



2026 Consent Calendar for the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

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

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

Item 1: Adopt Resolution No. 3001 "Endorsement of Human Papillomavirus Self-Sampling for Routine Asymptomatic Cervical Cancer Screening".

Item 2: Adopt Resolution No. 3002 "Anal Cancer Screening Guidance".

Item 3: Adopt Resolution No. 3003 "Amending Reproductive Decisions, Coverage to Oppose Criminalization of Private Embryo Management".

Item 4: Substitute Adopt Resolution No. 3004 "Incarceration, Detention, and Segregation of Transgender Individuals". [EXTRACTED](#)

Item 5: Not Adopt Resolution No. 3005 "Lead Poisoning Universal Screening for Pregnant Persons and Children". [EXTRACTED](#)

Item 6: Not Adopt Resolution No. 3006 "American Academy of Family Physicians to Research Existing International Medical Graduate Pathways and Creation of National Standardized Protocol". [EXTRACTED](#)

Item 7: Reaffirm Resolution No. 3007 "Protecting Funding and Advancing Research for Gender-Affirming Care".

Item 8: Reaffirm Resolution No. 3008 "Resolution to Oppose the Use of the Cass Review for Public Health Policy". [EXTRACTED](#)

Item 9: Not Adopt Resolution No. 3009 "Sex-Inclusive Guideline Review". [EXTRACTED](#)

Item 10: Reaffirm Resolution No. 3010 "Maintaining Current U.S. Preventive Services Task Force Grade A Recommendations for PreP".

National Conference of Constituency Leaders

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

Item No. 1: Resolution No. 3001: Endorsement of Human Papillomavirus Self-Sampling for Routine Asymptomatic Cervical Cancer Screening

RESOLVED, That the American Academy of Family Physicians review for endorsement the December 4, 2025 American Cancer Society guidelines for the use of the Food and Drug Administration (FDA) -approved self-collected high-risk Human Papillomavirus (HPV) testing as an evidence-based option for primary cervical cancer screening, and be it further

RESOLVED, That the American Academy of Family Physicians support the integration of self-collected high-risk Human Papillomavirus (HPV) testing into clinical practice, including equitable access, patient education, and insurance coverage.

The reference committee heard unanimous testimony in support of the resolution, highlighting that patient reluctance toward pelvic exams is a major barrier to HPV screening. Emphasizing this hesitancy particularly affects underserved populations, as current guidelines focus on clinician sampling and fail to meet diverse needs. Efforts to improve screening access have not reached all populations, emphasizing the need for more accessible screening to enhance early detection and outcomes.

The reference committee recognized the clinical importance and growing evidence base related to self-collected high risk human papillomavirus (HPV) testing for cervical cancer screening. The AAFP has a long history of engaging in cervical cancer screening policy and guidance, including Pap-based screening, HPV-based strategies, and alignment with USPSTF recommendations. Family physicians are central to cervical cancer prevention and screening, and innovations that may improve access, comfort, and equity warrant careful consideration by the Academy.

The AAFP maintains a structured and intentional process for reviewing external clinical practice guidelines for endorsement. This process exists to ensure that any guideline carrying formal AAFP endorsement meets established standards for methodological rigor, editorial independence, relevance to family medicine, and transparency of conflict of interest management. The reference committee found the resolution to preserve AAFP's role as a trusted translator of evidence into primary-care-ready guidance. Furthermore, the reference committee supports adopting the proposed resolution, recognizing that it will address patient hesitancy, expand access to early detection, and prioritize insurance coverage as a key enabler for effective screening and prevention.

RECOMMENDATION: The reference committee recommends that Resolution No. 3001 be adopted.

Item No. 2: Resolution No. 3002: Anal Cancer Screening Guidance

2026 Report of the Reference Committee on Health of the Public and Science

RESOLVED, That the American Academy of Family Physicians perform a review of the clinical practice guidelines published by the International Anal Neoplasia Society (IANS) on anal cancer screening for all at-risk populations, and be it further

RESOLVED, That the American Academy of Family Physicians provide education to its members regarding anal cancer screening as a standalone topic.

The reference committee heard testimony entirely in support of the resolution. Testimony reflected that the rate of anal cancer has been increasing over the last five years, yet screening has not been routinely performed by physicians due to lack of clinical guidance, awareness, and education. In addition, physicians in rural areas have limited options for early detection, treatment, and referral. Although diagnosis in the general population is rare, some populations are at higher risk including men who have sex with men, people with HIV, solid organ transplant recipients, and women with a history of vulvar cancer or precancer. The reference committee recognized that the AAFP has no anal cancer screening recommendation and voted to adopt the resolution.

RECOMMENDATION: The reference committee recommends that Resolution No. 3002 be adopted.

Item No. 3: Resolution No. 3003: Amending Reproductive Decisions, Coverage for to Oppose Criminalization of Private Embryo Management

RESOLVED, That the American Academy of Family Physicians (AAFP) amend its policy, Reproductive Decisions, Coverage for, to add the following statement: The AAFP opposes the criminalization or civil prosecution of patients, individuals, or physicians for the private management of embryos created through assisted reproductive technologies, including decisions regarding embryo disposition, discontinuation of cryostorage, donation to research, or other medical decisions made using evidence-based standards of care and the patient's informed consent. The AAFP supports the legal protection of patients, physicians, and healthcare enterprises from criminal or civil liability arising from such decisions, and be it further

RESOLVED, That the American Academy of Family Physicians actively advocate before federal and state legislatures and regulatory bodies against the enactment or enforcement of embryonic or fetal personhood laws that would subject individuals or their care teams to criminal or civil liability for the routine, evidence-based management of embryos created through in vitro fertilization or other assisted reproductive technologies.

The reference committee heard unanimous support for changing reproductive coverage policies to oppose criminalizing embryo management. Speakers stressed that assisted reproductive technologies are vital for many aspiring parents in the U.S., and that current coverage without legal protections puts patients and providers at risk—especially regarding embryo storage decisions. Participants highlighted the financial burden and uncertainty involved and called for stronger policies to protect all parties. Some warned that lack of protection may drive physicians out of certain states. Overall, the testimony emphasized the need for policy changes to safeguard patients and providers and ensure fair access to reproductive care.

2026 Report of the Reference Committee on Health of the Public and Science

The reference committee discussed concerns regarding the legal protection of patients, recognizing its importance but ultimately determined that providing such protection falls outside the Academy's established scope of responsibility. While current AAFP policy safeguards physicians from criminalization related to medical decision-making—and the AAFP explicitly opposes state and federal legislation that would criminalize or impose civil liability on physicians for delivering evidence-based care for reproductive, sexual, or other healthcare needs, both within and across state lines—extending similar protections directly to patients was considered beyond the Academy's purview. However, since the Academy actively collaborates with various organizations, including patient advocacy groups, as part of its broader advocacy efforts the reference committee felt that the intent of the second resolved clause was fulfilled through those activities.

RECOMMENDATION: The reference committee recommends that Resolution No. 3003 be adopted.

Item No. 4: Resolution No. 3004: Incarceration, Detention, and Segregation of Transgender Individuals

RESOLVED, To reaffirm current American Academy of Family Physicians policy to include support for the right of transgender individuals who are incarcerated or detained to be housed with respect to their gender identity as opposed to their sex assigned at birth.

The reference committee heard testimony in support of the resolution. Those who testified acknowledged that AAFP currently has a position paper titled, Incarceration and Health, but it does not provide explicit recommendations that transgender people be housed according to their gender identity rather than their sex assigned at birth. This approach was described as a concrete step toward protecting the dignity and safety of transgender individuals within the carceral system. Testimony underscored the importance of treating all people with humanity and respect, regardless of their incarceration status, and highlighted that current practices are harmful and fail to ensure basic protections for vulnerable populations. The authors suggested an amendment to the resolution to replace the word “reaffirm” with “update.”

In 2021, revisions were made to the Incarceration and Health Position paper to add a section on reproductive justice, advocating for access to reproductive health care, and use of person-first inclusive language. In 2026, this same position paper is actively under 5-year review by the Commission on Health of the Public and Science. The reference committee agreed to substitute adopt the amended language provided by the authors.

RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 3004, which reads as follows, be adopted in lieu of Resolution No. 3004. [Extracted. Substitute Adopted.](#)

RESOLVED, To update current American Academy of Family Physicians policy to include support for the right of transgender individuals who are incarcerated or detained to be housed with respect to their gender identity as opposed to their sex assigned at birth.

Item No. 5: Resolution No. 3005: Lead Poisoning Universal Screening for Pregnant Persons and Children

2026 Report of the Reference Committee on Health of the Public and Science

~~RESOLVED, That the American Academy of Family Physicians supports universal screening for lead poisoning with a one-time blood lead level test for all pregnant persons, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians supports universal screening for lead poisoning with a blood lead level test for children at one and two years of age, and be it further~~

~~RESOLVED, That the American Academy of Family Physicians will ask the United States Preventive Services Task Force to revisit and update their lead screening recommendation grade based on newer evidence.~~

RESOLVED, That the AAFP work with partner organizations to review the data surrounding lead screening and explore universal screening for lead poisoning with a blood lead level test for children at 1 and 2 years of age.

The testimony in support of universal lead screening highlighted the significant health risks associated with lead exposure, noting that its dangers can rival those of smoking according to some studies. Advocates argued that universal screening is the only effective way to identify and assist all affected families, as current high-risk testing methods leave many children undiagnosed. It was emphasized that more than half of children have some level of lead in their blood, and gaps in current practices contribute to ongoing risk. The testimony called for a comprehensive public health intervention, pointing out that universal screening would not only improve detection but also enhance care for at-risk populations, particularly among pregnant patients who are frequently found to have elevated lead levels.

The reference committee noted significant variation in state-level lead screening regulations and the absence of clear, evidence-based guidance for acceptable blood lead levels and management during pregnancy. While collaboration with other medical specialty societies could help advance consensus, the reference committee recognized that the current political and public health climate is not conducive to strengthening screening recommendations. The reference committee expressed concern that existing proposals conflate lead exposure with lead poisoning and lack clear intervention pathways for pregnant patients who screen positive. In the absence of consensus on management and interventions, the reference committee does not support universal screening at this time and recommended continued monitoring and collaboration with organizations such as the American College of Obstetricians and Gynecologists and American Academy of Pediatrics before revisiting this issue.

RECOMMENDATION: The reference committee recommends that Resolution No. 3005 not be adopted. [Extracted. Adopted as amended.](#)

Item No. 6: Resolution No. 3006: American Academy of Family Physicians to Research Existing International Medical Graduate Pathways and Creation of National Standardized Protocol

RESOLVED, That the American Academy of Family Physicians research and identify salient points within existing state-based and international pathways for International Medical Graduates and centralize these findings for easier reference and access, and be it further

2026 Report of the Reference Committee on Health of the Public and Science

RESOLVED, That the American Academy of Family Physicians share findings with the Federation of State Medical Boards (FSMB) to contribute to the development of a national protocol as a pathway into family medicine residency training.

The reference committee heard limited testimony, all in support of the resolution. International medical graduates frequently encounter issues with their visas which often times results in them returning to their country of origin for one year unless they have a sponsor. IMG requirements vary widely from state to state. The reference committee recognized the complicated process for IMGs to become certified. The AAFP is developing resources for IMGs to engage with residency programs and for residency programs to better recruit and work with IMGs. The reference committee ultimately decided not to adopt the resolution because IMG requirements vary widely and there is no guarantee that the Federation of State Medical Boards would take action based on the AAFP's research.

RECOMMENDATION: The reference committee recommends that Resolution No. 3006 not be adopted. [Extracted. Not adopted.](#)

Item No. 7: Resolution No. 3007: Protecting Funding and Advancing Research for Gender-Affirming Care

RESOLVED, That the American Academy of Family Physicians advocate for increased funding to support research on the care of gender-diverse patients, and be it further

RESOLVED, That the American Academy of Family Physicians opposes any policies that restrict funding to health systems solely on the basis of providing gender-affirming care.

The reference committee heard testimony in support of the resolution. The authors expressed a need for higher quality of care and guidelines that fully support patients. The reference committee noted existing AAFP policy recognizing gender-affirming care as evidence-informed, medically necessary, and essential to health equity for gender-diverse patients.

The reference committee determined that the resolution is consistent with AAFP's advocacy and policy position, rather than clinical guidance. It aligns with longstanding AAFP policy supporting access to gender-affirming health care, the patient-physician relationship, and continued federal research funding related to LGBTQ+ health and gender-affirming care.

RECOMMENDATION: The reference committee recommends that Resolution No. 3007 be reaffirmed.

Item No. 8: Resolution No. 3008: Resolution to Oppose the Use of the Cass Review for Public Health Policy

RESOLVED, That the American Academy of Family Physicians oppose the use of the Cass Review as the basis for gender-affirming care policy, [and be it further](#)

[RESOLVED. That the American Academy of Family Physicians develop and publish a formal position statement addressing the misuse of the Cass review, including: the methodological limitations of the Cass Review, the misapplication of its conclusions beyond its intended scope.](#)

2026 Report of the Reference Committee on Health of the Public and Science

The reference committee heard testimony in favor of protecting funding and advancing research for gender-affirming care. Additionally, it called for stronger advocacy and investment, emphasizing that access remains limited despite organizational support. Speakers described gender-affirming care as lifesaving, citing evidence of reduced suicide risk, and urged increased research and clinical capacity to address gaps for this population. Testimony argued the review was misused to justify restrictive legislation and contained unsupported claims. Those in support called for trusted organizations like AAFP to publicly reject its use so transgender patients receive proper, compassionate care that is free from political influence.

Following a high-level review, the reference committee determined that the Cass Review does not align with AAFP's evidence-based standards. Key concerns include the absence of a recognized evidence-grading framework (e.g., GRADE), which limits assessment of methodological rigor; an imbalanced analysis that emphasizes potential risks of gender-affirming care without adequately considering the well-documented harms associated with withholding treatment; and limited inclusion of clinicians with expertise in gender-affirming health among the review's leadership, raising concerns about clinical relevance and potential bias. These points represent a subset, not an exhaustive list, of the committee's concerns.

The AAFP currently supports the "equitable, evidence-based care of gender-diverse individuals," opposes discriminatory insurance exclusions for gender-affirming care, and recognizes the importance of respectful and inclusive clinical environments. These positions are consistent with the available evidence, ethical principles, and the consensus of major medical organizations. Family physicians have a vital role in delivering or facilitating this care and existing AAFP policies provide a solid foundation for continued support.

The reference committee acknowledged the importance of trusted organizations in addressing misinformation and disinformation. AAFP policy continues to be informed by the best available scientific evidence, remains responsive to the needs of both patients and clinicians, and is consistent with the organization's overarching mission to promote health equity, uphold patient autonomy, and minimize preventable harm.

RECOMMENDATION: The reference committee recommends that Resolution No. 3008 be reaffirmed. [Extracted. Adopted as amended.](#)

Item No. 9: Resolution No. 3009: Sex-Inclusive Guideline Review

RESOLVED, That the American Academy of Family Physicians allocate resources to systematically review the current practice guidelines and all future published and endorsed guidelines for sex diversity. The objective is to identify which guidelines are derived predominantly from male participant research, and to assess the potential impact of this sex-based research gap on the quality and safety of care delivered to women, and be it further

RESOLVED, That the American Academy of Family Physicians review, evaluate, and disclose the sex diversity of research population makeup in the medical evidence that makes up any guideline endorsed or put forth by the AAFP.

2026 Report of the Reference Committee on Health of the Public and Science

The reference committee heard testimony in support that much of the clinical recommendations for people with uteruses is based on research of people of the opposite sex. And that most guidelines that are written for women are also based on research of people of the opposite sex.

During the hearing, testimony in support of the sex-inclusive guideline review highlighted a critical issue in medical research and clinical care: the persistent lack of research specifically conducted on people with uteruses. Members emphasized that much of the current guidance and treatment protocols for this population are extrapolated from studies focused on individuals of the opposite sex. This reliance on indirect evidence was identified as a significant contributor to ongoing health disparities, as it can result in care that is less tailored and less effective for people with uteruses.

The AAFP employs a formal, rigorous, and transparent process for reviewing and endorsing clinical practice guidelines. Oversight is provided by the Commission on Health of the Public and Science and final approval is given by the AAFP Board of Directors. Rather than independently developing most guidelines, the AAFP systematically reviews selected external guidelines relevant to family medicine, applying a structured, evidence-based approach.

This review process uses validated tools, notably a modified AGREE-II framework, to ensure methodological rigor, transparency, and conflict-of-interest management. The framework also embeds equity considerations by evaluating stakeholder involvement, applicability to diverse patient populations, and explicit attention to mitigating bias throughout evidence grading and guideline assessment. Trained reviewers and scientific advisors contribute to these evaluations to further reduce the risk of bias.

The scope of AAFP's clinical review is intentionally limited to assessing the overall quality and trustworthiness of the guideline as presented by its developers, rather than conducting independent audits or secondary analyses of underlying research data. This approach allows the AAFP to maintain high standards of rigor and transparency while embedding equity and bias mitigation within its established scientific and governance structure.

The AAFP supports evidence-based, equitable care and recognizes that sex differences can affect diagnosis, treatment response, and outcomes. However, the reference committee found that the resolution, as written, requests for a blanket requirement to systematically re-review all current and future guidelines for “sex diversity” and found that it would be resource-intensive and may duplicate work already done through existing AAFP guideline review/endorsement processes.

RECOMMENDATION: The reference committee recommends that Resolution No. 3009 not be adopted. [Extracted.](#) [Adopted.](#)

Item No. 10: Resolution No. 3010: Maintaining Current U.S. Preventive Services Task Force Grade A Recommendations for PreP

RESOLVED, That the American Academy of Family Physicians maintain support for the United States Preventative Services Task Force Grade A recommendation from August 2023 for prevention of Human Immunodeficiency Virus through pre-exposure prophylaxis for all genders.



2026 Report of the Reference Committee on Health of the Public and Science

The reference committee heard testimony that strongly supported maintaining the USPSTF Grade A PrEP recommendation and raised concerns that partisan changes could weaken the guidance, reduce trust, and slow PrEP uptake—potentially increasing HIV infections and complications. Members urged the AAFP to publicly reaffirm the recommendation and continue advocacy to protect access to PrEP and other preventive services.

The reference committee discussed and agreed that maintaining this Grade A recommendation is critical to ensuring that evidence-based HIV prevention remains available and accessible, including continued alignment with coverage requirements for preventive services and avoiding disruption from potential non-evidence-based changes to USPSTF membership or recommendations. The AAFP supports the USPSTF recommendation statement on prevention of acquisition of HIV through pre-exposure prophylaxis (PrEP).

RECOMMENDATION: The reference committee recommends that Resolution No. 3010 be reaffirmed.



2026 Report of the Reference Committee on Health of the Public and Science

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,

Julia Flax, MD - CHAIR
Joey Florence – New Physician
Elisa Kolk, MD – Women
Cynthia Mahin, MD – BIPOC
Douglas Meardon, MD – LGBTQ+
Preciosa Pacia-Rantayo, MD, MA, FAAFP – IMG
Bonu Kapoor, MD (Observer)