

California Academy of Family Physicians

2026 Resolutions Submitted to the CAFP Board of Directors

- Resolutions may be submitted to the CAFP Board of Directors (BOD) at any time during the year. This DASHBOARD includes action on those heard at the 2026 All Member Advocacy Meeting (AMAM) and others submitted outside the AMAM timeframe
- Resolutions submitted to the Board at the AMAM are designated “A,” as in Res. A-01-26 or ER for “emergency”, i.e., submitted after the deadline.
- Resolutions submitted outside of AMAM deadlines are designated “B,” as Board.
- Resolutions will be tracked through the process and moved from Yellow (Referred) to Red (Not Adopted) or Green (Adopted/Amended and Adopted) as final actions are determined.
- The full resolutions which were heard at AMAM were made available before the meeting for review in the AMAM Handbook on CAFP’s website, www.familydocs.org. Off-cycle resolutions must be posted on CAFP’s website for at least one month prior to a Board meeting at which they will be considered to allow sufficient time for member comment.
- All 2026 Resolutions were sent to committees for review and recommendation prior to AMAM. The committee recommendations were presented as a consent calendar at AMAM, and Delegates were provided the opportunity to extract resolutions on which members wished to offer additional testimony. Committee recommendations and testimony were then presented to the Board for their consideration.

YELLOW: Resolutions Referred/Submitted by the CAFP Board of Directors for Action 4.21.26	
Resolution #/Title/Date Submitted	A-02-26: Enhancing Resources, Support, and Education for Immigrant Patient Health
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians engages social media partners in the distribution and advertisement of the Healthy Harbors guide and its resources for protecting immigrant patient health, and it be further</p> <p>RESOLVED: That the California Academy of Family Physicians creates more CME Credits on the topics of immigrant health and immigrants’ rights in the healthcare setting, and be it further</p> <p>RESOLVED: That the California Academy of Family Physicians lobby the LCME to encourage medical schools to include curriculum addressing immigrant patient health to prepare students to serve diverse patient populations across the United States.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and referred the 1st resolved to the Member Engagement Committee (MEC); Affirmed the 2nd resolved as existing policy; and Adopted a Substitute 3rd Resolved, below. Author informed:</p> <p>RESOLVED: That the California Academy of Family Physicians support including curriculum in medical schools and residencies addressing immigrant patient health to prepare students to serve diverse patient populations across the United States.</p>
Final Action:	
Resolution #/Title/Date Submitted	A-40-26: Measure What Matters for Value-Based Payment

Original RESOLVEDS:	<p>RESOLVED: CAFP support and recommend <u>shift</u> in quality value measures in primary care physician settings to measures that matter that towards the Quintuple Aim.</p> <p>RESOLVED: Update CAFP’s “Pay for Performance” policy, transitioning to measures that support the core 4Cs (first contact access, comprehensiveness, coordination and continuity) with less administrative burden as supported by AAFP’s introduction of September 2024 Position Paper on Value-based Payment Models for Primary Care(2); and measures monitoring total cost of care % investment in PC while concurrently monitoring number of PC physicians who provide 4C PC (given the national access shortage).</p> <p>RESOLVED: When measuring quality or value, business goals should be targets, not percentiles, as the overarching goal is for more individuals to have excellent whole-person care.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Medical Practice Affairs Committee (MPAC) to Adopt as Amended below and refer the 2nd resolved statement back to MPAC for further study. Author informed.</p> <p>RESOLVED: CAFP supports shifts in quality value measures in primary care physician settings to “measures that matter” that moves towards the Quintuple Aim.</p> <p>RESOLVED: That the CAFP supports policies for measuring quality or value, where business goals should be targets, not percentiles,</p> <p>RESOLVED: That the CAFP recommends that AAFP support national bodies, including CMS and NCQA to shift quality and value measures to “measures that matter” and targets (versus percentiles).</p>
Final Action:	
GREEN: Resolutions ADOPTED/AMENDED and ADOPTED by the CAFP Board of Directors on 4.21.26	
Resolution #/Title/Date Submitted	A-05-26: Eliminating Fruit Juice from WIC Food Packages to Combat Childhood Obesity and Dental Caries
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) advocate to the California Department of Public Health and the USDA Food and Nutrition Service to eliminate juice from WIC food packages for all child participants, replacing it with increased cash-value vouchers (CVV) for whole fruits and vegetables; and be it further</p> <p>RESOLVED: That the CAFP support educational initiatives aimed at WIC beneficiaries to clarify that fruit juice is not a necessary component of a healthy pediatric diet and to promote water and milk as the primary beverages for young children; and be it further</p> <p>RESOLVED: That the CAFP instruct its delegates to the AAFP Congress of Delegates to submit a resolution calling on the AAFP to advocate at the federal level for the removal of juice from the national WIC food package requirements.</p>

Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Committee on Public Health and Equity to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) advocate for continued reduction of juice allotment from WIC food packages for all child participants, replacing it with increased cash-value vouchers (CVV) for whole fruits and vegetables; and be it further</p> <p>RESOLVED: That the CAFP support educational initiatives aimed at WIC beneficiaries to clarify that fruit juice is not a necessary component of a healthy pediatric diet; and be it further</p> <p>RESOLVED: That the CAFP refer for national action to submit a resolution calling on the AAFP to advocate at the federal level for the reduced allotment of juice from WIC food packages for all child participants, replacing it with increased cash-value vouchers (CVV) for whole fruits and vegetables.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-06-26: Food Literacy
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians acknowledge the need for validated and comprehensive food literacy assessments that can be practically utilized by family physicians, and</p> <p>RESOLVED: That the California Academy of Family Physicians advocate for governing bodies to fund the development and validation of food literacy assessments, as well as food literacy education programs, and</p> <p>RESOLVED: That the California Academy of Family Physicians support medical and educational experts at the community and state levels in their means to develop and propagate educational programs addressing general nutrition competency and food literacy based on data collected from healthy literacy assessment tools.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and Adopted as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians supports the need for validated and comprehensive food literacy assessments that can be practically utilized by family physicians, and</p> <p>RESOLVED: That the California Academy of Family Physicians advocate for the funding, development and validation of evidence-based and culturally inclusive food literacy assessments, as well as food literacy education programs, and</p> <p>RESOLVED: That the California Academy of Family Physicians support medical and educational experts at the community and state levels in their means to develop and propagate evidence-based and culturally inclusive educational programs addressing general nutrition competency and food literacy based on data collected from healthy literacy assessment tools.</p>

Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-07-26: Supporting School Policies that Substantially Reduce Items Containing High-Fructose Corn Syrup and Derivatives
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) support policies at the state, county, and local school district level that either eliminate or substantially reduce the sale and serving of foods and beverages containing high-fructose corn syrup (HFCS) and concentrated fructose derivatives in all K–12 school food environments, including cafeterias, vending machines, school stores, and at school-sponsored events; and be it further</p> <p>RESOLVED: That CAFP encourage school food service procurement standards and local wellness policies to prioritize beverages and foods without added fructose/HFCS compliant with nutrition standards, and to phase out HFCS-containing products where feasible; and be it further</p> <p>RESOLVED: That CAFP, where feasible, advocate for reallocation of revenues derived from competitive sales of HFCS-containing products toward healthier school nutrition programs and student wellness initiatives, including hydration stations, fresh fruit/vegetable programs, school gardens, nutrition education; and be it further</p> <p>RESOLVED: That CAFP support educational outreach for school administrators, food service staff, parents, and students about the health effects of concentrated added sugars and HFCS—including metabolic and emerging mental health risks—and provide model policy language, implementation guidance, and clinician-facing talking points to assist in local advocacy efforts; and be it further</p> <p>RESOLVED: That CAFP encourage and support research and surveillance on the impact of HFCS-targeted school food policies on students’ metabolic health, mental health, dietary intake, and equity outcomes.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and Adopted as Amended below. Author informed.</p> <p>RESOLVED That the California Academy of Family Physicians (CAFP) support policies that reduce the availability of foods and beverages containing high-fructose corn syrup (HFCS) and concentrated fructose derivatives in all K–12 school food environments.</p> <p>RESOLVED That CAFP encourage school food service procurement standards and local wellness policies to prioritize beverages and foods without highly refined sugars compliant with nutrition standards.</p> <p>RESOLVED: That CAFP support the development of educational outreach for school administrators, food service staff, parents, and students about the health effects of concentrated added sugars and highly refined sugars.</p>
Final Action:	Adopted as Amended.

Resolution #/Title/Date Submitted	A-09-26: Ensuring Equitable Vaccine Access for Independent and Rural Family Physicians to Protect Public Health in California
Original RESOLVEDS:	<p>RESOLVED: That CAFP advocate for state-level vaccine distribution reforms to ensure independent and rural physician practices have equal access to ordering, storing, and administering all recommended vaccines, including Hepatitis B birth dose, COVID vaccines, and childhood VFC vaccines; and</p> <p>RESOLVED: That CAFP work with the California Department of Public Health, the West Coast Vaccine Alliance, and vaccine manufacturers to establish procurement pathways that allow small-quantity shipments and sharps-law-compliant packaging specifically accessible to independent practices; and</p> <p>RESOLVED: That CAFP support the creation of a centralized ordering system for small practices that aggregates demand and facilitates bulk purchasing so independent physicians can access vaccines without minimum-order limitations; and</p> <p>RESOLVED: That CAFP advocate for improved funding, staffing, and infrastructure for rural county public health departments to prevent future situations where children cannot receive vaccines required for school entry; and</p> <p>RESOLVED: That CAFP issue a public statement reaffirming its support for universal newborn Hepatitis B vaccination and urging California to maintain evidence-based immunization standards regardless of changes in federal ACIP recommendations; and</p> <p>RESOLVED: That CAFP annually evaluate and report on vaccine-access disparities among independent practices, rural counties, and large systems, including recommendations for system-level improvements.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Committee on Public Health and Equity (CPHE) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That CAFP advocate for state-level vaccine policy reforms to ensure independent and rural physician practices have equal access to ordering, storing, and administering all evidence-based recommended vaccines</p> <p>RESOLVED: That CAFP supports the creation of an evaluation and report on vaccine-access disparities among independent practices, rural counties, and large systems, including recommendations for system-level improvements.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-10-26: Vaccine Information Mobile Application

Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) develop and maintain a mobile application and/or mobile-friendly web-based platform that provides up-to-date vaccination information corresponding to the recommendations released by the West Coast Health Alliance, and be it further</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) include clearly written, evidence-based recommendations on the mobile application and/or mobile-friendly web-based platform presented in language that is readily understandable by the general public and that addresses common questions and misconceptions related to vaccinations.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Committee on Public Health and Equity (CPHE) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) advocate for the development and maintenance of a mobile application and/or mobile-friendly web-based platform that provides up-to-date vaccination information corresponding to evidence-based recommendations that is readily accessible to the general public that addresses common questions and misconceptions related to vaccination</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-11-26: Promotion of Resistance Training and Physical Activity as Standard Preventative Health Recommendations in Family Medicine
Original RESOLVEDS:	<p>RESOLVED: That the CAFP amends its "Physical Exercise as a Vital Sign" policy to explicitly align with U.S. Department of Health and Human Services (HHS) guidelines by recommending adults engage in muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on two or more days a week, in addition to aerobic activity; and be it further</p> <p>RESOLVED: That the CAFP encourages family physicians to counsel patients specifically on the metabolic and protective benefits of resistance training, including improvements in insulin sensitivity, blood pressure, and the prevention of sarcopenia (age-related muscle loss).</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and Adopted as Amended below. Author informed.</p> <p>RESOLVED: That the CAFP amends its "Physical Exercise as a Vital Sign" policy to recommend adults engage in guideline-directed recommendation for muscle-strengthening activities of moderate or greater intensity and that involve all major muscle groups on two or more days a week, in addition to aerobic activity.</p>
Final Action:	Adopted as amended.

Resolution #/Title/Date Submitted	A-12-26: Supporting Expanded Research and Rescheduling of Therapeutic Psychedelics
Original RESOLVEDS:	<p>RESOLVED: the California Academy of Family Physicians (CAFP) supports legislation and regulatory changes that facilitate clinical research into the therapeutic use of psychedelics, including but not limited to psilocybin for the treatment of psychiatric and substance use disorders; and be it further</p> <p>RESOLVED: that the CAFP supports the rescheduling of ibogaine, MDMA, and LSD from Schedule I to a schedule that permits clinical research and therapeutic use under medical supervision, particularly for the treatment of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) in veterans, refractory depression and anxiety and be it further</p> <p>RESOLVED: that the CAFP refer this resolution to the American Academy of Family Physicians (AAFP) for national action to advocate for federal funding and "Safe Haven" protections for researchers investigating these therapies.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Committee on Public Health and Equity (CPHE) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: the California Academy of Family Physicians (CAFP) bring this resolution to the AAFP Congress of Delegates to support legislation and regulatory changes that facilitate scientifically, rigorous, Institutional Review Board (IRB)-approved, physician-led clinical research into the therapeutic use of psychedelics, including but not limited to psilocybin for the treatment of psychiatric and substance use disorders; and be it further</p> <p>RESOLVED: that the CAFP bring this resolution to the AAFP Congress of Delegates to support the rescheduling for research and tightly regulated therapeutic frameworks of ibogaine, MDMA, and LSD, particularly for the treatment of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) in veterans, refractory depression and anxiety and be it further</p> <p>RESOLVED: that the CAFP refer this resolution to the American Academy of Family Physicians (AAFP) for national action to advocate for federal funding and "Safe Haven" protections for researchers investigating these therapies.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-13-26: Family Medicine GME Finance Reform
Original RESOLVEDS:	RESOLVED: That the CAFP advocate for the reform of GME financing in California to focus on Family Medicine by providing stable grant funding, utilizing existing governmental funding sources, that is based on program need, provision of care to underserved populations, and recruitment of trainees who reflect the patients served, reported on an annual basis, in order to strengthen primary care residency training and maintain a pipeline of well-trained primary care physicians to care for Californians in every corner of the state.

Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from Staff to Adopt as Amended below for clarity. Author informed.</p> <p>RESOLVED: That the CAFP supports reforms to state GME funding programs in California that prioritize funds for Family Medicine programs and change eligibility criteria to be based on program need, provision of care to underserved populations, and recruitment of trainees who reflect the patients served, reported on an annual basis, in order to strengthen primary care residency training and maintain a pipeline of well-trained primary care physicians to care for Californians in every corner of the state.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-14-26: Vasectomy Training During Family Medicine Residency
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) support the training of vasectomy in all ACGME-accredited family-medicine residency programs in California; and</p> <p>RESOLVED: That CAFP collaborate with the American Board of Family Medicine (ABFM), ACGME, and state medical boards to integrate vasectomy training standards into procedural curricula and maintenance-of-certification pathways, including ongoing Continuing Medical Education (CME).</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the CAFP Residency Network (CRN) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) support the training of vasectomy in all ACGME-accredited family-medicine residency programs in California</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-15-26: Expand FM-OB Training to Address Maternity Care Deserts
Original RESOLVEDS:	<p>RESOLVED: The CAFP advocate for increased funding and support for the rapid expansion of training programs that prepare family medicine physicians for full scope maternity care, including Cesarean and operative vaginal births. This could include 1) OB training tracks within FM residencies (for those residencies with capacity to support this) and 2) 1-2 year FMOB fellowships.</p> <p>RESOLVED: The CAFP promote the development of regional collaborative networks linking FM-OBs with other perinatal clinicians, including the integration of FMOB's into laborist groups so that there is sufficient full-service coverage to serve their communities.</p> <p>RESOLVED: The CAFP promotes policies that support the credentialing of family physicians with competence in obstetrical training.</p>

	<p>RESOLVED: The CAFP creates opportunities for mentorship networks for FM-OB graduates, peer support to promote professional well-being, and develop strategies to encourage long-term retention in providing obstetrical care including deliveries.</p> <p>RESOLVED: CAFP refer this to AAFP to promote rapid expansion, on a national level, of training programs that prepare family medicine physicians for full scope maternity care, including Cesarean and operative vaginal births. This could include 1) OB training tracks within FM residencies (for those residencies with capacity to support this) and 2) 1-2 year FMOB fellowships to help meet the clinician shortage contributing to maternity care deserts across the US.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the CAFP Residency Network (CRN) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: The CAFP advocate for increased funding and support for the rapid expansion of training programs for full scope maternity care to supplement the training of family medicine physicians, including Cesarean and operative vaginal births. This could include 1) OB training tracks within FM residencies (for those residencies with capacity to support this) and 2) 1-2 year FMOB fellowships.</p> <p>RESOLVED: The CAFP promote the development of regional collaborative networks linking Family physicians providing maternity care (FM-OB) with other perinatal clinicians, including the integration of FM-OB into laborist groups</p> <p>RESOLVED: The CAFP promotes policies that support the credentialing and affordable liability coverage of family physicians with competence in obstetrical training.</p> <p>RESOLVED: The CAFP support opportunities for mentorship networks for FM-OB graduates, peer support to promote professional well-being, and develop strategies to encourage long-term retention in providing obstetrical care including deliveries.</p> <p>RESOLVED: CAFP should advocate to the AAFP to promote expansion, on a national level, of training programs that prepare family medicine physicians for full scope maternity care that supplement the training of family medicine physicians, including operative births. This could include 1) OB training tracks within FM residencies (for those residencies with capacity to support this) and 2) FMOB fellowships</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-16-26 : Increasing Family Medicine Resident Physician Representation as Delegates at the CAFP All Member Advocacy Meeting (AMAM)
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) establish designated positions for family medicine resident physicians to be selected and/or serve as chapter delegates at the annual All Member Advocacy Meeting (AMAM); and be it further</p> <p>RESOLVED: That CAFP ensure participating resident delegates receive appropriate mentorship, orientation, and support to contribute</p>

	effectively to policy deliberation and representation ; and be it further RESOLVED: That CAFP explore mechanisms including but not limited to collaboration with residency programs, structured time-off advocacy policies, or available scholarships—to ensure equitable resident participation regardless of financial or scheduling barriers.
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and Adopted a substitute 1 st resolved statement (below); affirmed the 2 nd resolved statement as existing policy; and did Not Adopt the 3 rd resolved statement. RESOLVED: That the California Academy of Family Physicians (CAFP) explore how chapters can designate residents as potential chapter delegates at the annual All Member Advocacy Meeting (AMAM).
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-17-26: Defend and uphold provision of gender affirming care
Original RESOLVEDS:	RESOLVED: That the CAFP opposes federal actions that prohibit funding for gender affirming care services for all age groups, and federal government actions to stop funding hospitals and facilities that provide gender affirming care at their facilities; and RESOLVED: That the CAFP opposes the federal or state government excluding coverage of gender affirming care from its benefit offerings; and RESOLVED: That the CAFP supports protections for physicians who provide evidence-based gender-affirming care in California and opposes criminal, civil, or licensure actions against them.
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendation from the Justice, Equity, Diversity & Inclusion (JEDI) Committee and Staff to Adopt as Amended below. Author informed. RESOLVED: That the CAFP opposes actions that prohibit funding for gender affirming care services for any age groups, and government actions to stop funding hospitals and facilities that provide gender affirming care at their facilities; and RESOLVED: That the CAFP opposes the exclusion of insurance coverage of gender affirming care for any age groups RESOLVED: That the CAFP supports protections for physicians who provide evidence-based gender-affirming care in California and opposes criminal, civil, or licensure actions against them. RESOLVED: That the CAFP opposes policies that would prevent health care professionals from receiving payment from government-funded health insurance programs solely because they provide gender-affirming care
Final Action:	Adopted as Amended.

Resolution #/Title/Date Submitted	A-18-26: CAFP Policy on Intellectual and/ or Developmental Disability Care in Primary Care Settings
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians promote inclusive, team- based clinical care for the Intellectual and/or Developmental Disability community by updating existing policy to affirm the role of family physicians in not just acknowledging but also addressing disparities faced by individuals living with developmental disabilities.</p> <p>RESOLVED: That the California Academy of Family Physicians engage with statewide disability organizations and encourage regional chapters to amplify and disseminate existing resources in disability medicine for family physicians.</p> <p>RESOLVED: That the California Academy of Family Physicians encourage intellectual and developmental disability training within residency and fellowship programs through posting Disability Medicine fellowship opportunities in the CAFP Career Center website.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and Adopted as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians supports increased education for physicians in the care for individuals with intellectual and developmental disabilities.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-20-26: Health Care Rights of Patients who are Detained by ICE
Original RESOLVEDS:	RESOLVED: That the California Academy of Family Physicians (CAFP) supports policies that affirm patients who are detained by ICE have the right to private medical interviews and exams, have access to legal resources, and allow medical providers to communicate with patients’ emergency contacts.
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Justice, Equity, Diversity & Inclusion (JEDI) Committee and Staff to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) supports policies that affirm that people who are detained by immigration authorities have the right to appropriate, evidence-based private medical care led by a physician, within a timely manner; allow medical providers to communicate confidentially with patients and their family/loved ones in their preferred language, and also have access to legal resources and a copy of their medical record.</p>
Final Action:	Adopted as Amended.

Resolution #/Title/Date Submitted	A-21-26: Protect Confidentiality and Access to Care for Immigrant Patients
Original RESOLVEDS:	<p>RESOLVED: That the CAFP strongly opposes the federal government sharing Medicaid enrollees’ personal information with government entities outside of the Department of Health and Human Services (HHS) for the purpose of immigration enforcement; and</p> <p>RESOLVED: That the CAFP supports protections that prohibit U.S. Immigration and Customs Enforcement, U.S. Customs and Border Protection, or other law enforcement agencies from utilizing information from medical records to pursue immigration enforcement actions against patients; and</p> <p>RESOLVED: That the CAFP opposes law enforcement stirring fear in immigrant communities and raiding clinics, hospitals, physicians’ offices, or other locations that provide medical care causing patients and family members to not seek care or have routine check-ups, vaccinations, refill medications, procedures and surgeries; these actions undermine the physician–patient relationship and erode trust in our health care system; and</p> <p>RESOLVED: That the CAFP supports designating healthcare facilities and associated property (including but not limited to parking structures, sidewalks, entrances, patient drop-off zones, and any facility-owned or leased adjacent buildings used for patient care) as protective access zones, defined as locations where immigration enforcement activities (including surveillance, arrests, or detentions of individuals seeking care) are prohibited, in order to ensure patients and visitors can safely access medical services without fear; and</p> <p>RESOLVED: That the CAFP opposes the presence of Immigration and Customs Enforcement (ICE) at healthcare facilities and associated property (including parking structures); and</p> <p>RESOLVED: That the CAFP opposes any requirements for physicians and healthcare systems to ask for immigration status or to report undocumented individuals</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Justice, Equity, Diversity & Inclusion (JEDI) Committee and Staff to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the CAFP supports protections that prohibit sharing or utilizing information from medical records or insurance enrollee information with immigration or other law enforcement agencies to pursue immigration enforcement actions against patients; and</p> <p>RESOLVED: That the CAFP opposes the presence of immigration authorities at healthcare settings and associated property (including parking structures); unless they are there to bring an individual to seek medical care and</p> <p>RESOLVED: That the CAFP opposes any requirements for physicians and healthcare systems to ask for immigration status or to report undocumented individuals</p>

	RESOLVED: That the CAFP refer this to the AAFP for national action.
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-23-26: The Dementia Gap
Original RESOLVEDS:	<p>RESOLVED: That the CAFP advocate for state legislation to create an "Emergency Neuro-Behavioral Stabilization Hold" (distinct from 5150) that authorizes acute care hospitals to detain incapacitated dementia patients with severe behavioral disturbances for up to 96 hours while an expedited Public Guardian investigation occurs; and be it further</p> <p>RESOLVED: That the CAFP lobby the Department of Health Care Services (DHCS) to incentivize and license "Neuro-Behavioral Skilled Nursing Facilities" in rural and underserved regions, specifically designed to accept involuntary patients with dementia who require secure perimeters but do not meet criteria for acute inpatient psychiatry.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Legislative Affairs Committee (LAC) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the CAFP supports measures that create processes (including involuntary holds) for hospitals and other acute care settings to provide support to patients who lack capacity and are unable to care for themselves due to dementia.</p> <p>RESOLVED: That the CAFP support incentivizing the establishment of "Neuro-Behavioral Skilled Nursing Facilities" in rural and underserved regions, specifically designed to accept involuntary patients with dementia who require secure perimeters but do not meet criteria for acute inpatient psychiatry.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-24-26: Increasing State Investment to Expand Home and Community-Based Alternative Waiver Program (HCBA) Capacity and Access
Original RESOLVEDS:	<p>RESOLVED: That the CAFP will actively increase advocacy efforts at the local and national level, including lobbying efforts to expanding HCBA Waiver capacity and ensure timely access for medically complex Californians; and</p> <p>RESOLVED: That CAFP advocate for policies that strengthen equitable access to HCBS statewide, ensuring that disabled individuals, older adults, and medically fragile patients can safely remain in their homes and communities.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Legislative Affairs Committee (LAC) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That CAFP supports ensuring full access to Home and Community Based Services (HCBS) for Californians at need so disabled individuals, older adults, and medically fragile patients can safely remain in their homes and communities and avoid residing in nursing homes when needed.</p>

Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-25-26: Advancing Patient Partnership in CAFP Health Policy Development
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) implement meaningful patient partnership with family physicians in policy development and advocacy for CAFP Lobby Day and related activities such as joint physician-patient visits with legislators, patient-informed message development, or patient testimony.</p> <p>RESOLVED: That CAFP develop and implement a structured, equitable strategy to recruit, support, and engage patient participants that are reflective of California’s diverse population, with intentional outreach to historically underrepresented and marginalized communities, for participation in AMAM advocacy activities.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Legislative Affairs Committee (LAC) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) explore implementation of meaningful patient partnership with family physicians in policy development and advocacy.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-27-26: Opposing the Expansion of SNAP Work Requirements
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) opposes the expansion of SNAP work requirements that reduce access to food assistance, which will directly affect vulnerable California families; and be it further</p> <p>RESOLVED: That CAFP support family physicians in addressing food insecurity by promoting validated screening tools, providing centralized resources, and integrating food insecurity screening and referral education into its online education.</p> <p>RESOLVED: That CAFP update its policy statements to explicitly recognize access to healthy and culturally appropriate food as a core component of health equity, and to support advocacy, clinical practices, and community partnerships that promote reliable access to nutritious food for all patients.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Legislative Affairs Committee (LAC) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the CAFP opposes the expansion of SNAP work requirements that reduce access to food assistance, which will directly affect vulnerable California families; and be it further</p>

	<p>RESOLVED: That the CAFP, put forward a resolution to the AAFP to oppose the expansion of SNAP work requirements that reduce access to food assistance, which will directly affect vulnerable California families; and be it further</p> <p>RESOLVED: That the CAFP update its policy statements to explicitly recognize access to healthy and culturally appropriate food as a core component of health equity, and to support advocacy, clinical practices, and community partnerships that promote reliable access to nutritious food for all patients.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-28-26: Oppose work requirements for Medicaid Medi-Cal
Original RESOLVEDS:	RESOLVED: CAFP opposes work, community service and education requirements for individuals to qualify for Medicaid, as it is a deterrent/roadblock for individuals to access care and may lead to more individuals becoming uninsured.
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendations from the Legislative Affairs Committee (LAC) to Adopt. Author informed.
Final Action:	Adopted.
Resolution #/Title/Date Submitted	A-29-26: Support Full-Scope Medi-Cal Access for Californians, Regardless of Immigration Status
Original RESOLVEDS:	<p>RESOLVED: That the CAFP shall support full access to Medi-Cal (including dental coverage) for all income-eligible Californians, regardless of immigration status; and</p> <p>RESOLVED: That the CAFP shall oppose policies that set different access or cost based on immigration status.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Legislative Affairs Committee (LAC) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the CAFP shall support full access to Medi-Cal (including dental coverage) for all income-eligible Californians, regardless of immigration status</p> <p>RESOLVED: CAFP support policies that promote full equitable health care coverage that do not establish disparate levels of financial contributions based on immigrant, citizenship, or residency status.</p>
Final Action:	Adopted as Amended.

Resolution #/Title/Date Submitted	A-32-26: CAFP supports affordable medical education for students from low social economic backgrounds
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians supports legislation that opposes a federal loan borrowing limit in order to increase the number of medical students who choose primary care specialties and reduce socioeconomic disparities in healthcare.</p> <p>RESOLVED: That the California Academy of Family Physicians bring this resolution to the AAFP Congress of Delegates to refer this for national action.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and Adopted as Amended below. Author informed.</p> <p>RESOLVED: The California Academy of Family Physicians supports policies that increase access to state administered loan programs covering up to the cost of attendance to support medical students with financial need who plan to practice in primary care specialties</p> <p>RESOLVED: That the California Academy of Family Physicians oppose student loan borrowing limits.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-33-26: Addressing Health Misinformation Through Physician Education and Community Engagement
Original RESOLVEDS:	<p>RESOLVED: That the CAFP supports efforts to equip family physicians with tools and resources to identify and combat health misinformation through education and training opportunities; and be it further</p> <p>RESOLVED: That the CAFP support the promotion of accurate, evidence-based health information and counter medically harmful misinformation on social media; and be it further</p> <p>RESOLVED: That the CAFP supports family physicians as leaders and experts in combatting and debunking medical misinformation from social media or other sources that can be harmful to patient and public health in clinical settings, in their communities, and within their own social media networks; and be it further</p> <p>RESOLVED: That the CAFP recognizes the importance of thoughtful and responsible engagement by family physicians when disseminating health information on social media and other public platforms.</p>
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendations from the Member Engagement Committee (MEC) to Adopt as Amended. Author informed.

	<p>RESOLVED: That the CAFP supports efforts to equip family physicians with tools and resources to identify and combat health misinformation through education and training opportunities; and be it further</p> <p>RESOLVED: That the CAFP support the promotion of accurate, evidence-based health information; and be it further</p> <p>RESOLVED: That the CAFP supports family physicians as leaders and experts in combatting and debunking medical misinformation from social media or other sources; and be it further</p> <p>RESOLVED: That the CAFP recognizes the importance of thoughtful and responsible engagement by family physicians when disseminating health information on social media and other public platforms.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-35-26: Confidential Support Resources for Physicians with Impairing Illnesses
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) advocate for a California Physician Health Program that is confidential and aligned with national best practices; and be it further</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) supports access to front-facing, updated online resources designed to assist physicians experiencing mental health conditions or other potentially impairing illnesses, including guidance on navigating hospital credentialing, medical licensing, and other professional responsibilities while seeking treatment.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Medical Practice Affairs Committee (MPAC) to Adopt as Amended. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) advocate for a California Physician Health Program that is confidential and aligned with national best practices; and be it further</p> <p>RESOLVED: That the CAFP-supports access to online resources designed to assist physicians experiencing mental health conditions or other potentially impairing illnesses, including guidance on navigating hospital credentialing, medical licensing, and other professional responsibilities while seeking treatment.</p>
Final Action:	Adopt as Amended.
Resolution #/Title/Date Submitted	A-36-30: CAFP Support for Policies Limiting Government Organization Access to HIPAA protected data

Original RESOLVEDS:	<p>RESOLVED: That the CAFP supports policies that prohibit government organizations from utilizing HIPAA protected healthcare data, including demographic and medical treatment, for taking legal action against individuals.</p> <p>RESOLVED: That the CAFP supports policies that prohibit government organizations from utilizing HIPAA protected healthcare data, including demographic and medical treatment, in any format besides completely anonymized format.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendations from the Medical Practice Affairs Committee (MPAC) to Adopt as Amended below. Author informed.</p> <p>RESOLVED: That the CAFP supports policies that prohibit government organizations from utilizing HIPAA protected healthcare data, including demographic and medical treatment, for taking legal action against individuals.</p>
Final Action:	Adopted as Amended.
Resolution #/Title/Date Submitted	A-39-26: Payment Equity
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians (CAFP) advocate that payors, health systems, and regulatory bodies reimburse procedures and services based on physician training and demonstrated competence rather than specialty designation; and</p> <p>RESOLVED: That CAFP advocate for equitable fee schedules and payment policies that apply uniformly across specialties for the same procedures or services when performed by appropriately trained Family Medicine physicians; and</p> <p>RESOLVED: That CAFP oppose payment or scope-of-practice restrictions that limit Family Medicine physicians from providing procedures, services, or devices for which they are trained and competent, and that such advocacy prioritize improving patient access, reducing inequities, and strengthening the comprehensive practice of Family Medicine.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and Adopted as Amended below. Author informed.</p> <p>RESOLVED: That the California Academy of Family Physicians (CAFP) supports payors, health systems, and regulatory bodies to develop policies that reimburse procedures and services based on physician training and demonstrated competence rather than specialty designation.</p>
Final Action:	Adopted as Amended.
RED: Resolutions NOT ADOPTED by the CAFP Board of Directors on 4.21.26	
Resolution #/Title/Date Submitted	A-01-26: Empowering Family Physicians to provide Culturally Competent and Language Concordant Care Through Further Development of CME and Partnership of Existing Language Services

Original RESOLVEDS:	RESOLVED: That this includes developing, promoting, and supporting CME in culturally competent clinic based medical language learning for primary care physician/providers such as Spanish and act as a pathway for development, promotion and support of medical language learning in other languages as well.
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendation from the Committee on Continuing Professional Development (CCPD) to Affirm as Existing Policy. Author informed.
Final Action:	Affirmed as existing policy.
Resolution #/Title/Date Submitted	A-03-26: Sustainable Practices for CAFP Conferences and Events
Original RESOLVEDS:	RESOLVED: That the CAFP prioritizes sustainability at all CAFP-sponsored meetings and conferences by providing clearly labeled, accessible three-tier waste stations with trash, recycling, and compost at events serving food and at a minimum two-tier stations, trash and recycling, at events where no food is served. If stations can't be installed due to venue limitations, an alternative plan must be implemented to ensure composting and recycling occur.
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendation from the Committee on Continuing Professional Development (CCPD) to Affirm as Existing Policy. Author informed.
Final Action:	Affirmed as existing policy.
Resolution #/Title/Date Submitted	A-04-26: CAFP Policy on Development of State-Wide Registry for Cervical Cancer Screening
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians advocates for the creation of materials and resources for family physicians and patients to understand current guidelines for cervical cancer screening.</p> <p>RESOLVED: That the California Academy of Family Physicians supports the development of a state-wide cervical cancer screening registry by partnering with organizations such as American College of Obstetrics-Gynecologists and California Department of Public Health.</p> <p>RESOLVED: That the California Academy of Family Physicians encourages exploration of integrated information systems to promote appropriate and timely health maintenance and screenings.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and voted to Not Adopt. Author informed.</p> <p>The Board discussed existing cervical cancer screening resources. Board members noted that sufficient resources are already in place and that registry efforts are intended to address existing gaps.</p> <p>Not extracted</p>

Final Action:	Not Adopted.
Resolution #/Title/Date Submitted	A-08-26: Food Label Transparency
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians advocate for stricter regulatory definitions for the term “natural” and “natural flavors”, specifically acknowledging the use of artificial solvents, emulsifiers, and other chemicals utilized in the food production process, and</p> <p>RESOLVED: That the California Academy of Family Physicians advocate for a stricter regulatory definition for the term “healthy”, underlining the diversity and complexity of nutrition as it relates to chronic conditions, including, but not limited to, elevated blood pressures, elevated cholesterol, and obesity, and</p> <p>RESOLVED: That the California Academy of Family Physicians advocate for a stricter and more transparent regulatory definition for the term “serving size”, integrating recommended definitions and dietary guidelines from established professional medical and nutritional organizations.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Committee on Public Health and Equity (CPHE) to Not Adopt. Author informed.</p> <p>The committee discussed that none of the resolved statements fall within the purview of CAFP, as the issue is primarily federal in nature and states do not play a role in regulating food labeling.</p> <p>The committee recommendation, which had previously been presented on the consent calendar at AMAM, was not extracted by Delegates at AMAM, indicating general support of the committee recommendation.</p>
Final Action:	Not Adopted.
Resolution #/Title/Date Submitted	A-19-26: JEDI in Politics
Original RESOLVEDS:	<p>RESOLVED: That the CAFP will welcome and encourage doctors of all political parties and points of view to share their views freely and openly without fear of being mocked, labeled, punished, pushed out, bullied, shouted down, overlooked, excluded, attacked, interrogated, alienated, slandered, or maligned in any way,</p> <p>RESOLVED: That resolutions which reflect a strong political bias be considered carefully; the board should first decide whether this is an issue that specifically behooves the CAFP to take a particular political position, whether the position of the CAFP will significantly change the political conversation among lawmakers, whether it is reasonable for family doctors of diverse views to have a separate or opposite perspective on the issue, whether the CAFP’s stance would unnecessarily promote distrust among large numbers of patients and doctors,</p>

	and finally the board should question whether the resolution will unnecessarily alienate CAFP members with a different political point of view regarding the issue; and after carefully weighing the risks and benefits of all of these, the board should make their decision.
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Justice, Equity, Diversity and Inclusion (JEDI) Committee to Not Adopt. Author informed.</p> <p>The JEDI committee recommendation determined the issues raised were substantively addressed through current policy and no clear policy gap requiring additional formal action was identified.</p> <p>The Board discussed the distinction between the presence of anti-discrimination policies and the perception of discrimination among members. The Board determined that the issue raised did not necessitate new policy and therefore adoption of the resolution.</p>
Final Action:	Not Adopted.
Resolution #/Title/Date Submitted	A-22-26: Protecting Health Care as a Human Right Regardless of Immigration Status
Original RESOLVEDS:	RESOLVED: That the California Academy of Family Physicians reaffirm that health care is a human right for all people, regardless of immigration status, and oppose any legislation, regulations, or budget proposals that restrict access to health insurance coverage or medically necessary health services based on immigration status, and advocate for the protection and expansion of Medi-Cal and other publicly funded health programs for all Californians, regardless of immigration status
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendation from the Justice, Equity, Diversity and Inclusion (JEDI) Committee to Affirm as Existing Policy. Author informed.
Final Action:	Affirmed as existing policy.
Resolution #/Title/Date Submitted	A-26-26: Ensuring the availability and affordability of H-1B visas for primary care physicians
Original RESOLVEDS:	<p>RESOLVED: That the American Academy of Family Physicians (AAFP) opposes financial barriers (including excessive fees) for current and future physicians to obtain an H-1B visa to train in or practice medicine;</p> <p>RESOLVED: That the American Academy of Family Physicians (AAFP) shall continue to advocate with federal policymakers to remove the new H-1B visa financial fee for foreign-trained physicians, researchers, and trainees, ensuring unfettered access to care nationwide.</p>
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendation from the Legislative Affairs Committee (LAC) to Affirm as Existing Policy. Author informed.
Final Action:	Affirmed as existing policy.

Resolution #/Title/Date Submitted	A-30-36: Preserving Continuous Full-Scope Medi-Cal Coverage for All Income-Eligible Adults
Original RESOLVEDS:	<p>RESOLVED: That CAFP advocate to the California Legislature for the preservation of continuous full-scope Medi-Cal coverage for all income-eligible adults regardless of immigration status; and be it further</p> <p>RESOLVED: That CAFP oppose legislative or administrative actions that freeze enrollment, reduce benefits, or otherwise disrupt access to primary, preventive, and chronic disease care for all individuals living in California.</p>
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendation from the Legislative Affairs Committee (LAC) to Affirm as Existing Policy. Author informed.
Final Action:	Affirmed as existing policy.
Resolution #/Title/Date Submitted	A-31-26: Development of Updated Medical Student Loan Education Resources
Original RESOLVEDS:	<p>RESOLVED: That the California Academy of Family Physicians curates and oversees dissemination of updated, accessible educational resources—such as short guides, webpages, or explainer videos—on federal and state medical education loan programs and repayment options to California medical students (via website, student communications, chapter-level outreach, etc.); and be it further</p> <p>RESOLVED: That the California Academy of Family Physicians establish a process to review and update these educational resources regularly in response to significant federal or state loan policy changes; and be it further</p> <p>RESOLVED: That the California Academy of Family Physicians collaborate with financial aid specialists, policy experts, or relevant organizations to advocate for reinstating student health professional loan support to the United States Congress.</p>
Recommended Actions and Progress Notes:	The BOD met on 4.21.26 and accepted the recommendation from the Legislative Affairs Committee (LAC) to Affirm as Existing Policy. Author informed.
Final Action:	Affirmed as existing policy.
Resolution #/Title/Date Submitted	A-34-26: Ensuring Equitable Representation of Independent and Physician-Led Practice
Original RESOLVEDS:	RESOLVED: That CAFP develop and implement a distinct “Independent & Physician-Led Practice Job Portal” category in its Career Center and email job feeds, separate from paid promotional listings, available to CAFP members at no or nominal cost; and

	<p>RESOLVED: That CAFP ensure career-center newsletters include a clearly visible section highlighting physician-owned, independent, and community-based practice opportunities; and</p> <p>RESOLVED: That CAFP create an annual “Independent Practice Spotlight” initiative across newsletters, resident outreach, and social media to raise awareness of viable non-corporate practice models; and</p> <p>RESOLVED: That CAFP collaborate with AAFP and other state chapters to develop model policy ensuring equitable representation of all practice models in workforce communications; and</p> <p>RESOLVED: That CAFP report annually to the Congress of Delegates on progress toward achieving balanced representation of all practice opportunities; and</p> <p>RESOLVED: That CAFP affirm the essential role of independent, physician-led practices in the future of family medicine, especially in rural and underserved regions.</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Member Engagement Committee (MEC) to Not Adopt the first 5 resolved statements and to affirm as existing policy the 6th resolved statement. Author informed.</p> <p>The MEC recommendation was primarily due to the directive nature of the language and the associated high fiscal note. The committee recommendation, which had previously been presented on the consent calendar at AMAM, was not extracted by Delegates at AMAM, indicating general support of the committee recommendation.</p>
Final Action:	Not Adopt the first 5 resolved statements and affirm as existing policy the 6 th resolved statement.
Resolution #/Title/Date Submitted	A-37-26: Focusing on Interoperability to Improve Continuity of Care for Unhoused Patients in California
Original RESOLVEDS:	<p>RESOLVED: the California Academy of Family Physicians supports policy measures that promote interoperability in electronic health records to provide seamless, continuous care for unhoused populations.</p> <p>RESOLVED: the California Academy of Family Physicians advocates for policy measures that support the creation and maintenance of a California interoperability repository for data to be shared from electronic health records across California</p>
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Medical Practice Affairs Committee (MPAC) to Not Adopt. Author informed.</p> <p>The Board engaged in an extensive discussion regarding interoperability. While there was general support for advancing interoperability efforts, significant concerns were raised about the lack of sufficient safeguards. Members highlighted potential risks to patient and provider safety, particularly for vulnerable populations such as unhoused individuals, as well as implications for sensitive services including abortion and gender-affirming care. Concerns were also raised that insufficient protections could lead to reduced documentation in medical records.</p>

Final Action:	Not Adopted.
Resolution #/Title/Date Submitted	A-38-26: Equal Compensation
Original RESOLVEDS:	RESOLVED: Primary care physicians get equal pay and this will encourage more procedures right at the local area and promote primary care
Recommended Actions and Progress Notes:	<p>The BOD met on 4.21.26 and accepted the recommendation from the Medical Practice Affairs Committee (MPAC) to Not Adopt. Author informed.</p> <p>The MPAC committee acknowledged the intention of this resolution but determined that there was a lack of background information and supporting evidence to explain exactly what problem the resolution is trying to address. The committee recommendation, which had previously been presented on the consent calendar at AMAM, was not extracted by Delegates at AMAM, indicating general support of the committee recommendation.</p>
Final Action:	Not Adopted.