2026 Agenda for the Reference Committee on Health of the Public and Science

National Conference of Constituency Leaders

Item No.

1. Resolution No. 3001: Endorsement of Human Papillomavirus Self-Sampling for Routine Asymptomatic Cervical Cancer Screening Title
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3. Resolution No. 3003: Amending Reproductive Decisions, Coverage for to Oppose Criminalization of Private Embryo Management
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RESOLUTION NO. 3001

Endorsement of Human Papillomavirus Self-Sampling for Routine Asymptomatic Cervical Cancer Screening

Introduced by: Carmella DeSerto, MD, LGBTQ+
Bindusri Paruchuri, MD, LGBTQ+
Esteban Sosa, General Registrant
Megan Hanna, LGBTQ+
Nathaniel Jordan, New Physicians
Astrud Villareal, Women
Crystal Marquez, IMG

WHEREAS, The American Cancer Society recommends individuals with a cervix at average risk for cervical cancer should start screening at age 25 and continue until at least age 65 with the preferred screening option to be primary Human Papillomavirus (HPV) testing (testing only for HPV infection) on a cervical sample, and

WHEREAS, HPV self-sampling kits were approved by the Food and Drug Administration (FDA) in May 2024 and home self-sampling kits were FDA-approved in May 2025, and

WHEREAS, up to 20-60% of patients report anxiety or fear with pelvic exams and there is evidence that mailing HPV self-collection kits produces up to twice the participation rate compared to clinic visits and is preferred by up to 59% of patients, and

WHEREAS, *American Family Physician* published an article in February 2026 reviewing current cervical cancer screening strategies and published a companion patient handout on self-collected modality, yet the AAFP has not issued a formal position endorsing self-collection, and

WHEREAS, the United States Preventive Services Task Force recommends one of the cervical cancer screening options to be high-risk HPV testing alone every 5 years (clinician sampling), but does not currently comment on patient self-sampling, and

WHEREAS, cervical cancer screening rates have been declining since the early 2000s and significant disparities persist among rural, low-income, uninsured, racial and ethnic minority, and LGBTQ+ patients, now, therefore, be it

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.

RESOLUTION NO. 3002

Anal Cancer Screening Guidance

Introduced by: Nicholas Kidd, MD, LGBTQ+
Matthew Molin, DO, LGBTQ+
Randy Gelow, MD, LGBTQ+
Ashley Erwin, MD, LGBTQ+
Alexander Alvarez, MD, PhD, General Registrant

WHEREAS, The number of new diagnoses of anal cancer in the United States is rising, and

WHEREAS, high-quality evidence demonstrates reduced progression from high-grade squamous intraepithelial lesions to invasive anal cancer with early detection and treatment, and

WHEREAS, current American Academy of Family Physicians (AAFP) clinical recommendations address anal cancer screening only in men who have sex with men (MSM) living with HIV, without guidance for other at-risk populations, and

WHEREAS, the International Anal Neoplasia Society (IANS) published updated, evidence-based consensus guidelines in 2024 expanding recommended screening to additional high-risk populations, and

WHEREAS, family physicians are skilled in delivering comprehensive preventive services, including cancer screening, and

WHEREAS, the AAFP has established precedent for issuing oncology-related clinical recommendations to guide family physicians in the delivery of evidence-based cancer screening and prevention services, now, therefore, be it

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.

RESOLUTION NO. 3003

Amending Reproductive Decisions, Coverage for to Oppose Criminalization of Private Embryo Management

Introduced by: Megan Hanna, MD, LGBTQ+
Joseph Laterza, MD, IMG
Alex Dworak, MD, LGBTQ+

WHEREAS, The American Academy of Family Physicians (AAFP) currently supports, through its policy Reproductive Decisions, Coverage for (2022, December 2025 BC), access to comprehensive reproductive health services, including assisted reproductive technologies (ART), intrauterine insemination (IUI), fertility preservation, and long-term storage of gametes and embryos, and

WHEREAS, the AAFP opposes nonevidence-based restrictions on medical care and the provision of reproductive health services, and

WHEREAS, in February 2024, the Alabama Supreme Court ruled in LePage v. Center for Reproductive Medicine that frozen embryos created through in vitro fertilization (IVF) constitute "extrauterine children" under the state's Wrongful Death of a Minor Act, a decision that immediately caused IVF providers across the state to pause services and denied patients access to time-sensitive fertility care, and

WHEREAS, following the LePage decision, fetal and embryonic personhood bills were introduced in at least 14 state legislatures, and at least six states have enacted or considered laws that could be interpreted to apply criminal homicide or wrongful death statutes to the destruction of frozen embryos outside of the uterus, including embryos that are naturally not viable, genetically abnormal, or otherwise not suitable for transfer, and

WHEREAS, the routine medical management of embryos created through IVF, including the disposal of embryos that are not transferred, the donation of embryos to research, the discontinuation of cryostorage, and shared decision-making between patients and physicians about embryo disposition, could be exposed to civil liability or criminal prosecution under embryonic personhood frameworks, and

WHEREAS, the criminalization of personal embryo management decisions threatens the patient–physician relationship, contradicts evidence-based reproductive medical practices, and imposes profound psychological, financial, and health burdens on individuals and families seeking fertility care, and

WHEREAS, the AAFP's existing policy on “Reproductive Decisions, Coverage for” addresses insurance coverage for fertility services but does not explicitly address the legal protection of patients and physicians from criminal or civil liability arising from private embryo management decisions, now, therefore, be it

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.

RESOLUTION NO. 3004

Incarceration, Detention, and Segregation of Transgender Individuals

Introduced by: Marisa Iaderosa, MD, MPH, LGBTQ+
Matthew Mayeda, DO, New Physician

WHEREAS, The American Academy of Family Physicians (AAFP) has the policy Care for the Transgender and Gender Nonbinary Patient and a policy for Incarceration and Health, and

WHEREAS, disregard to individuals' identified gender is damaging to the health of transgender individuals who already experience worse health outcomes and higher risk for verbal, physical and sexual violence in the context of incarceration, and

WHEREAS, the current AAFP policy does not provide recommendations on how to best care for transgender and gender nonbinary individuals in the setting of incarceration, now, therefore, be it

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.

RESOLUTION NO. 3005

Lead Poisoning Universal Screening for Pregnant Persons and Children

Introduced by: Jessica Faraci, MD, Women
Florence Yuan, MD, Women
Vidya Lala, MD, Women
Anna Mark, MD, Women
Patty Tran, DO, Women
Diva Wilson, MD, Women
Rachel Kalthoff, MD, Women

WHEREAS, The American Academy of Family Physicians' mission is to improve the health of patients, families and communities, and

WHEREAS, lead is a well-known environmental toxin leading to developmental and learning delays, loss in IQ and increased risks of criminal activity, chronic disease and long term cardiovascular mortality, with no safe level having been demonstrated, and

WHEREAS, lead poisoning still affects the majority of children in the United States (U.S.) despite targeted screening protocols, as every year 50% of children in the U.S. under six years of age have some level of lead detectable in the blood and more than 500,000 children have levels greater than 3.5 ug/dL, and

WHEREAS, more than 3% of pregnant persons have levels of >2 ug/dL in their blood, and lead poisoning increases the risks of preterm birth, gestational hypertension, miscarriage and infertility, and

WHEREAS, less than 30% of states have universal lead screening for children and/or pregnant persons, leaving the majority reliant on targeted approaches that fail to identify many at-risk individuals, and

WHEREAS, economic analyses show that upfront investment in universal screening programs provides substantial net savings to society, with every dollar invested in lead hazard control returning between $17 and $221 in reduced healthcare costs, decreased special needs services utilization, lower crime and increased earnings, and

WHEREAS, adverse outcomes associated with early-life lead exposure can often be mitigated or reversed with timely detection and intervention, now, therefore, be it

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.

RESOLUTION NO. 3006

American Academy of Family Physicians to Research Existing International Medical Graduate Pathways and Creation of National Standardized Protocol

Introduced by: Faarina Khan, MD, IMG
Blessing Nnenna Enudu, MD, MSHS, IMG
Adeola Fakolade, MD, MPH, FAAFP, IMG
Kenneth Barning, MD, IMG
Bright Zhou, MD, MS, New Physician
Joaquin Villegas, MD, MPH, FAAFP, BIPOC

WHEREAS, A physician shortage existed pre-COVID and only accelerated afterward and the shortage disproportionately affects rural and underserved populations such as minorities, those seeking gender affirming care, and the unhoused and veterans, and

WHEREAS, the universally accepted long term solution is the creation of more Graduate Medical Education (GME) programs in all settings, however new programs and additional slots in existing programs are not being created fast enough or in sufficient quantity due to funding issues, among other external factors, and

WHEREAS, as per consistent data derived from National Residency Matching Program (NRMP), there are still thousands of medical graduates with the majority being International Medical Graduates (IMGs) who are not successfully being selected for GME annually because of the quantitative issue of not enough GME training slots, and

WHEREAS, states have taken it upon themselves to come up with different solutions (Missouri, Arizona, Washington, etc.) because of the vacuum that exists at the federal level of a unified approach, and

WHEREAS, these pathways have resulted in some IMGs successfully being selected for GME training slots, however the lack of standardization leads to general confusion, varying clinical experiences, increased risk of abuse of participating physicians and draws physicians away from their home states, and

WHEREAS, internationally other countries such as Canada, which uses the Practice-Ready Assessment (PRA) with over 1,500 participating physicians, have successfully come up with a standardized approach to streamline IMGs into a structured supervised practice setting, and

WHEREAS, the PRA has benefitted 1.5 million Canadian citizens and increased access to healthcare in rural areas, now, therefore, be it

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

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.

RESOLUTION NO. 3007

Protecting Funding and Advancing Research for Gender-Affirming Care

Introduced by: Kaz Brodsky, MD, LGBTQ+
Angela Jacavone, DO, LGBTQ+
Toussaint Mears-Clarke, MD, General Registrant
Tara Ahmadi, MD, MPH, General Registrant

WHEREAS, According to current policy, the American Academy of Family Physicians supports gender-affirming care as an evidence-informed and medically necessary intervention based on shared-decision making that promotes health equity for gender-diverse individuals, and

WHEREAS, evidence demonstrates that advancing equitable, high-quality care for transgender and gender-diverse populations requires increased investment in research to address gaps in evidence, improve health outcomes, and inform best practices for care delivery, and

WHEREAS, on January 28th, 2025, an executive order issued by President Donald Trump aimed to eliminate federal support for gender-affirming care for individuals under age 19, leading to significant restrictions of access to medically indicated care for transgender minors, including loss of access to care for patients previously receiving treatment, and

WHEREAS, a review of National Institutes of Health (NIH) grants related to gender-affirming care found that 64.1% of grants identified were terminated in March 2025, resulting in nearly $22 million in unspent research funding, now, therefore, be it

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.

RESOLUTION NO. 3008

Resolution to Oppose the Use of the Cass Review for Public Health Policy

Introduced by: Jessica Mitter Pardo, DO, LGBTQ+
Keisa Fallin-Bennett, MD, LGBTQ+
Kodie Stem, MD, LGBTQ+

WHEREAS, The Cass Review has been widely cited in opposition to evidence-based gender-affirming care and in the formation of current public policy, and

WHEREAS, the Cass Review was commissioned by National Health Service (NHS) England as a service evaluation — not a clinical guideline — and its authors lacked specialist expertise in gender medicine, yet its conclusions have been applied far beyond their intended scope to restrict or eliminate gender-affirming care in multiple states in the United States and other countries, and

WHEREAS, major medical and mental health organizations — including the American Academy of Pediatrics, the Endocrine Society, the American Psychological Association, and the World Professional Association for Transgender Health — have not endorsed the Cass Review's conclusions and continue to support gender-affirming care as evidence-based and medically necessary, and

WHEREAS, the American Academy of Family Physicians has previously affirmed its commitment to equitable, evidence-based care for transgender and gender-diverse patients, and this resolution is consistent with that established position, and

WHEREAS, an expert panel of clinicians and researchers has produced a thorough, evidence-based critique of the Cass Review and has clearly established that the Cass Review does not follow established standards for evaluating evidence; fails to contextualize the evidence for gender-affirming care within the broader evidence base for pediatric medicine; misinterprets and misrepresents its own data; makes unsupported assertions about gender identity, gender dysphoria, standard clinical practices, and the safety of gender-affirming medical treatments; and relies upon systematic reviews with serious methodological flaws, including the omission of key findings from the existing body of literature, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose the use of the Cass Review as the basis for gender-affirming care policy.

RESOLUTION NO. 3009

Sex-Inclusive Guideline Review

Introduced by: Charlotte Heppner, MD, Women
Caitlin MacMillen, DO MPH, Women
Abbey Woods, MD, Women
Chandler Sparks, DO, MPH, LGBTQ+
Chandra Marshall, DO, Women

WHEREAS, Sex differences exist in many areas of human anatomy and physiology including, but not limited to, pharmacokinetics, bioavailability, body size, etc., all of which can influence treatment response to drugs and devices, and

WHEREAS, clinical research has historically been conducted primarily on male cells, male animal models, and male human participants, with the assumption that male and female physiology were biologically identical apart from reproduction, resulting in evidence-based medicine defined by clinical trials done predominantly in men, and

WHEREAS, despite the National Institutes of Health Revitalization Act of 1993 mandating inclusion of women in federally funded clinical trials, many investigators did not follow this mandate, and many who did include women did not analyze results by sex, minimizing the effectiveness of this policy, and

WHEREAS, between 2010 and 2017, only 38.2% of all cardiovascular trial participants were women, with studies on acute coronary syndrome showing the most prominent underrepresentation at only 26.9% female participants, despite cardiovascular disease being the leading cause of death among women, and

WHEREAS, American Academy of Family Physicians policy on Health Equity states achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities- we must question outdated thinking and redefine health for those individuals and populations. Health is complex, yet achievable and personal. Its definition should be adaptable and comprehensive, now, therefore, be it

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.

RESOLUTION NO. 3010

Maintaining Current U.S. Preventive Services Task Force Grade A Recommendations for PreP

Introduced by: Steven Wipijewski, DO, LGBTQ+
Ben Silverberg, MD, MSc, FAAFP, LGBTQ+
Tyler Peterson, DO, LGBTQ+

WHEREAS, Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) has been shown to be effective at preventing acquisition of HIV for all genders, and

WHEREAS, the United States Preventative Services Task Force (USPSTF) has given a Grade A recommendation in August 2023 to prescribe PrEP for persons at risk, and

WHEREAS, current federal administration is considering removal of the current USPSTF board in attempt to introduce new, non-evidence-based recommendations, and

WHEREAS, a recent statement released April 21, 2026 from 40 organizations to the United States Congress (via PrEP4All) has urged the continuation of unbiased USPSTF recommendations, now, therefore, be it

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.