



2026 Agenda for the Reference Committee on Practice Enhancement

National Conference of Constituency Leaders

Item No.

1. Resolution No. 5001: Resolution Supporting DAW9 Use When Brand Medications Cost Less Than Generics
2. Resolution No. 5002: Promoting In-Office Treatment of Communicable Diseases Through Collaboration with State and Local Entities
3. Resolution No. 5003: Advocating for a Family Medicine Collective Bargaining Organization
4. Resolution No. 5004: Access to Covered Specialty Medications and Diagnostic Services for Established Patients of Out-of-Network Physicians
5. Resolution No. 5005: Addressing Physician Shortages by Advocating for Immigration Policies Pertaining to International Medical Graduates
6. Resolution No. 5006: Toolkit Resource for Engagement with Law Enforcement Agencies in Clinical Settings
7. Resolution No. 5007: Protecting Physician Medical Judgment in Automated Utilization Review
8. Resolution No. 5008: Counseling Reimbursement Parity
9. Resolution No. 5009: Resolution Supporting an Updated AAFP State-Specific Private Practice Toolkit
10. Resolution No. 5010: Strengthening Patient Access to Language Concordant Care

RESOLUTION NO. 5001

Resolution Supporting DAW9 Use When Brand Medications Cost Less Than Generics

Introduced by: Tamara Huson, MD, BIPOC
Bernard Richard, MD, BIPOC

WHEREAS, Patients and payers are often encouraged to use generic medications under the assumption that they are less expensive than branded alternatives, and

WHEREAS, there are instances where the cost of generic medications exceeds that of their corresponding branded products, resulting in unnecessary financial burden on patients and the healthcare system, and

WHEREAS, the Dispense As Written 9 (DAW9) code allows pharmacists to indicate that a branded medication is being dispensed even though a generic equivalent is available, specifically when the branded product is less expensive than the generic, now, therefore, be it

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.

RESOLUTION NO. 5002

Promoting In-Office Treatment of Communicable Diseases Through Collaboration with State and Local Entities

Introduced by: Danielle Pawlichuk, MD, New Physician
 Kasiemobi Okonkwo, MD, New Physician
 Najaha Musse, DO, New Physician

WHEREAS, The United States is facing a critical public health crisis with skyrocketing rates of sexually transmitted infections, including a 78% increase in syphilis cases over the last five years and a persistent high burden of gonorrhea and human immunodeficiency virus (HIV), and

WHEREAS, the Centers for Disease Control and Prevention (CDC) identifies the administration of long-acting injectable medications, such as Bicillin L-A for syphilis and injectable PrEP/PEP for HIV prevention, as essential gold-standard treatments that significantly improve patient adherence and reduce community transmission, and

WHEREAS, many state Medicaid programs provide inadequate reimbursement for these physician-administered medications (PAMs), often failing to cover the high acquisition costs or imposing complex "buy-and-bill" administrative hurdles, and

WHEREAS, these financial and logistical barriers disproportionately affect family physicians and safety-net clinics, forcing them to refer patients to outside pharmacies or specialty centers, which creates "treatment gaps" and increases the likelihood of patients being lost to follow-up, and

WHEREAS, the state of Louisiana serves as a stark example of this crisis, consistently ranking among the top states in the nation for rates of syphilis, congenital syphilis, and HIV, illustrating the urgent need for a federal reimbursement floor to ensure immediate access to care, now, therefore, be it

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.

RESOLUTION NO. 5003

Advocating for a Family Medicine Collective Bargaining Organization

Introduced by: Veronica Ruiz, MD, IMG
 Madie Hartman, DO, BIPOC
 Jessica Garcia, DO, General Registrant

WHEREAS, The majority of family physicians are now employed by hospitals, health systems, or corporate entities, limiting their individual ability to negotiate working conditions, compensation, and clinical autonomy, and

WHEREAS, these constraints contribute to physician burnout, workforce attrition, and reduced access to high-quality, longitudinal primary care, and

WHEREAS, collective bargaining has been shown in other professions, including healthcare, to improve working conditions, professional sustainability, and workforce retention, and

WHEREAS, family physicians currently lack a unified, specialty-specific structure through which to organize and advocate collectively at scale, and

WHEREAS, existing legal frameworks permit physician unionization and collective bargaining for employed physicians, subject to federal and state law, now, therefore, be it

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.

RESOLUTION NO. 5004

Access to Covered Specialty Medications and Diagnostic Services for Established Patients of Out-of-Network Physicians

Introduced by: Juan Carlos Venis, MD, LGBTQ+
 Malinda Ellis, MD, BIPOC
 Diva Wilson, MD, Women
 Teresa Lovins, MD, Women

WHEREAS, Patients may knowingly establish ongoing relationships with physicians who are not contracted with their health insurance plans, including within care models such as direct primary care, and

WHEREAS, patients with active insurance coverage reasonably expect access to covered, medically necessary treatments and diagnostic services ordered by their physician, and

WHEREAS, some insurers and pharmacy benefit managers restrict access to covered specialty medications (e.g. long-acting reversible contraception, injection HIV pre-exposure prophylaxis) and diagnostic services when ordered by out-of-network physicians, and

WHEREAS, these restrictions may delay diagnosis and treatment, disrupt continuity of care, and limit access to time-sensitive or preventive services, and

WHEREAS, differences in administration under pharmacy and medical benefits may further complicate access without improving clinical outcomes, now, therefore, be it

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.

RESOLUTION NO. 5005

Addressing Physician Shortages by Advocating for Immigration Policies Pertaining to International Medical Graduates

Introduced by: Diana Howard, MD, IMG
Ajay Reddy Vongala, MD, FAAFP, IMG
Tiffany Meier, MD, IMG
Bryan Medina, MD, IMG
Monica Chamorro, MD, IMG
Rajeshwar Singh, MD, IMG
Maria Bianchi Rey, MD, IMG

WHEREAS, Data show that international medical graduates (IMGs) represent 22% of the active family medicine workforce, demonstrating the essential role IMGs play in sustaining primary care delivery in the United States, and

WHEREAS, continuity of care in medically underserved communities relies on workforce stability among physicians providing essential primary care services, which helps reduce health disparities, and

WHEREAS, exacerbating shortages of physicians in underserved settings may further limit access to care, delay treatment, and adversely affect health outcomes in vulnerable communities, and

WHEREAS, recent federal actions have led to inadvertent lapses in lawful status and delays in visa and work authorization processing for nationals of certain countries including but not limited to the expiration of Temporary Protected Status (TPS) on October 3, 2025, and pursuant to Presidential Proclamation 10998 (January 1, 2026), thereby disrupting the employment and legal status of thousands of non-U.S. citizen physicians and trainees in the United States, and

WHEREAS, fear of detention or immigration consequences may discourage non-U.S. citizen physicians and trainees from traveling to professional meetings (including American Academy of Family Physicians meetings), educational conferences, and/or advocacy events, and

WHEREAS, the physician workforce includes more than 10,000 H-1B visa holders nationally, particularly in underserved and rural areas, and

WHEREAS, the costs associated with obtaining and maintaining H-1B visas, including the tariff of the importation of labor, filing, legal, and processing fees, can be substantial and pose financial barriers for IMGs and their sponsoring employers, exacerbating health inequities, and

WHEREAS, American Academy of Family Physicians 2025 National Congress of Family Medicine Residents Resolution No. R101 supports protected H-1B pathways for international medical graduates matched to family medicine residency programs, but does not extend similar workforce stability protections to international medical graduate physicians who are already practicing under employment-authorized visa status in health professional shortage areas, medically underserved areas and rural communities, and

WHEREAS, protecting access to primary care services is consistent with the mission of family medicine to advance health equity and improve access to care nationwide, now, therefore, be it

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 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.

RESOLUTION NO. 5006

Toolkit Resource for Engagement with Law Enforcement Agencies in Clinical Settings

Introduced by: William Childs, DO, BIPOC
Jose Flores-Rodarte, MD, BIPOC
Michael Core, MD, BIPOC
Prachi Thapar, DO, New Physician
Jiana Menendez, MD, BIPOC

WHEREAS, The American Academy of Family Physicians (AAFP) has historically affirmed that health care is a basic human right and that all individuals should have access to high-quality care regardless of immigration status, and

WHEREAS, enforcement actions by United States Immigration and Customs Enforcement (ICE) in and near sensitive locations have created a chilling effect that deters undocumented individuals and their families from seeking necessary medical attention, including prenatal care, chronic disease management, and pediatric vaccinations due to the well-founded fear of detention or deportation, and

WHEREAS, recent immigration enforcement actions and related incidents, including the fatal shooting of a civilian during a federal immigration operation in Minneapolis, have raised serious concerns about safety, transparency, and accountability in enforcement practices, and

WHEREAS, additional reported incidents involving federal agents, including assault charges related to misuse of force, further highlight concerns regarding oversight and public safety, and

WHEREAS, these enforcement actions are inherently traumatic, contributing to toxic stress, adverse childhood experiences (ACEs), and long-term psychological harm that exacerbates existing health inequities in marginalized communities, and

WHEREAS, the disruption of the patient-physician relationship by external law enforcement undermines the sanctity of the medical home and poses a significant threat to public health by driving treatable conditions into emergency crises, and

WHEREAS, the AAFP provides resources on advancing health equity and advocating for vulnerable populations, but lacks training and resources on how to engage with law enforcement agencies, now, therefore, be it

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.

RESOLUTION NO. 5007

Protecting Physician Medical Judgment in Automated Utilization Review

Introduced by: Daniel Drake, MD, New Physician
Chelsea Kolodziej, DO, New Physician
Austin Parsons, MD, New Physician
Jiayu Kate Tian, MD, New Physician

WHEREAS, The American Academy of Family Physicians (AAFP) has affirmed that companies and systems deploying automated decision support tools (such as artificial intelligence, machine learning tools) in health care must take accountability for safety and outcomes, based on current policy “Ethical Application of Artificial Intelligence in Family Medicine”, and

WHEREAS, physicians are trained, licensed, and professionally accountable for making individualized medical decisions based on clinical judgment, direct patient assessment, and documented medical necessity, and

WHEREAS, utilization review criteria and clinical decision-support tools were designed to inform and support — not supplant — physician clinical judgment, and

WHEREAS, prospective utilization review increasingly relies on automated or algorithmically-driven criteria sets to determine inpatient admission and observation status — often without direct review by a licensed physician — creating pressure on physicians to conform clinical documentation to predefined criteria rather than accurately reflect a patient's full complexity, and resulting in premature discharge, denial of appropriate levels of care, compromised care coordination, and exposure of both patients and physicians to avoidable clinical, financial, and legal risk, and

WHEREAS, algorithmic utilization review criteria may not adequately account for the complexity of patients in rural, underserved, or safety-net settings — the very communities where family physicians disproportionately serve as the sole provider — potentially exacerbating existing health inequities, now, therefore, be it

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.

RESOLUTION NO. 5008

Counseling Reimbursement Parity

Introduced by: Elisa Kolk, MD, Women
Heather Applewhite, MD, Women
Julie Scott, MD, Women
Vidya Lala, MD, Women

WHEREAS, The American Academy of Family Physicians (AAFP) recognizes the value of primary care physicians performing preventive counseling to address vaccine hesitancy and improve health literacy and outcomes, and

WHEREAS, in situations when patients seek medical counseling as their primary problem, the current disparity in Relative Value Unit (RVU) valuation creates a structural financial disincentive for family physicians to engage in time-intensive, patient-centered counseling, and

WHEREAS, while certain specific Current Procedural Terminology (CPT) codes for counseling exist (e.g., 90482, 99401-99403), they are specific to other types of counseling and many are valued at significantly lower work RVUs than other comparable codes, now, therefore, be it

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.

RESOLUTION NO. 5009

Resolution Supporting an Updated AAFP State-Specific Private Practice Toolkit

Introduced by: Charles Walcott, DO, BIPOC
Shacara Wilson, MD, BIPOC

WHEREAS, The evolving healthcare environment increasingly favors large corporate and health-system ownership models over independent physician practices, and

WHEREAS, reduced professional autonomy, declining, job satisfaction, and administrative complexity influence physician's decisions regarding practice ownership and career sustainability, and

WHEREAS, physicians interested in opening or maintaining private practices may lack access to state specific guidance on legal, financial, operational, and regulatory requirements, and

WHEREAS, current AAFP Starting a Practice Tool lacks state specific regulatory guidance, now, therefore, be it

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.

RESOLUTION NO. 5010

Strengthening Patient Access to Language Concordant Care

Introduced by: Aerial Petty, DO, BIPOC
 Gerica Alvarado, MD, FAAFP, BIPOC
 Julie Hyppolite, MD, BIPOC
 Bright Zhou, MD, New Physician

WHEREAS, Approximately 25 million individuals in the United States have limited English proficiency (LEP), and language discordance is associated with reduced access to care, poorer comprehension of discharge instructions, lower adherence, increased adverse events, and worse clinical outcomes, and

WHEREAS, systematic review data demonstrate that physician-patient language concordance improves quality of care, satisfaction, and medical understanding for patients with LEP, and

WHEREAS, patients with LEP are significantly less likely to receive written discharge instructions in their preferred language, contributing to disparities in post-discharge comprehension and safety, and

WHEREAS, national clinical practice guidelines emphasize that discharge communication should be patient-centered and provided, verbally and in writing, in the patient's preferred language, and

WHEREAS, hospitals' electronic health record (EHR)-linked patient portals frequently lack multilingual accessibility, limiting full participation in care by patients with non-English language preference, and

WHEREAS, expanding language-concordant tools within EHR platforms, including discharge instructions, patient portals, and clinician-facing interfaces, represents a systems-level opportunity to reduce inequities in access, safety, and quality of care, now, therefore, be it

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.