, harassment, or punitive targeting of clinicians for providing medically necessary and evidence-based gender-affirming care, and be it further

RESOLVED, That the American Academy of Family Physicians create a reporting tool for physician harassment, intimidation and punitive actions related to gender-affirming clinical care.

The reference committee heard testimony in support of the resolution. Proponents of the resolution highlighted alarming levels of trends around surveillance and violence that clinicians are experiencing and noted how technologies, such as AI, are being used to expose clinicians who are engaging in gender affirming care activities. Supporters noted the importance of reporting as a way of tracking trends and, where appropriate, responding to problematic activities. With respect to the first resolved

clause, it was noted that it is current policy of the academy to oppose policies that criminalize physicians for engaging in activities within the physician-patient relationship. While the reference committee appreciated the spirit of the second resolved clause, there was consensus that the AAFP should explore the best mechanism for collecting information from members about harassment, intimidation, and punitive actions that support data collection while preserving the confidentiality of the member issuing such a report. It was recommended that the resolution be substituted adopted as the first resolved was current policy of the Academy, and the second resolved clause could be amended to allow the AAFP to take steps to implement appropriately.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1006, which reads as follows, be adopted in lieu of Resolution No. 1006:**

**RESOLVED, That the American Academy of Family Physicians explores the creation of a reporting mechanism for physician harassment, intimidation and punitive actions.**

**Item No. 7: Resolution No. 1007: Improving Recognition and Management of Obesity Across the Female Reproductive Lifecycle**

~~RESOLVED, That the American Academy of Family Physicians advocate for improved classification and coding structures to better capture obesity across the female reproductive cycle, pre-pregnancy, pregnancy, postpartum and menopausal transition, including exploration of International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) codes recognizing obesity as a modifying condition, and be it further~~

RESOLVED, That the American Academy of Family Physicians recognize obesity across the female reproductive lifecycle [as a unique clinical entity to promote and support clinician education on its distinct pathophysiology, risks, and management across pre-pregnancy, pregnancy, postpartum, and menopausal stages.](#) ~~and develop evidence-based clinical guidelines for its screening and management, including pre-pregnancy optimization, safe treatment approaches with consideration of maternal-fetal outcomes, and appropriate use of anti-obesity medications with consideration of reproductive status.~~

The reference committee heard testimony in favor of the resolution. Proponents emphasized that obesity care for women is fragmented across the reproductive lifecycle, with insufficient clinical guidance and lack of specific coding to reflect prenatal, postpartum, and menopausal stages. Speakers noted that obesity is often treated as an acute rather than chronic condition in women, contributing to inconsistent care and gaps in prevention and management. Members called for the AAFP to develop lifecycle-based guidelines and support improved ICD-10 coding to ensure more consistent, evidence-based obesity treatment across all stages of a woman's life. There was concern that there was insufficient clinical evidence to support the proposed policy recommendations. The reference committee noted that the AAFP cannot develop guidelines without stronger research data, and therefore the resolution was too specific to adopt, with suggestions that a more appropriate strategy may be broader education rather than formal policy.

**RECOMMENDATION: The reference committee recommends that Resolution No. 1007 be not adopted. [Extracted. Adopted as amended.](#)**

**Item No. 8: Resolution No. 1008: Access to and Regulation for Safe Supplements and Botanicals**

RESOLVED, That the American Academy of Family Physicians create a policy to support efforts that govern the safety and efficacy of supplements, emphasize that supplement use should be done with a conversation with their physician and oppose the adulteration and contamination of supplements and botanicals, holding manufacturers accountable who are found to have contaminated products or products containing unreported ingredients and not containing reported ingredients, and be it further

RESOLVED, That the American Academy of Family Physicians provide updated guidelines and resources for physician counseling on supplement use, safety and side effects, including third party verification, drug interactions and potential contaminants, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for regulation of supplements for the safety of all Americans, including but not limited to third-party verification, such as done in Germany, a list of products with reliable third-party verification confirming safety, without adulteration or contamination, and/or containing the listed ingredients in the amounts listed, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for access to affordable and/or covered third-party verified safe and correctly labeled vitamin and mineral supplements, especially for children, those who could become parents and those who are pregnant, post-partum and/or lactating, since heavy metal-contamination of supplements and micronutrient deficiencies in Americans are common and can have lifelong negative congenital and neurodevelopmental impacts, and be it further

RESOLVED, That the American Academy of Family Physicians support access to prenatal and pediatric vitamin and mineral supplements containing adequate amounts of essential micronutrients, including the omega-3 fatty acid Docosahexaenoic Acid (DHA) for neurodevelopment, reflecting current and accurate nutritional research and given that intake is often below recommendations.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution pointed out the unregulated supplement environment and the adverse health impacts that result from patients who utilize problematic products. It was noted that other countries, such as Germany, have instituted third party validation processes to ensure the consumption of safe and effective supplements. It was also noted that educational resources could support family physician conversations with patients around supplement use and support efforts to better regulate these products. Members opposing the resolution raised concern about the fiscal impact of acting on the directives within the resolution and recommended focusing on clauses with the greatest action and impact. It was noted by staff that no policy exists on supplements, and creation could support future advocacy efforts around the regulation of products. It was further noted that resources exist but could be better packaged and communicated to members. The reference committee recommended a substitute adoption amending the resolved clauses to better define future AAFP actions, while striking the last two clauses to ensure that the resolution impacts supplements broadly and not specific products.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1008, which reads as follows, be adopted in lieu of Resolution No. 1008:**

**RESOLVED, That the American Academy of Family Physicians create a policy about the safety and efficacy of supplements, and be it further**

**RESOLVED, That the American Academy of Family Physicians provide updated resources for family physician counseling on supplement use, and be it further**

**RESOLVED, That the American Academy of Family Physicians advocate for regulation of supplements for the safety of all Americans.**

### **Item No. 9: Resolution No. 1009: Advancing Evidence-Based Practice in Health Equity and Inclusive Care Through Data**

RESOLVED, That the American Academy of Family Physicians increase the visibility, accessibility and dissemination of existing tools and resources that support state chapters in responding to legislation that threatens the ability of physicians to teach and practice evidence-based health equity and inclusive care, and be it further

RESOLVED, That the American Academy of Family Physicians review and update its current diversity, equity and inclusion advocacy toolkit to reflect the evolving legislative and regulatory landscape and to better equip members and chapters for effective advocacy, and be it further

RESOLVED, That the American Academy of Family Physicians allocate funding to an appropriate partner, such as the Robert Graham Center, to evaluate the impact of health equity educational initiatives on physician behavior, practice change and patient and population health outcomes.

The reference committee heard testimony in favor of the resolution. Proponents of the resolution outlined the evolution of state activity on anti-DEI legislation and noted the importance of chapters being well positioned to respond to problematic legislation. It was stated that state legislative efforts and federal executive actions have disrupted recruitment and retention of faculty, practicing physicians, and residents. There was no testimony offered in opposition. It was noted by staff that the AAFP has produced resources to support chapters in response to state legislation aimed at restricting DEI activities, and such materials are made available to state chapters directly. It was further noted that increasing visibility on the website could open the door for individuals aimed at exploiting advocacy activities on sensitive policy subjects. The reference committee recommended a substitute adoption to explore strategies at elevating resources AAFP makes available to chapters as well as study how recent policy changes physician behavior, practice change and patient and population health outcomes.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1009, which reads as follows, be adopted in lieu of Resolution 1009:**

**RESOLVED, That the American Academy of Family Physicians explore ways to increase the visibility, accessibility and dissemination of existing tools and resources that support state chapters in responding to legislation that threatens the ability of physicians to teach and practice evidence-based health equity and inclusive care, and be it further**

**RESOLVED, That the American Academy of Family Physicians review and update its current diversity, equity and inclusion advocacy toolkit to reflect the evolving legislative and regulatory landscape and to better equip members and chapters for effective advocacy, and be it further**

**RESOLVED, That the American Academy of Family Physicians evaluate the impact of health equity educational initiatives on physician behavior, practice change and patient and population health outcomes.**

**Item No. 10: Resolution No. 1010: Streamlining Payer Enrollment to Reduce Delays in Physician Practice Entry**

RESOLVED, That the American Academy of Family Physicians advocate for policies that streamline and standardize payer enrollment processes across states and between public and private payers, including Medicare and Medicaid, to reduce preventable delays in workforce entry for new physicians, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for policies and practices that allow payer enrollment processes to begin prior to completion of residency training, when appropriate, to facilitate timely transition to independent practice, and be it further

RESOLVED, That the American Academy of Family Physicians support efforts to improve transparency and predictability of payer enrollment timelines, including communication of expected processing times to physicians and employers.

The reference committee heard testimony in favor of the resolution. Members in support highlighted structural inefficiencies in credentialing that delay new physicians' entry into the workforce, creating financial barriers and limiting patient access to care, with international medical graduates facing additional compounded requirements. Members called for standardized and streamlined processes to facilitate timely workforce entry, noting that some physicians are unable to begin practice due to prolonged clearance delays. There was no testimony offered in opposition. The reference committee agreed with the sentiments described in the testimony and talked through the best way to advocate for these changes. The reference committee believed that the first resolved clause was redundant if the second and third resolved clauses were adopted.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 1010, which reads as follows, be adopted in lieu of resolution 1010:**

**RESOLVED, That the American Academy of Family Physicians advocate for policies and practices that allow payer enrollment processes to begin prior to completion of residency training, when appropriate, to facilitate timely transition to practice, and be it further**

**RESOLVED, That the American Academy of Family Physicians support efforts to improve transparency and predictability of payer enrollment timelines, including communication of expected processing times to physicians and employers.**



## 2026 Report of the Reference Committee on Advocacy

**I wish to thank those who appeared before the reference committee to give testimony and the reference committee members for their invaluable assistance. I also wish to commend the AAFP staff for their help in the preparation of this report.**

Respectfully Submitted,

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