2026 Agenda for the Reference Committee on Advocacy

National Conference of Constituency Leaders

Item No.

1. Resolution No. 1001: Protecting Patients from Conversion Therapy
2. Resolution No. 1002: Opposing Forced Disclosure of Gender Transition
3. Resolution No. 1003: The Corporate Practice of Medicine Doctrine: Expanding and Enforcing This Legal Principle
4. Resolution No. 1004: Expansion and Modernization of the Conrad 30 J-1 Visa Waiver Program to Improve Physician Workforce Retention in Underserved Areas
5. Resolution No. 1005: Regulating the Use of Kratom and 7-OH in the United States
6. Resolution No. 1006: Targeting and Surveillance of Physicians Providing Gender-Affirming Care
7. Resolution No. 1007: Improving Recognition and Management of Obesity Across the Female Reproductive Lifecycle
8. Resolution No. 1008: Access to and Regulation for Safe Supplements and Botanicals
9. Resolution No. 1009: Advancing Evidence-Based Practice in Health Equity and Inclusive Care Through Data
10. Resolution No. 1010: Streamlining Payer Enrollment to Reduce Delays in Physician Practice Entry

RESOLUTION NO. 1001

Protecting Patients from Conversion Therapy

Introduced by: Cathy Canty, MD, LGBTQ+
David Norris, MD, FAAFP, LGBTQ+
Lewis Wong, MD, General Registrant

WHEREAS, The American Academy of Family Physicians (AAFP) policy on Reparative or Conversion Therapy already opposes these therapies for sexual and gender minority individuals of all ages and supports care that provides accurate information, increases social support, and reduces stigma and rejection, and

WHEREAS, leading medical and mental health organizations, including the American Medical Association, the American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the American College of Physicians, have consistently found that conversion therapy lacks scientific evidence of benefit and is associated with harm to patients, including an increased risk of mental health disorders and suicide, and

WHEREAS, recent judicial rulings, including the United States Supreme Court's March 31, 2026, decision in Chiles v. Salazar, have made it more difficult for state-based legislation to protect patients from conversion therapy, and

WHEREAS, protections for minors remain uneven across the country, with some states prohibiting licensed health care providers from subjecting minors to conversion therapy, some states providing only partial protections, and others providing none, and

WHEREAS, AAFP members need clear, practical, evidence-based resources to protect patients, particularly minors, from the harms and risks associated with conversion therapy, and would benefit from clearer policy guidance in this changing environment., now, therefore, be it

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.

RESOLUTION NO. 1002

Opposing Forced Disclosure of Gender Transition

Introduced by: Cathy Canty, MD, LGBTQ+
David Norris, MD, LGBTQ+
Lewis Wong, MD, General Registrant

WHEREAS, Every individual has a fundamental right to privacy, dignity and autonomy over personal information, and

WHEREAS, a person's gender transition status constitutes sensitive personal information that, if disclosed without consent, may expose them to discrimination, harassment or harm, and

WHEREAS, maintaining confidentiality is essential to fostering safe, inclusive and equitable environments in workplaces, educational institutions, healthcare settings and communities, and

WHEREAS, there has been a proliferation of laws requiring disclosure of a person's gender transition status without their consent, now, therefore, be it

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.

RESOLUTION NO. 1003

The Corporate Practice of Medicine Doctrine: Expanding and Enforcing This Legal Principle

Introduced by: Andrea DeSantis, DO, General Registrant
Nichole Johnson, MD, FAAFP, BIPOC
Vickie Fowler, MD, FAAFP, Women

WHEREAS, The “Corporate Practice of Medicine Doctrine” (CPOM) is a basic legal standard that has operated for over 78 years in a self-executing manner without significant state oversight, much like an honor code, and

WHEREAS, the doctrine is designed to ensure that medical decisions remain in the hands of licensed medical professionals, rather than business entities, thereby protecting patient care from commercial interests, and

WHEREAS, it is becoming increasingly obvious that the CPOM doctrine is being violated with practices that include but are not limited to deny and delay tactics, narrow networks, venture-based incursions, and cost barriers of care that are causing real harm to patients and our profession, and

WHEREAS, Management Service Organizations (MSOs) started as support for physician practices, managing billing and human resources, but are now employed by private equity firms to bypass CPOM laws with the aim to consolidate medical groups, negotiate contracts, and attract corporate investment, often blurring the line between support and control, and

WHEREAS, recently the American Medical Association has brought special attention to this subject and has put together policies and a comprehensive framework for both explaining the nature of the doctrine as well as examples of specific legislation and of legal action taken by various states, such as the Oregon Medical Association’s successful support and influence in passing legislation at the state level to curb these corporate practices, and

WHEREAS, the implementation and enforcement of this doctrine varies by state law, with some states strictly enforcing it and others allowing exceptions or adopting more flexible approaches, now, therefore, be it

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.

RESOLUTION NO. 1004

Expansion and Modernization of the Conrad 30 J-1 Visa Waiver Program to Improve Physician Workforce Retention in Underserved Areas

Introduced by: Mousa Dajjani, MD, IMG
Ajay Reddy Vongala, MD, FAAFP, IMG
Derrick Hoover, MD, IMG
Anthony Carter, MD, New Physician
Rajeshwar singh, MD, IMG
Nichole Johnson, MD, FAAFP, BIPOC

WHEREAS, The number of International Medical Graduates (IMGs) contributing to the workforce in the United States is approximately at 23% as of 2025, and

WHEREAS, the Conrad 30 J-1 Visa Waiver Program allows IMGs to remain in the United States in exchange for providing at least three years of full-time clinical service in Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs), and

WHEREAS, the American Academy of Family Physicians (AAFP) currently supports the Conrad 30 J-1 Visa Waiver Program, including its extension and the redistribution of unused waiver slots to states with greater workforce needs, and

WHEREAS, states with HPSAs or MUAs rely heavily on this program to maintain access to primary care in these communities, and

WHEREAS, IMGs frequently serve on the front lines of care in underserved communities and play a critical role in maintaining access to care in these areas, and

WHEREAS, improving access to and utilization of existing physician workforce pathways, including the Conrad 30 J-1 Visa Waiver Program, would enhance patient access to care and support IMGs in providing needed services to underserved areas, and

WHEREAS, the current statutory cap of 30 physicians per state per year does not reflect the actual workforce needs of states with widespread shortages, and

WHEREAS, the Conrad 30 Waiver Program was last expanded in 2002, from 20 to 30 waivers per state, and since that time the United States population has increased significantly, resulting in increased demand for physician services, particularly in HPSAs or MUAs, and

WHEREAS, IMGs who serve in underserved areas often experience prolonged delays in obtaining permanent residency, with wait times that may extend for many years depending on country of origin, creating barriers to long-term retention, and

WHEREAS, limitations within the program, including restrictive employment conditions and lack of reliable immigration pathways, may reduce physician retention in underserved areas after completion of the required service period, now, therefore, be it

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.

RESOLUTION NO. 1005

Regulating the Use of Kratom and 7-OH in the United States

Introduced by: Brendan Prast, MD, New Physician
Lydia Thorp, MD, LGBTQ+
Angela Jacavone, DO, LGBTQ+
Benjamin Kober, DO, New Physician
Winston Plunkett, MD, New Physician
Andrew Stine-Rowe, MD, MPH, New Physician

WHEREAS, There is no federal regulation of Kratom and 7-OH (7-Hydroxymitragynine), and

WHEREAS, Kratom and 7-OH are known to be toxic with risk of overdose and with a risk of physiological dependence of approximately 25%, and

WHEREAS, there has been an increase in use over the last 10 years, with National Poison Data System showing a 1,200% increase in calls related to Kratom and 7-OH over that time, and

WHEREAS, Kratom and 7-OH meet criteria under the Controlled Substance Act to be listed as a controlled substance, now, therefore, be it

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.

RESOLUTION NO. 1006

Targeting and Surveillance of Physicians Providing Gender-Affirming Care

Introduced by: Douglas Meardon, MD, LGBTQ+
Kodie Stem, MD, LGBTQ+
Marti Taba, MD, General Registrant
Megan Hanna, MD, LGBTQ+

WHEREAS, Gender-affirming care is evidence-based, medically necessary, and supported by major professional organizations including the American Academy of Family Physicians, American Academy of Pediatrics, the American Medical Association, the Endocrine Society, and the American Psychiatric Association, and

WHEREAS, current technological tools such as Artificial Intelligence have increased the ease and frequency of monitoring and tracking a physician's clinical activity, and

WHEREAS, physicians providing gender-affirming care have increasingly been subjected to surveillance, investigations, and punitive actions that have led to harassment, forced relocation, and, in some cases, decisions to cease practice or discontinue medical services, and

WHEREAS, such surveillance disrupts continuity of care, threatens core ethical principles of medical practice, limits access to essential services for transgender and gender-diverse individuals, whose safety and well-being depend on clinicians being able to provide guideline-concordant care without fear of harassment, criminalization, or political interference, now, therefore, be it

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.

RESOLUTION NO. 1007

Improving Recognition and Management of Obesity Across the Female Reproductive Lifecycle

Introduced by: Justine Suba-Cohen, DO, Women
Muneeza Khan, MD, Women
Richel Avery, MD, Women
Ndidi Obichere, DO, FAAFP, Women

WHEREAS, Obesity is a chronic disease that disproportionately affects women and is associated with increased morbidity and mortality across the lifespan, and

WHEREAS, pre-pregnancy and pregnancy represent critical opportunities for screening and management of obesity to improve maternal and fetal outcomes, and

WHEREAS, the postpartum period is a high-risk time for weight retention and progression of obesity, yet remains an underutilized opportunity for intervention to reduce long-term cardiometabolic risk, and

WHEREAS, menopause is associated with increased central adiposity, insulin resistance and elevated cardiometabolic risk requiring targeted management, and

WHEREAS, existing International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM) codes only recognize obesity as a condition complicating pregnancy and current clinical guidance and coding structures do not consistently address obesity across all reproductive life stages, particularly in post-partum and menopause, now, therefore, be it

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 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.

RESOLUTION NO. 1008

Access to and Regulation for Safe Supplements and Botanicals

Introduced by: Reyna Niner, MD, General Registrant
Vickie Fowler, MD, Women
Rachel Kalthoff, MD, Women
Jessica Faraci, MD, Women

WHEREAS, The supplement industry has seen significant growth in the past decade, and is now a 70-billion-dollar industry in the U.S. alone, and

WHEREAS, common supplements have often been found to have bioactive adulterants and contaminants, such as warfarin in ginkgo, PDE5 inhibitors in erectile dysfunction and testosterone boosters, ephedra in diet pills and lead in prenatal vitamins and calcium supplements, placing patients at risk for significant adverse outcomes, and

WHEREAS, many supplements contain botanicals, vitamins or minerals in amounts that differ significantly from the amounts listed, sometimes at toxic levels, such as melatonin, vitamin D and selenium, causing many hospitalizations each year, and

WHEREAS, family physicians routinely review supplements with patients and recommend and prescribe prenatal vitamins for individuals preparing for, during or after pregnancy, now, therefore, be it

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.

RESOLUTION NO. 1009

Advancing Evidence-Based Practice in Health Equity and Inclusive Care Through Data

Introduced by: Sarah Gerrish, MD, BIPOC
Christal Crooks, MD, BIPOC
Camellia Koleyni, MD, FAAFP, BIPOC
Alexandria Poitier, MD, BIPOC
Mario Garcia, DO, BIPOC
Kalei Gomes, MD, BIPOC
Tiffany Ho, MD, BIPOC

WHEREAS, The American Academy of Family Physicians (AAFP) recognizes that health equity, culturally responsive care and the reduction of health disparities are essential to high-quality primary care and improved patient outcomes, and

WHEREAS, family physicians must be prepared through undergraduate, graduate and continuing medical education to effectively care for diverse and historically underserved populations, and

WHEREAS, evidence demonstrates that education in social determinants of health, health disparities and culturally responsive care improves physician competency and patient care, and

WHEREAS, recent legislative and regulatory efforts have sought to limit or restrict education on health disparities, social determinants of health and related topics in some settings, and

WHEREAS, the integration of health equity content in medical education and publications has increased but remains variable and is not consistently evaluated for impact, and

WHEREAS, the AAFP is committed to evidence-based education in health equity, culturally responsive care and the reduction of health disparities, including racial and ethnic based, as essential components of undergraduate, graduate and continuing medical education, now, therefore, be it

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.

RESOLUTION NO. 1010

Streamlining Payer Enrollment to Reduce Delays in Physician Practice Entry

Introduced by: Anthony Carter, MD, New Physician
Amanda McKeith, MD, New Physician
Richard Carlino, MD, New Physician
Ajay Reddy Vongala, MD, FAAFP, IMG
David Norris, MD, FAAFP, LGBTQ+

WHEREAS, Physicians completing residency training are fully trained and, upon obtaining appropriate licensure, are qualified to provide independent patient care and are board-eligible or board-certified, and

WHEREAS, new physicians frequently experience delays of several months or longer before initiating clinical practice due to payer enrollment processes, including Medicare and Medicaid participation, and

WHEREAS, during this time, physicians may be unable to bill for services or independently care for patients, delaying workforce entry despite readiness to practice, and

WHEREAS, these delays may limit timely access to care, particularly in rural and underserved communities where physician workforce shortages are most pronounced, and

WHEREAS, variability and inefficiencies in payer enrollment processes across payers and states contribute to preventable delays in workforce entry and patient care delivery, now, therefore, be it

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.