California Academy of Family Physicians

POLICY COMPENDIUM

Public Health Policies

CAFP
California Academy of Family Physicians

PUBLIC HEALTH

This section contains policy about public health. This includes child health, environment, food and nutrition, pain management, infectious diseases, and more.

70.01 Child Health

Affordable Childcare for All

CAFP recognize that access to stable, affordable, accessible, high quality child care is preventative medicine and a social determinant of physical and mental health. *(BoD 7/2024)*

Early Detection of Lead Poisoning

CAFP will support initiatives that would facilitate early detection of, and lead to, medical intervention for childhood poisoning. *(BoD 2/1996)*

Epinephrine Auto-Injectors

Endorse legislation that would permit schools to have personnel trained to administer epinephrine through an auto-injector to school children/others suffering potentially life-threatening anaphylactic reactions. *(EC 4/1999)*

Parental Leave

That CAFP support policies that provide employees with reasonable job security, wage replacement, and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions. Such policies should include: (1) medical leave for the employee, including pregnancy; (2) parental leave for the employee-parent, including leave for birth, adoption, or foster care leading to adoption; (3) leave if medically appropriate to care for a member of the employee's immediate family. Any legislative proposals will be reviewed through the Academy's normal legislative process for appropriateness, taking into consideration all elements therein. *(BoD 7/2019)*

Safe Social Media Use in Youth, Young Adults, and Adults

CAFP support policies that fund research, strengthen safety and informed engagement with social media, and enhance systemic social media literacy for youth, young adults, and adults.

CAFP engage in efforts to equip family physicians with the tools to help parents and their children model and establish healthy and safe relationships with social media, mitigating its harms and reaping its benefits. *(BoD 5/2025)*

Topic: mental health

70.02 Civic Engagement

Free Speech to Advocate for Humanitarian Efforts

CAFP supports the right of free speech of medical students, residents, fellows, and doctors in their efforts to advocate for humanitarian efforts, and for the right to do so without repercussion and silencing from their schools and employers. *(BoD 5/2024)*

Voter Registration in the Clinics and Offices of Family Physicians
CAFP supports efforts of nonpartisan organizations that promote voter registration. *(BoD 7/2024)*

CAFP encourages family physicians across the state of California to register people to vote in their clinics and offices. *(BoD 7/2024)*

70.03 Dementia

The Dementia Gap
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.

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. *(BoD 4/2026)*

70.04 Dental Health

Fluoridated Water
CAFP supports the introduction of fluoridated water in all municipalities in California. *(BoD 2/2001)*

70.05 People Living with Disabilities

Disabled as Medically Underserved
CAFP acknowledges the significant health disparities experienced by individuals with intellectual and developmental disabilities and recognizes the benefits that could be realized with federal designation as a medically underserved population; and be it further

CAFP strongly urges the Governor to designate people with intellectual and developmental disabilities as a medically underserved population in the state of California. *(BoD 11/2017)*

Eliminating Health Disparities for Transition Age Youth and Adults with Developmental Disabilities
Adopted a resolution in support of a modified CART model of health care reform for transition age youth and adults with developmental disabilities as follows:

- Clinical services such as physician-led patient centered medical homes, health checks with primary care and access to specialized medical services, and assessment and consultation services;
- Advocacy for health policy system reform and for patients who need support to access health care and to cooperate as a partner in maintaining their own good health;
- Research programs in clinical service, health surveillance, health services and health policy; and
- Technical assistance for clinicians at the point-of-care. *(CoD 3/2010)*

Increasing Access to Care for Patients with Mobility Disabilities:
CAFP supports training for students, residents and physicians on how to adapt physical exam maneuvers and use assistive medical equipment to meet individuals' abilities,

CAFP support accessible exam rooms and exit/entry routes of appropriate size and entry in all clinics to accommodate various types of equipment,

CAFP supports improved reimbursement for home visits to empower physicians to provide care for patients with mobility limitations. *(BoD 12/2025)*

Intellectual and/or Developmental Disability Care in Primary Care Settings
CAFP supports increased education for physicians in the care for individuals with intellectual and developmental disabilities. *(BoD 4/2026)*

Least Restrictive Setting
To reduce segregation and to ensure people with disabilities can exercise their right to full community inclusion, CAFP supports the Healthy People 2020 goals on disability and health including:

a. reduce the number of children and youth with disabilities aged 21 years and under living in congregate care residencies;
b. reduce the number of adults with disabilities aged 22 years and older living in congregate care residencies;
c. increase the proportion of people with disabilities who participate in the social, spiritual, recreational, community and civic activities to the degree they wish;
d. reduce the proportion of people with disabilities who report barriers to obtaining the assistive devices, service animals, technology services and accessible technologies that they need; and
e. reduce the proportion of older adults with disabilities who use inappropriate medications. *(BoD 4/2015)*

Self-Determination and Supported Decision Making for People with Disabilities:
1. CAFP supports initiatives to improve access to supported decision making as an alternative to Power of Attorney, Conservatorship or Guardianship for people who have the capacity to make their own decisions with support.

2. CAFP supports initiatives to help people with disabilities complete their own advanced directives.
3. When leading or participating in ethics, end-of-life and/or informed consent discussions, CAFP encourage members to:
    a. assume that the lives of people with disabilities are inherently meaningful and valuable regardless of ability or support need;
    b. prioritize doing no harm;
    c. challenge discrimination;
    d. respect the self-determination of people with disabilities who make informed choices with or without support;
    e. include people with disabilities on advisory councils, ethics committees and institutional review boards. *(BoD 4/2015)*

70.06 Diversity, Equity and Inclusion

Eliminate the Use of Race-Based Medicine
CAFP eliminate the use of race as a proxy for biology and genetics, and develop policies to ensure this is communicated in CAFP education. *(BoD 7/2020)*

Ending Discrimination in Blood Donation for Gay and Bisexual Men
CAFP oppose the practice of banning or deferring gay and bisexual men from donating blood based strictly on their sexual orientation or that of their patients, and be it further

CAFP support the use of fair and scientifically-based standards for donating blood products. *(BoD 4/2023)*

Ensuring Equitable Representation – MENA Community
CAFP commits to supporting initiatives that address the unique health challenges faced by the Middle Eastern and North African (MENA) community, as evidenced by research demonstrating disparities in health conditions and outcomes. *(BoD 5/2024)*

CAFP calls for increased awareness and education within the healthcare system regarding the specific needs of the MENA community, emphasizing the importance of tailored healthcare strategies. *(BoD 5/2024)*

Ensuring Equity in Rural Health Policy
CAFP ensure that a Rural Health perspective is considered and accounted for as part of their legislative and regulatory advocacy activities. *(BoD 5/2024)*

Fair Bilingual Compensation to Advance Health Equity and Language-Concordant Care
CAFP encourages the recruitment and retention of medical students, residents, fellows, and physicians with language competency aligned with the linguistic needs of the diverse California communities,

CAFP supports transparency of existing bilingual pay structures among its members' practices and institutions to create awareness around bilingual compensation,

CAFP advocates for the inclusion of higher compensation for multilingual proficiency in residency, fellowship, and physician contracts, and,

CAFP promotes medical language training programs at the medical school, residency, and continuing medical education level. *(BoD 11/2024)*

Family Physicians for the Condemnation of Violence and Discrimination Against Asian Americans and Pacific Islanders

CAFP officially condemns violence and discrimination against the Asian American and Pacific Islander community, and be it further

CAFP issues a statement denouncing the violence and discrimination against Asian American and Pacific Islander communities, especially during the COVID-19 pandemic. *(BoD 6/2021)*

Indigenous Health Care

CAFP supports efforts to enhance Indigenous health access and outcomes in California. *(BoD 5/2025)*

Promoting Health Equity for American Indian and Alaskan Native Populations

CAFP supports Medi-Cal and Medicare coverage of evidence-based traditional healing services provided through Indian Health programs to compliment allopathic medicine.

CAFP supports tribal consultation in the development of best patient care practices, and culturally appropriate data collection within Indian Health Programs.

CAFP supports the inclusion of Family Medicine rotations in graduate medical education at Indian Health Services, Tribal and Urban Indian Health Programs. *(BoD 5/2025)*

Topic: Medi-Cal

Support Reparations for Black Americans

CAFP will prioritize opportunities to offer education on the interconnection of racism and public health, and be it further

CAFP supports efforts to address historic and systemic racism, which may include a study of reparations, and be it further

CAFP will encourage the AAFP to support federal efforts that address historic and systemic racism. *(BoD 6/2021)*

70.06a Farm Workers

Extend Disability Benefits to Breast Feeding Mothers Exposed to Pesticides in the Workplace

CAFP will advocate for the California EDD to expand supplementary income assurances to breastfeeding women who are exposed to pesticides in the workplace up to 6 months after giving birth. *(BoD 11/2013)*

Promoting Healthy Pregnancies for Farmworkers through the California State Disability Insurance Program

CAFP raise awareness among physicians and healthcare clinicians about the health risks associated with exposure to pesticides during pregnancy and while chest feeding, and be it further

CAFP provide education to its members on the availability of workplace accommodations and paid leave (State Disability Insurance) for farmworkers experiencing workplace pesticide exposure during pregnancy, and their roles in supporting patients in accessing them regardless of citizenship or immigration status, and be it further

CAFP expand its current policy advocating for the extension of disability benefits for chest feeding parents who are exposed to pesticides in the workplace to include comprehensive access to paid leave (State Disability Insurance, Paid Family Leave, sick days, etc.) for farmworkers during pregnancy and while chest feeding. *(BoD 11/2024)*

70.06b Immigrant Health

Immigration Enforcement Protocols in Clinical Settings

CAFP create or endorse a policy that clarifies the legal rights and obligations of physicians, health care workers and patients relating to ICE raids in health care settings and that the CAFP distribute this policy among CAFP members, including but not limited to members practicing in Federally Qualified Health Centers. And that CAFP investigate the existence of and evaluate a toolkit and protocol, similar to Code Blue, with the scripts, roles, and algorithms for health care staff (legal observer, recorder, video recorder, etc.) that family physicians might use when responding to an ICE raid in a health care setting and make their availability known to CAFP members. *(BoD 7/2018)*

Advocacy for Closure of Detention Camps

CAFP issues an official statement calling for: (a) immediate end of the use of detention; (b) immediate end to separation of families (consistent with previous CAFP/AAFP positions); (c) immediate implementation of independent medical oversight of migrant detention centers to ensure standards of medical care are being met; and (d) immediate cessation of dangerous deportations, in which individuals are

deported to life-threatening conditions in their countries of origin or are deported to settings in which they face life-threatening medical complications. (BoD 5/2020)

Health Care Rights of Patients who are Detained by ICE
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. *(BoD 4/2026)*

Protect Confidentiality and Access to Care for Immigrant Patients
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

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

CAFP opposes any requirements for physicians and healthcare systems to ask for immigration status or to report undocumented individuals *(BoD 04/2026)*

CAFP Support for Policies Limiting Government Organization Access to HIPAA Protected Data
CAFP supports policies that prohibit government organizations from utilizing HIPAA protected healthcare data, including demographic and medical treatment, for taking legal action against individuals. *(BoD 4/2026)*

Prenatal Care
Continue to support prenatal access to undocumented women as a high legislative priority. *(BoD 5/1998)*

Support Full-Scope Medi-Cal Access for Californians, Regardless of Immigration Status
CAFP shall support full access to Medi-Cal (including dental coverage) for all income-eligible Californians, regardless of immigration status

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. *(BoD 4/2026)*

70.06c Language and Cultural

Language and Cultural Proficiency

CAFP is committed to ensuring quality of care and patient safety by promoting access for limited English proficient (LEP) patients, cultural proficiency, expanded health workforce diversity, and reduced health disparities in the provision of medical care to California's LEP and racial/ethnic medically underserved populations. Cultural proficiency is a necessary component for patient safety and compliance. All persons, regardless of race, ethnicity or primary language, deserve access to high-quality health services.

Cultural proficiency is defined as a set of congruent behaviors, attitudes and policies that come together in a system, agency or among health professionals that enables work in cross-cultural situations. A culturally proficient organization values diversity; conducts cultural self-assessments; is conscious of and manages the dynamics of difference; institutionalizes cultural knowledge; and adapts services to fit the cultural diversity of the community served.

CAFP's Language and Cultural Proficiency Policy Principles include positions related to provider education, workforce issues, language access, research and data collection, healthcare financing, written resources, quality assessment, payment, Medi-Cal SCHIP & Medicare, Managed Care, and Private industry. For the full organizing principles for improving cultural proficiency and care to minority and medically underserved communities, see our Policy Reference Report on Language and Cultural Proficiency here or on CAFP's website at www.familydocs.org/policy. *(CoD 3/2007)*

70.07 Drugs and Alcohol

Access to Cannaboids

CAFP encourages more research on the purported risks and purported benefits of medical marijuana.

CAFP supports access to medical marijuana for patients with chronic pain, nausea and vomiting or wasting syndrome who are under the care of a physician and for whom other medications are either ineffective or intolerable and if the benefits outweigh the risks. *(CoD 3/2008, updated 9/2026)*

Adult Use of Marijuana

CAFP supports the decriminalization of the possession and personal use of marijuana, but lack of scientific data and peer-reviewed research prevents CAFP from endorsing its recreational use. CAFP supports the following measures to improve patient safety and expand the reliability and strength of marijuana research:

1. The federal government should change pharmaceutical cannabinoids from a Schedule I to a Schedule II drug to facilitate research, and private manufacturing and distribution of marijuana should be permitted for research purposes.

2. In states in which marijuana is legalized, research should be conducted into the overall safety and health effects of the recreational use of marijuana, as well as the effects of legalization on patient and societal health.
3. The federal Food and Drug Administration, or a similar state agency, should thoroughly investigate recreational and medicinal marijuana for safety and efficacy, including monitoring for purity, standardization of strength and proper usage, as well as testing for harmful contaminants such as insecticides, herbicides or molds.

In addition, CAFP believes our society must recognize drug use and abuse as medical and social problems that must be treated with medical and social solutions. CAFP calls on the President and Congress to empower an objective commission to recommend revision of national drug laws to reduce the harm caused by current policies. *(BoD 7/2016)*

Methamphetamines
CAFP include information about recognition and treatment of methamphetamine use and exposure in its publications and continuing medical education programs for family physicians. *(CoD* A-3-04*)*

Taxes on Alcohol to Finance Health Care
Support the increase of taxes on alcohol as a means of financing the health-related costs to the State of its use, and allocation of these taxes for the prevention, education and the health care expenses attached to alcohol-related illness. *(CoD 2/1996)*

Taxes on Alcohol to Finance Violence Prevention
CAFP encourages and supports legislation which will increase the excise tax on alcoholic beverages with the moneys used to help fund educational programs on violence prevention and treatment of alcoholism and related illnesses. *(CoD 2/1994)*

Treatment of Substance Use Disorder
CAFP supports appropriate changes in the law to permit a greater number of qualified physicians to treat individuals with substance use disorders with medication assisted treatment. *(CoD 1/1995, updated 9/2026)*

CAFP supports a policy of increased funding for drug and alcohol treatment programs. *(CoD 2/1996)*

70.08 Environment

Access to Care During Planned Power Outages
CAFP support efforts that ensure health facilities can continue to provide needed patient care during planned power outages. *(BoD 9/2020)*
Topic: climate health, wildfires

Environmental Standards for Hospitals and Medical Offices

CAFP supports stronger regulations regarding the sources of energy for California hospitals and standards for energy efficiency in new hospitals, such that all existing hospitals in California reach a minimum of 30 percent renewable energy by the year 2030 and 50 percent by 2050, and all new hospitals are required to use a minimum of 90 percent renewable energy starting in the year 2020.

For hospitals to reach the goals of a minimum of 30 percent renewable energy by the year 2030 and 50 percent by 2050 and all new hospitals using a minimum of 90 percent renewable energy by the year 2020, hospitals should be encouraged to install rooftop solar panels, switch to LED light bulbs, maximize insulation within new hospital buildings, shut off air conditioning in operating rooms that are not in use, use hybrid and electric vehicles in their fleet and for transporting supplies, initiate recycling and compost programs, and re-use sterilized instruments for procedures.

New and existing medical office buildings and other locations with physician offices should be encouraged to undertake energy saving efforts to help them achieve a goal of 30 percent renewable energy by the year 2030 and 50 percent by 2050. *(BoD 4/2018)*

Climate Health Policy Principles

CAFP recognizes that human-caused climate change is not only an environmental issue but a pressing and increasing individual and public health threat. Family physicians witness firsthand the health impacts of extreme heat, poor air quality, wildfires, environmental toxicants exposure, and other climate-related events that disproportionately affect vulnerable populations and frontline communities.

CAFP is committed to advancing policies and practices that protect patients, strengthen health system resilience, and promote environmental justice and sustainability.

1. Recognize Climate Change as a Public Health Threat

CAFP affirms that climate change poses serious and escalating threats to the health and well-being of all Californians.

2. Integrate Climate Health into CAFP Operations

CAFP reaffirms its commitment to incorporating climate health principles into its organizational decision-making, operations, and educational programs. This includes considering opportunities to reduce CAFP's environmental impact, and embedding climate considerations and prioritizing sustainability into ongoing initiatives and events. CAFP affirms its commitment to transparency and accountability in organizational, climate-related efforts.

3. Advance Environmental Justice and Equity

CAFP supports centering environmental justice and equity in all climate health policies, recognizing that frontline communities–particularly low-income populations, indigenous people, and communities of color–experience disproportionate health

burdens from climate change. CAFP will pursue opportunities to use equity advancing tools, such as the CAFP's JEDI Equity Tool Worksheet and CalEnviroScreen Tool when evaluating climate-related initiatives and policies to ensure equitable impact and support for vulnerable populations.

4. Build Resilient and Sustainable Health Systems

CAFP supports policies and programs that invest and strengthen the resilience and sustainability of healthcare systems. This may include:

- Making available environmentally sustainable healthcare practices and systems with transparency on environmental impact.
- Development and dissemination of resources, toolkits, and education for family physicians to apply sustainability principles in their practices.
- Making available climate-health education into medical school, residency, and continuing medical education curricula.

5. Promote Climate-Resilient Healthy Communities

CAFP recognizes that a healthy environment is prerequisite to healthy communities. This includes but is not limited to clean air, clean water, development of climate-resilient infrastructure, and a just, clean energy transition. CAFP supports the development and dissemination of resources for family physicians to effectively counsel patients and communities about climate-related health issues.

6. Ensure Evidence-Based Climate Health Policies

CAFP advocates for regulatory and legislative decisions grounded in scientific evidence and public health principles. This may include:

- Promoting accountability and transparency in the development and implementation of climate health policies.
- Supporting the use of data and surveillance systems to monitor health impacts and guide evidence-based action.
- Advancing research, education, and early warning systems to protect communities from emerging climate threats.
- Supporting policies and initiatives that will reduce greenhouse gas emissions as a preventative strategy. *(BoD 12/2025)*

Family Medicine Physicians as Advocates for Climate Change

CAFP will support the integration of climate change topics into medical school and residency curricula as well as continuing medical education programs to equip healthcare providers with the knowledge and skills to further inform their patients on environmental health impacts. *(BoD 5/2024)*

CAFP will support family medicine physicians to educate their patients on the potential health impacts of climate change and ways their patients can individually help alleviate the negative effects of climate change; including but not limited to increasing energy efficiency, recycling, walking or biking to work, and avoiding heavily processed foods. *(BoD 5/2024)*

CAFP supports physicians in advocating for environmental sustainability within their workplaces and local organizations. *(BoD 5/2024)*

Physician Representation on Environmental Issues
CAFP encourage physician representation on government advisory committees working on climate change and environmental issues. *(BoD 9/2020)*

Support California Fire Prevention, Safety, and Preparedness
CAFP distribute educational materials to prepare members for wildfires, such as on creating evacuation and meet-up plans, preparing fire preparedness kits, and prevention of wildfires,

CAFP support both local and state legislation that addresses wildfire prevention,

CAFP continue to support and advocate for legislation that overall decreases the effects of climate change, including the impact of the healthcare system on carbon emissions
(BoD 4/2022)

Support Environmental Justice in Environmental Health Policy
CAFP support policies and research that invest in environmental justice through supporting culturally vibrant sustainable and resilient communities in which every person has safe, clean and affordable options for housing, energy and transportation. *(BoD 5/2025)*

70.09 Food and Nutrition

70.09a Food Literacy and Access

Food Insecurity Screening in Healthcare Settings as Higher Standards of Health Care
CAFP supports and encourages family physicians and their practice teams to screen for food insecurity by using two validated screening tool questions as a higher standard of health care, such as:

1. Are you worried that your food will run out before you get money to buy more? and
2. Does the food you buy last and, if not, do you have money to get more?

CAFP educate its membership about how to use and interpret the validated food insecurity screening tools and identify local resources to which to refer patients in need. *(BoD 11/2018)*

Food Literacy
CAFP supports the need for validated and comprehensive food literacy assessments that can be practically utilized by family physicians, and

CAFP advocate for the funding, development and validation of evidence-based and culturally inclusive food literacy assessments, as well as food literacy education programs, and

CAFP 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. *(BoD 4/2026)*

Opposing the Expansion of SNAP Work Requirements
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

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. *(BoD 4/2026)*

Transforming Access to Nourishment: Physicians for Food Security
That the California Academy of Family Physicians (CAFP) advocate for the continued development and use of evidence-based practices to strengthen follow-up care for patients experiencing food insecurity, including primary-care integrated referral pathways to both local and national resources to ensure comprehensive care and support. *(BoD 5/2025)*

70.09b General Nutrition

Tax on Sugar-Sweetened Beverages
CAFP advocates for the AAFP to work with Congressional leaders to implement a nationwide excise tax on sugar-sweetened beverages, the revenue generated from a statewide and/or nationwide excise tax on sugar-sweetened beverages should be earmarked to support health care programs, such as those related to childhood nutrition, obesity prevention and subsidizing healthier foods and beverages for those who need them. *(BoD 4/2018)*
Topic: soda

Restrict Antibiotic Use in Food Animals
CAFP urges that non-therapeutic use in animals of antimicrobials that are also used in humans should be terminated or phased out to protect the efficacy of these medications in human medicine and urges that AAFP do the same.

CAFP encourages bulk purchasers of foodstuffs, including restaurant chains, school and hospitals, to adopt policies encouraging procurement of foodstuffs from food animals raised with no medically important antibiotics except when given on a therapeutic basis (on a non-routine basis, or for a diagnosed disease) by a licensed veterinarian with an established veterinarian client-patient. *(BoD 4/2017)*

70.09c School and Child Nutrition

Diversifying School Meals to Reduce Chronic Disease, Improve Health Equity, and Improve Climate Health

CAFP endorse legislation that provides for healthy and diverse plant-based meal options for every K-12 grade child in public and charter California schools. *(BoD 7/2024)*

Eliminating Fruit Juice from WIC Food Packages to Combat Childhood Obesity and Dental Caries

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

CAFP support educational initiatives aimed at WIC beneficiaries to clarify that fruit juice is not a necessary component of a healthy pediatric diet. *(BoD 4/2026)*

Soft Drinks in Schools Policy

- Family physicians should work to eliminate sweetened drinks in schools. This entails educating school authorities, patients, and patients' parents about the health ramifications of soft drink consumption. Offerings such as real fruit and vegetable juices, water, and low-fat white or flavored milk provide students at all grade levels with healthful alternatives. Family physicians should emphasize the notion that every school in every district shares a responsibility for the nutritional health of its student body.
- Family physicians should advocate for the creation of a school nutrition advisory council comprising parents, community and school officials, food service representatives, physicians, school nurses, dietitians, dentists, and other health care professionals. This group could be one component of a school district's health advisory council. Family physicians should ensure that the health and nutritional interests of students form the foundation of nutritional policies in schools.
- School districts should invite public discussion before making any decision to create a vended food or drink contract.
- If a school district already has a soft drink contract in place, it should be tempered such that it does not promote over-consumption by students.
- Soft drinks should not be sold as part of or in competition with the school lunch program, as stated in regulations of the US Department of Agriculture.
- Vending machines should not be placed within the cafeteria space where lunch is provided. Their location in the school should be chosen by the school district, not the vending company.
- Vending machines with foods of minimal nutritional value, including soft drinks, should be turned off during lunch hours and ideally during school hours.

- Vended soft drinks and fruit-flavored drinks should be eliminated in all elementary schools.
- Incentives based on the amount of soft drinks sold per student should not be included as part of exclusive contracts.
- Within the contract, the number of machines vending sweetened drinks should be limited. Schools should insist that the alternative beverages listed in recommendation 1 be provided in preference over sweetened drinks in school vending machines.
- Schools should preferentially vend drinks that are sugar-free or low in sugar to lessen the risk of excessive weight gain and/or obesity.
- Consumption or advertising of sweetened soft drinks within the classroom should be eliminated. *(CoD 4/2004)*

Topic: soda

Supporting School Policies that Substantially Reduce Items Containing High-Fructose Corn Syrup and Derivatives

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.

CAFP encourage school food service procurement standards and local wellness policies to prioritize beverages and foods without highly refined sugars compliant with nutrition standards.

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. *(BoD 4/2026)*

70.10 Public Health Infrastructure

State and Local Public Health Department Investment

CAFP support efforts that promote investment of resources in state and local public health departments as guided by the current needs of the communities, which may include, but are not limited to, pandemic preparedness, mitigation of climate change effects on health, increase in public health labs, and higher paying salaries for qualified personnel, with the purpose of improving population health outcomes, and be it further

CAFP support efforts to increase coordination between primary care teams and public health programs to improve population health and health equity in the face of evolving public health challenges, and be it further

CAFP support efforts to improve transparency of current public health funding and perform regular assessments of that funding to ensure the necessary amount of resources are available and distributed to the appropriate public health programs based on the current health climate. *(BoD 4/2022)*

70.11 Health Education

Addressing Misinformation Through Physician Education and Community Engagement

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

CAFP support the promotion of accurate, evidence-based health information; and be it further

CAFP supports family physicians as leaders and experts in combatting and debunking medical misinformation from social media or other sources; and be it further

CAFP recognizes the importance of thoughtful and responsible engagement by family physicians when disseminating health information on social media and other public platforms. *(BoD 4/2026)*

Physical Exercise as a Vital Sign

CAFP encourages family physicians to recommend that adults aged 18–64 do at least 150 minutes of moderate-intensity aerobic physical activity throughout the week or do at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week or an equivalent combination of moderate- and vigorous-intensity activity.

CAFP develop policy to encourage family physicians to make a routine, standardized and widespread practice of measuring patients' habitual physical activity, and consider physical activity a "vital sign," be to assessed at clinical visits as appropriate and to engage patients in conversation and preventative counseling to ensure they are aware of and understand the proven connection between regular physical activity and optimal health. *(BoD 4/2017)*

Promotion of Resistance Training and Physical Activity as Standard Preventative Health Recommendations in Family Medicine

CAFP recommends 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. *(BoD 4/2026)*

70.12 Housing

Decriminalize People Experiencing Homelessness

CAFP recognize and support the importance of affordable housing initiatives as a means to supporting better health, and be it further,

CAFP support policy measures that address policy issues that increase affordable, accessible housing, including rent control, rental assistance programs, and other low income housing efforts. *(BoD 5/2024)*

Support Rent Control Initiative on a Local, State, and National Level
CAFP recognize and support the importance of affordable housing initiatives as a means to supporting better health, and be it further,

CAFP support policy measures that address policy issues that increase affordable, accessible housing, including rent control, rental assistance programs, and other low income housing efforts. *(BoD 5/2024)*

70.13 Infectious Diseases

70.13a HIV / AIDS

Physician Testing
CAFP oppose mandatory HIV testing of physicians and other health care workers and lobby against such testing. *(CoD 2/1992)*

Reporting and Contact Notification

- Support mandatory reporting by name all cases of HIV infection/sero-positivity to local health departments, except for positive tests received at anonymous sites.
- Support confidential tracing by public health officials of the contacts of HIV infected individuals and partner notification of exposure, with the goal of offering testing and counseling to potentially exposed persons in time for prevention, or if infection has already occurred, early treatment and interruption of further transmission.
- Support preservation of anonymous HIV testing sites to attract any persons who might be more inclined to come in for early testing and counseling within this type of setting. *(CoD 2/1999)*

Transmission
CAFP support education, surveillance and other methods of quality control designed to decrease the likelihood of transmission of HIV in the health care setting. *(CoD 2/1992)*

HIV Testing and Documentation

- Resolved, CAFP should advocate for policy that HIV testing and documentation of results no longer have exceptional privacy requirements within the medical record; and, be it further
- Resolved, that a General Release of Medical Information request be sufficient for disclosure of HIV testing and/or results; and, be it further
- Resolved, that CAFP introduce and support the adoption of this resolution at the CMA House of Delegates. *(CoD 3/2007)*

70.14 Mental Health

Improving Suicide Screening for Adolescence
CAFP support increased access to mental health services for adolescents.

CAFP support regular screenings with validated screening tools for mental health in the school setting. *(BoD 4/2023)*

Reallocation of Resources in Police Department Budgets for a Mobile Crisis Intervention Team
CAFP support state and local policies to reallocate police department budgets to a mobile crisis multi-disciplinary intervention team trained in conflict resolution and deescalation techniques particularly with people experiencing mental health crises, homelessness, and substance abuse, and be it

CAFP support more research on the fiscal and public health impacts of a mobile crisis intervention team responding to non-violent calls in lieu of police officers. *(BoD 11/2021)*

70.15 Opioids / Pain Management

Creating a Buprenorphine Exemption from the Controlled Substances Act
CAFP support efforts to increase patient access to safe, effective and evidence-based treatment for opioid use disorder, such as reducing physician training requirements for prescribing buprenorphine. *(BoD 9/2020)*

Expanded Use of Naloxone: Prevention of Drug Overdose-related Deaths
1. Support the implementation of programs that allow first responders and non-medical personnel to possess and administer naloxone in emergency situations;
2. Support the implementation of policies that allow licensed providers to prescribe naloxone auto-injectors to patients using opioids or other individuals in close contact with those patients; and
3. Support the implementation of legislation that protects any individuals who administer naloxone from prosecution for practicing medicine without a license. *(BoD 4/2015)*

Expanding Naloxone Access in Schools: A Critical Step in Combating the Opioid Epidemic
CAFP support efforts that mandate training and access to emergency naloxone in primary/secondary schools. *(BoD 4/2023)*

Inappropriate Use of CDC Guidelines for Prescribing Opioids
CAFP applauds the Centers for Disease Control and Prevention (CDC) for its efforts to prevent the incidence of new cases of opioid misuse, addiction, and overdose deaths, and misapplication of its guidelines.

CAFP affirms that no entity should use MME (morphine milligram equivalents) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level that prescribing the MME thresholds found in the CDC Guideline.

That the CDC guidelines do not constitute a standard of practice and should be considered by physicians alongside other guidelines, such as those produced by the Medical Board of California. As such, CAFP will advocate against misapplication of the CDC Guideline by pharmacists, health insurers, pharmacy benefit managers, legislatures, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia.

CAFP collaborate with the AAFP, the American Medical Association, pharmacy associations and the pharmacy board to communicate with the nation's largest pharmacy chains to recommend a review of practices related to denial of prescriptions for opioids that exceed certain numerical thresholds, including, policies, procedures and directives to retail pharmacists. Authors informed. Staff to engage with other organizations to identify opportunities to collaborate. *(BoD 7/2019)*
Topic: privileges

Overdose Preparedness in Primary Care Settings
CAFP encourage state-wide and national requirement of primary care facilities to implement overdose preparedness protocols that include naloxone storage with on-site emergency kits and all-clinic staff training in naloxone administration;

CAFP make physician-facing information available about medico-legal aspects in providing intoxication and overdose treatment; and,

CAFP encourage AAFP to formally recommend clinical guidelines addressing overdose in the ambulatory setting. *(BoD 5/2024)*

Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis
CAFP support the creation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services. *(BoD 7/2018)*

70.16 Tobacco

Chewing Tobacco Products
CAFP opposes the use of chewing tobacco products and extends the same policies to them as to other tobacco-related products. *(BoD 2/2001)*

Electronic Cigarettes
CAFP opposes the use of electronic cigarettes (e-cigarettes) and other nicotine delivery devices not approved by the United States Food and Drug Administration (FDA) as smoking cessation aids and in those places where smoking is prohibited by law. CAFP supports the requirement that a tobacco permit be required by law for the sale or furnishing of e-cigarettes and other nicotine delivery devices not approved by the FDA as smoking cessation aids. CAFP supports the extension of tobacco laws to e-cigarettes. Such devices should not be sold to children under 18.

CAFP recognizes the increased use of e-cigarettes especially among youth and those attempting to quit smoking tobacco. E-cigarettes are unregulated, battery-operated devices that contain nicotine-filled cartridges. The resulting vapor is inhaled as a mist that contains flavorings and various levels of nicotine and other toxic substances. Although e-cigarettes may be less toxic than smoking combustible tobacco cigarettes, there is no empirical evidence supporting the efficacy of e-cigarettes as a smoking cessation device. However, some physicians and public health groups consider the use of said devices as a viable harm-reduction strategy. Anecdotal accounts of people using e-cigarettes as a cessation device have led some to believe that these products have the potential to help them quit – especially the long-term, highly addicted smoker. Others are concerned that e-cigarettes may contribute to nicotine dependence, promote dual use of both products, and encourage nicotine consumption. E-cigarettes may also introduce children to nicotine and potential addiction.

There are concerns about the lack of any regulatory oversight by the Food and Drug Administration's Center for Tobacco Products (FDA CTP) on the manufacture, distribution and safety of e-cigarettes. Therefore, the CAFP calls for rigorous research in the form of randomized controlled trials of e-cigarettes to assess their safety, quality, and efficacy as a potential cessation device. CAFP also recommends that the marketing and advertising of e-cigarettes, especially to children and youth, should cease immediately until e-cigarette's safety, toxicity, and efficacy are established. *(BoD 5/2014)*

Pharmacies Selling Cigarettes
Oppose the sale of cigarettes and other tobacco products in pharmacies.

Work with the Pharmacy Partnership Project to contact the management of independent and chain pharmacies to explain the CAFP position opposing tobacco sales in pharmacies, and help them understand the implications for their business. *(CoD 2/1999)*

Smoking Cessation for Minors
CAFP supports access for minors aged 16 and older for smoking cessation programs and nicotine replacement therapy (NRT) for the treatment of nicotine dependence,

without requiring parental or guardian consent, and encourages the use of evidence-based modalities in the treatment of youth nicotine dependence. *(BoD 12/2025)*

Taxes on Tobacco
Support the increase of taxes on tobacco as a means of financing the health-related costs to the State of its use, and allocation of these taxes for the prevention, education and the health care expenses attached to tobacco-related illnesses. *(CoD 2/1996)*

70.17 Vaccines

Minor Consent for Vaccines
CAFP advocate that vaccines recommended by the California Department of Public Health, the AAFP, and other designated evidence-based assessment entities, be available to adolescents aged 12 years and older who desire vaccination without requiring consent from their legal guardians, and

CAFP advocate that SARS-Co-V2 vaccines be available to adolescents aged 12 years and older who desire vaccination without requiring consent from their legal guardians.. *(BoD 4/2022, updated 9/2026)*

Annual Influenza Vaccine Mandate Among Required Vaccinations for School
CAFP support efforts to increase annual influenza vaccine adherence in children, through such efforts as required vaccination for school or childcare enrollment, with appropriate medical exemptions. *(BoD 9/2020)*

Control of Influenza Vaccine Supply
CAFP policy that manufacturers preferentially supply influenza vaccine to physicians in time of shortage or public need. *(CoD 2/2001)*

Ensuring Equitable Distribution of the COVID-19 Vaccine
CAFP lobby for the specific inclusion of collaboration with non-governmental community organizations and clinics to address equitable distribution of the COVID-19 vaccine among communities of racial and ethnic minorities as well as undocumented individuals. (BoD 6/2021)

Ensuring Equitable Vaccine Access for Independent and Rural Family Physicians to Protect Public Health in California
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

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. *(BoD 4/2026)*

Immunization Registry

Support the completion of the immunization registry state hub and encourages members' participation in such registries. *(CoD 3/2009)*

Personal and Religious Belief Exemptions to Immunizations
Support the elimination of the personal and religious belief exemptions for immunization requirements for school-aged children. *(BoD 4/2015, updated 9/2026)*

Preferential Supply of Influenza Vaccine
Manufacturers should preferentially supply influenza vaccine to physicians in time of shortage or public need. *(CoD 2/2001)*

Support legislation providing physicians priority access to the first available seasonal influenza vaccine. *(CoD 3/2010)*

Public School Vaccine Education
CAFP supports policies that formalize and implement a school curriculum that includes evidenced-based vaccine education. *(BoD 8/2025)*
Topic: health education, schools

Vaccine Information Mobile Application
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. *(BoD 4/2026)*

Vaccines/Immunizations Policy

- When medical practices incur a cost for vaccines, physicians should be adequately paid for the vaccine itself and all associated overhead costs (i.e., acquisition, storage, inventory, insurance, spoilage/wastage, etc.) of all immunizations and their administration with no patient cost-sharing.
- All children and adults, regardless of economic and insurance status, should have access to all immunizations recommended by the AAFP.
- Vaccine manufacturers and distributors should have payment policies that minimize physicians' financial risk involved in maintaining a vaccine inventory.
- Government programs (e.g., Vaccines for Children (VFC), 317 Immunization Grants, or state "universal purchasing") that subsidize the costs of vaccines at no cost to medical practices should be adequately funded by the federal and state government.
- Patients should receive all immunizations in their medical home; when recommended vaccines are provided outside of the medical home, all pertinent vaccine related information should be provided to the patient's medical home.
- The government should allow physicians to intermingle storage of VFC and other vaccine supplies, with appropriate documentation and cost accounting,

due to the burdensome and unnecessary administrative hassle of doing otherwise. *(BoD 5/2013)*

70.18 Violence and Injury Prevention

70.18a Domestic Violence and Child Abuse

Mandatory Reporting Harms Patients Impacted by Intimate Partner Violence
CAFP supports elimination of mandatory reporting to law enforcement for adult intimate partner violence victims; and be it further

CAFP supports requirements for referrals to local and/or national domestic and sexual violence advocacy services for adult intimate partner violence victims. *(BoD 4/2023)*

Prevent Child Abuse
CAFP support primary prevention of child abuse and neglect through the education of family physicians, including residents, about identifying families at risk for child abuse, and support allocation of funds, public and private, for the expansion of primary prevention home visitation programs and direct this issue to the Education and Legislative Affairs Committees to consider how best to support the primary prevention of child abuse. *(CoD 1/1995)*

70.18b Firearm Violence

Educate FPs/Public on Firearms and Risk of Injury and Death
CAFP should continue to develop programs to educate family physicians, their patients and the public on the issue of ownership of firearms and the concurrent risk of injury and death, domestic and family violence, alcohol and other drug abuse and the concurrent risk of violent injury and death, the relationship of increasing violence in the media and increasing violence in our society, the preventable nature of violence, and the importance of addressing the root causes of violence as part of a comprehensive violence prevention approach; and, the CAFP delegation to the AAFP COD introduce a resolution asking the AAFP to recognize the above. *(CoD 2/1994)*

Firearm Violence
1. CAFP recognizes that firearm violence is a public health issue and supports targeted public education campaigns on firearm violence prevention to improve public understanding of the risks associated with firearms and to enlist community partners in the effort to reduce morbidity and mortality from firearms.
2. As with other public health issues, physicians have a unique responsibility as trusted public health figures to respond to the harms associated with firearm violence, both as individual clinicians and as community advocates. Through their role in routine screening and assessment, physicians can counsel and educate patients about firearm safety and storage, including best practices to reduce injuries, deaths and psychological trauma related to firearm use. Particular care should be given to individuals in risk categories such as a history of alcohol or substance abuse, history of violence, and risk of harm to self or others.

3. CAFP supports California's strong legal and regulatory protections related to firearms and commits to working with the American Academy of Family Physicians and others to improve federal policy in that regard.
4. CAFP supports:
    - Restriction of access to firearms for individuals at increased risk for firearm violence, including individuals with a history of alcohol or substance abuse, those convicted of domestic violence, or those with suicidal ideation or other intent to physically harm themselves or others.
    - Appropriate regulation and taxation of firearm and ammunition purchases, and that such items be subject to legal and regulatory protections in regard to design, sale or transfer, possession and storage.
    - Establishment of a universal background check system and the successful completion of a use and safety course for all persons buying or otherwise taking ownership of a firearm or purchasing ammunition.
    - Mandated reporting by firearm owners of the theft or loss of a firearm within 72 hours of becoming aware of the loss.
    - Appropriate possession limitations on firearms and ammunition with features designed to increase their rapid killing capacity.
    - Waiting periods prior to firearm purchases.
    - Funding of research into gun violence as a public health issue, including overturning the Dickey Amendment and funding the CDC to investigate how to reduce morbidity and mortality related to firearms. *(BoD 4/2018)*

Oppose Possession or Private Use of Handguns

CAFP recognizes the crisis created by handguns and endorses and supports legislation prohibiting the manufacture, sale, transfer or possession of handguns and handgun ammunition for private use. *(CoD 2/1994)*

Policy on Keeping People Safe from Firearm-related Harms

CAFP supports legislative and regulatory approaches to keeping people safe from firearm-related harms, which may include:

- Increasing public and private funding for the development, evaluation and implementation of evidence-based programs and policies to reduce firearm-related injury and death;
- Supporting consumer product regulations regarding gun design, access and safety similar to those used for other consumer products;
- Regulating gun purchases through waiting periods and background check;
- Limiting the availability of firearms to those whose ability to responsibly handle weapons is assured, including relevant mental health diagnoses and criminal background restrictions; and
- Prohibiting the sale of assault-type weapons and high capacity ammunition magazines. *(BoD 5/2013)*

Restrictions on Physicians' Ability to Counsel Patients on Firearms

CAFP opposes restrictions on physicians' ability to counsel patients on reducing injuries and deaths from firearms in the home. *(BoD 5/2013)*

Tax on Gun and Ammunition Sales

CAFP support a tax on gun and ammunition sales and that the revenue generated from such a tax be used to fund mental health support services, such as behavioral health therapists at schools, programs to identify at risk children, and post- incident support services for individuals affected by any gun violence.

CAFP submit a resolution to the AAFP to support a tax on gun and ammunition sales, and that the revenue generated from such a tax be used to fund mental health support services, such as behavioral health therapists at schools, programs to identify at risk children and post- incident support services for individuals affected by any gun violence. *(BoD 7/2018)*

70.18c Injury Prevention

Mandatory Use of Motorcycle Helmets

Affirms support for legislation requiring mandatory use of approved helmets by all motorcycle riders, regardless of age, urging both houses of the California legislature to enact, and the Governor to sign, such legislation as a matter of urgency.

Direct CAFP's delegates to the CMA to actively pursue this position before the CMA's House of Delegates and Legislative Action Committee, so that this position may be forcefully pressed by the CMA's lobbying team in Sacramento.

Direct CAFP's Executive, and administrative staff to communicate directly with the Governor, appropriate legislative leaders and with the public through appropriate media, expressing the position of CAFP on this matter. *(CoD 2/1989)*