



# 2026 Consent Calendar for the Reference Committee on Practice Enhancement

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National Conference of Constituency Leaders

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

**Item 1:** Adopt Substitute Resolution No. 5001 "Resolution Supporting DAW9 Use When Brand Medications Cost Less Than Generics" in lieu of Resolution 5001.

**Item 2:** Adopt Substitute Resolution No. 5002 "Promoting In-Office Treatment of Communicable Diseases Through Collaboration with State and Local Entities" in lieu of Resolution 5002.

**Item 3:** Not adopt Resolution No. 5003 "Advocating for a Family Medicine Collective Bargaining Organization". [EXTRACTED](#)

**Item 4:** Adopt Resolution No. 5004 "Access to Covered Specialty Medications and Diagnostic Services for Established Patients of Out-of-Network Physicians".

**Item 5:** Adopt Resolution No. 5005 "Addressing Physician Shortages by Advocating for Immigration Policies Pertaining to International Medical Graduates".

**Item 6:** Adopt Substitute Resolution No. 5006 "Toolkit Resource for Engagement with Law Enforcement Agencies in Clinical Settings" in lieu of Resolution 5006.

**Item 7:** Adopt Resolution No. 5007 "Protecting Physician Medical Judgment in Automated Utilization Review".

**Item 8:** Adopt Substitute Resolution No. 5008 "Counseling Reimbursement Parity" in lieu of Resolution No. 5008.

**Item 9:** Adopt Resolution No. 5009 "Resolution Supporting an Updated AAFP State-Specific Private Practice Toolkit".

**Item 10:** Adopt Resolution No. 5010: "Strengthening Patient Access to Language Concordant Care".

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**Item No. 1: Resolution No. 5001: Resolution Supporting DAW9 Use When Brand Medications Cost Less Than Generics**

RESOLVED, The American Academy of Family Physicians supports payer, pharmacy benefit manager, pharmacy, and e-prescribing policies that permit pharmacy-level dispensing of a covered therapeutically equivalent brand product when the prescribed generic is not covered or covered at a higher amount, and may be remedied with a Dispense as Written 9 code, without requiring a new prescription from the prescriber.

The reference committee heard testimony all in support of the resolution. Testimony emphasized the administrative burden created when pharmacies contact prescribers to rewrite prescriptions for brand name medications rather than the written generic, contributing to burden, inefficiency, physician burnout, and delayed patient access. The reference committee discussed testimony from a member recommending that patient preference, in addition to cost and coverage considerations, be explicitly included as a reason to allow pharmacist substitutions, noting that the author agreed with this suggestion. Based on supportive testimony and the resolution’s clear alignment with reducing administrative burden and burnout, the reference committee agreed to support the resolution with the suggested revision and offers a substitute resolution to explicitly include patient preference alongside cost and coverage considerations.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5001, which reads as follows, be adopted in lieu of Resolution No. 5001:**

**RESOLVED, That the American Academy of Family Physicians supports payer, pharmacy benefit manager, pharmacy, and e-prescribing policies that permit pharmacy-level dispensing of a covered therapeutically equivalent brand product when the prescribed generic is not covered, covered at a higher amount or to align with patient preference, and may be remedied with a Dispense as Written 9 code, without requiring a new prescription from the prescriber.**

**Item No. 2: Resolution No. 5002: Promoting In-Office Treatment of Communicable Diseases Through Collaboration with State and Local Entities**

RESOLVED, That the American Academy of Family Physicians advocate to the Centers for Medicare and Medicaid Services (CMS) to encourage state Medicaid programs to reimburse the cost of healthcare professional-administered injectable medications required to treat communicable diseases – at a minimum syphilis, gonorrhea, and human immunodeficiency virus.

The reference committee heard testimony largely in support of the resolution. Speakers emphasized rising sexually transmitted infection (STI) rates and the public health importance of timely, in-office and point-of-care treatment and prevention, including injectable therapies such as those used for syphilis and PrEP. Testimony reflected that payment often does not cover the cost of acquiring and administering these medications in clinic settings, which can discourage practices, particularly in rural or resource-limited communities, from offering treatment on site, resulting in delayed care and worsening disparities. The reference committee discussed the testimony and expressed concern that the resolution only included treatment but the whereas clauses and testimony repeatedly mentioned prevention in addition to treatment. To preserve the intent of the resolution while aligning with testimony the reference committee recommends this substitute resolution.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5002, which reads as follows, be adopted in lieu of Resolution 5002:**

**RESOLVED, That the American Academy of Family Physicians advocate to the Centers for Medicare and Medicaid Services (CMS) to encourage state Medicaid programs to reimburse the cost of healthcare professional-administered injectable medications required to treat or prevent communicable diseases – including but not limited to syphilis, gonorrhea, and human immunodeficiency virus.**

**Item No. 3: Resolution No. 5003: Advocating for a Family Medicine Collective Bargaining Organization**

~~RESOLVED, That the American Academy of Family Physicians (AAFP) formally recognize the need for a national, family medicine-focused collective bargaining organization to represent employed family physicians and that the AAFP affirm the right of family physicians to engage in lawful collective advocacy, including unionization, without fear of retaliation, and be it further~~

RESOLVED, That the American Academy of Family Physicians convene a national task force to evaluate and develop a framework for the creation of an independent family medicine union or collective bargaining entity, including governance, legal structure, and funding mechanisms and that this task force include representation from employed physicians, residents, early-career physicians, and legal experts in labor law, and be it further

~~RESOLVED, That the American Academy of Family Physicians provide logistical, educational, and organizational support to family physicians seeking to form or join collective bargaining units, where legally permissible and develop and disseminate educational resources outlining the legal, ethical, and practical considerations related to physician unionization, and be it further~~

RESOLVED, That the American Academy of Family Physicians advocate at the federal and state levels for policies that protect physicians' rights to organize and collectively advocate and report back to the Congress of Delegates within one year with specific recommendations and actionable steps toward establishing a national family medicine collective bargaining organization.

The reference committee heard testimony in support of the resolution and in discussion acknowledged the importance of the issues raised for family physicians. During deliberations, however, members expressed concerns about how the AAFP could operationalize the resolution as written, noting the

complexity of the resolved clauses. The reference committee also discussed whether the actions requested fall within the scope of what a 501(c)(6) organization can appropriately undertake. While members supported the general concept and expressed interest in further exploration of the topic, potentially through a dedicated task force, they noted that the AAFP already has, the relevant policy, “Collective Bargaining” as well as education offered in the *FPM* journal. In addition, the reference committee noted that Resolution No. 308 from the 2025 Congress of Delegates addressing this topic is currently being considered by the AAFP. Given these factors, and the overall complexity of the resolution, the reference committee recommends not adopting Resolution 5003.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5003 not be adopted. [Extracted. Adopted as amended.](#)**

### **Item No. 4: Resolution No. 5004: Access to Covered Specialty Medications and Diagnostic Services for Established Patients of Out-of-Network Physicians**

RESOLVED, That the American Academy of Family Physicians advocate that established patients have access to covered, medically necessary specialty medications and diagnostic services ordered by a licensed physician regardless of the physician’s network participation status and oppose payer requirements that force patients to obtain such orders from an in-network physician when no clinical justification exists, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for consistent and clinically appropriate access to covered medications and diagnostic services regardless of whether they are administered under the medical or pharmacy benefit.

The reference committee heard testimony in support of the resolution. One speaker noted that Iowa has a law which addresses the issue raised in the resolution. The author highlighted the administrative burden and barriers to patient access caused by these restrictions. The reference committee noted that in addition to medications, similar issues arise when patients bring them laboratory orders from out-of-network physicians and request they reorder the tests so coverage can be obtained. The reference committee agreed that the resolution supports patient access to care, addresses patient out-of-pocket costs and reduces unnecessary administrative burden.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5004 be adopted.**

### **Item No. 5: Resolution No. 5005: Addressing Physician Shortages by Advocating for Immigration Policies Pertaining to International Medical Graduates**

RESOLVED, That the American Academy of Family Physicians advocate to federal policymakers for policies that expedite visa and work authorization processing and provide mechanisms to prevent or remedy inadvertent lapses in lawful status for international medical graduates impacted by current policies, in order to maintain physician workforce stability and preserve access to care, and be it further

RESOLVED, That the American Academy of Family Physicians advocate for policies that waive excessive H-1B visa-related filing, legal, and processing fees for current and future international

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medical graduates, to lessen financial barriers and support recruitment and retention in underserved areas, and be it further

RESOLVED, That the American Academy of Family Physicians include current immigration issues impacting its members as priorities for the Family Medicine Advocacy Summit.

The reference committee heard testimony all in support of the resolution. Members shared personal experiences, as well as experiences of colleagues, related to detention by Immigration and Customs Enforcement and challenges in maintaining legal immigration status and work authorization. The reference committee discussed that this testimony highlighted the significant ramifications of these experiences, including impacts on patient care and public health. The reference committee also noted concerns that fear among international medical graduates is affecting members' ability to travel and participate in AAFP meetings and events, as well as influencing residency selection decisions.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5005 be adopted.**

### **Item No. 6: Resolution No. 5006: Toolkit Resource for Engagement with Law Enforcement Agencies in Clinical Settings**

RESOLVED, That the American Academy of Family Physicians develop an educational toolkit to be made available to chapters containing training materials for interacting with immigration and law enforcement agents in healthcare settings for both healthcare personnel and patients; and patient education materials, including Know Your Rights (KYR) training, legal resources, and information on rapid response networks.

The reference committee heard testimony in support of the resolution with one member requesting that the requested resources be made available directly to members rather than chapters. Testimony described patients' fear and uncertainty related to immigration enforcement and expressed concern that these conditions discourage patients from seeking needed care. The reference committee discussed that while AAFP has supportive policy, physicians need guidance and that there are resources already available on this topic. The reference committee members agreed it would be better for the AAFP to make credible, existing resources available to physicians rather than develop new. To preserve the intent of the resolution while improving feasibility, the reference committee recommended substitute adoption to support making relevant resources broadly available.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5006, which reads as follows, be adopted in lieu of Resolution No. 5006:**

**RESOLVED, That the American Academy of Family Physicians make available content and resources on interacting with immigration and law enforcement agents in healthcare settings for both healthcare personnel and patients.**

### **Item No. 7: Resolution No. 5007: Protecting Physician Medical Judgment in Automated Utilization Review**

RESOLVED, That the American Academy of Family Physicians oppose the prospective denial of hospital admission based solely on utilization review criteria driven by automated decision-

support tools, and denial should not replace physician medical judgment and documented medical necessity.

The reference committee heard testimony in support of the resolution. A co-author emphasized the importance of preserving physician clinical judgment as insurers increasingly rely on utilization-management algorithms and automated decision-making, including artificial intelligence. Testimony described concerns that reduced clinician oversight can lead to inappropriate determinations regarding observation status, discharge, or other levels of care, based on experiences in emergency department and clinical settings. Members noted that the AAFP has existing policy addressing artificial intelligence and the resolution provides helpful additional specificity to assist in the on-going review of this policy.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5007 be adopted.**

### **Item No. 8: Resolution No. 5008: Counseling Reimbursement Parity**

RESOLVED, That the American Academy of Family Physicians advocate for the Centers for Medicare & Medicaid Services (CMS) and private payers to increase the work Relative Value Unit (wRVU) for all counseling codes to achieve parity with other high-complexity behavioral and preventive counseling services, and be it further

RESOLVED, That the American Academy of Family Physicians advocate that counseling Z codes be able to be used as a primary billable diagnosis for E/M codes, and be it further

RESOLVED, that the American Academy of Family Physicians publish educational material to assist in using existing preventive Current Procedural Terminology (CPT) codes to assist primary care doctors in implementing counseling codes in their current practices.

The reference committee reviewed testimony received in support of the resolution, relevant AAFP policy, and existing member coding education resources. Members noted that the current policy, "Payment, Physician," emphasizes fair payment for family physician services and sufficiently supports the advocacy requested in the resolution. The reference committee considered information from staff regarding the complexity of work relative value unit valuation and the formal revaluation process through the Relative Value Update Committee. Reference committee members acknowledged that coding education and related resources are currently available through the AAFP and *FPM*. Given the specificity and complexity of the requests outlined in the resolved clauses, the reference committee recommended a single resolved clause to reflect the testimony heard and the intent of the original resolution, while providing clear and actionable guidance for AAFP efforts.

**RECOMMENDATION: The reference committee recommends that Substitute Resolution No. 5008, which reads as follows, be adopted in lieu of Resolution No. 5008:**

**RESOLVED, That the American Academy of Family Physicians advocate for coverage and fair payment for counseling codes.**



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### **Item No. 9: Resolution No. 5009: Resolution Supporting an Updated AAFP State-Specific Private Practice Toolkit**

RESOLVED, That the American Academy of Family Physicians offer assistance to state chapters to create a toolkit to include state specific private regulatory guidance to support family physicians pursuing or sustaining independent practice, and be it further

RESOLVED, That the American Academy of Family Physicians provides links to state specific regulatory guidelines.

The reference committee heard testimony in support of the resolution. The author shared that when establishing his practice, while he found the AAFP's Starting a Practice toolkit, he nonetheless needed to hire a consultant to navigate state-specific regulatory requirements, noting that the AAFP's resource is national in scope rather than state-specific. The reference committee also heard updates from staff regarding ongoing efforts to expand education and resources to support independent practices. Members discussed that adoption of the resolution would help elevate this member need and could inform the development and implementation of current and future work in support of independent practices. The reference committee recommended adoption of the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5009 be adopted.**

### **Item No. 10: Resolution No. 5010: Strengthening Patient Access to Language Concordant Care**

RESOLVED, That the American Academy of Family Physicians advocate for federal and state policies that advance equitable, language-concordant digital health infrastructure that strengthens patient autonomy, safety, and outcomes across diverse communities, and be it further

RESOLVED, That the American Academy of Family Physicians support standards for electronic health record (EHR) certification and health information technology vendors that require multilingual functionality in patient portals and electronic communication platforms, including language-concordant access to after-visit summaries, laboratory results, medication instructions, and secure messaging, and be it further

RESOLVED, That the American Academy of Family Physicians supports reimbursement and funding mechanisms that enable primary care practices to implement sustainable workflows for translation of patient-specific discharge instructions and electronic communications in patients' preferred languages.

The reference committee heard testimony in support of the resolution. Testimony emphasized that while the AAFP has existing policy supporting language-concordant care, gaps remain in translating that policy into practice, particularly with respect to medication instructions and other patient-facing materials. Speakers underscored that effective communication between patients and physicians is a fundamental patient right and noted that language discordance undermines care quality and patient safety. Members also heard firsthand experiences caring for patients with limited language concordance and discussed how language-concordant care would improve patients' ability to



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understand and navigate their health care. The reference committee noted that the resolution aligns with existing AAFP policy and advocacy efforts and recommended adoption of the resolution.

**RECOMMENDATION: The reference committee recommends that Resolution No. 5010 be adopted.**



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

Respectfully Submitted,

Adeola Fakolade, MD – CHAIR  
Carmella DeSerto, MD – LGBTQ+  
Blessing Enudu, MD – IMG  
Chandler Maguet, MD – New Physician  
Marcia Newby-Goodman, MD – BIPOC  
Florence Yuan, MD – Women  
Esteban Sosa, MD (Observer)