

**OREGON ACADEMY OF FAMILY PHYSICIANS
CONGRESS OF THE MEMBERS
79th ANNUAL MEETING
May 2, 2026
Sunriver, Oregon**

1 **Consent Calendar for the OAFP 2026 Reference Committee**

2 Madame Speaker, the Reference Committee held a virtual Hearing on April 18 and three resolution
3 authors were there to present their resolutions. The committee wishes to thank all the authors for their
4 contributions to the Academy and to note that they hope and expect that member engagement grows
5 through such virtual hearings and through the online forms where members may comment on the items
6 before the Congress.

7 The Committee has considered each of the items referred to it and submits the following report. The
8 committee's recommendations on each item are hereby submitted as a consent calendar to be voted on
9 in one vote. An item or items may be extracted for debate. NOTE: New language is presented **underlined**
10 **and in bold**. Language to be deleted is presented in red with ~~strikethrough~~ markings.

11

12 **RECOMMENDATION:** The Reference Committee recommends the following consent calendar for
13 adoption:

Item 1: Resolution #1 –“Appropriate use of AI in Family Medicine”

14 **ADOPT** substitute resolution

15 **Item 2:** Resolution #2 –"Advance Care Planning Education Initiative for Youth and Community”

16 **ADOPT** as written

17 **Item 3:** **ADOPT** Resolution #3 – “Evidence-Based Standards for Pediatric Gender Distress and
18 Detransition Care”

19 **NOT ADOPT**

20 **Item 4:** **Resolution #4** –" Support for the Use of Federal Health Dollars by States for the Funding of State-
21 Based Universal Health Care”

22 **ADOPT AS WRITTEN**

23

24 **Item 1: Resolution #1: Appropriate Use of Artificial Intelligence in Family**
25 **Medicine**

26 The resolved portion is printed below:

27 **1. RESOLVED** that the OAFP will develop a policy position statement or statements to
28 inform the advocacy efforts of the Academy, and to be communicated to members.

29 The committee heard testimony broadly in support of the concept of the resolution, but noted that the
30 resolved clause needed to be clearer.

31 **RECOMMENDATION:** The Reference Committee recommends that a **substitute resolution be adopted:**

32 **RESOLVED** that the OAFP will develop a policy to inform the advocacy efforts of the
33 Academy **on matters pertaining to the use of artificial intelligence in primary care,**
34 and to be communicated to members.

35

36 Item 2: Resolution #2 – Advance Care Planning Education Initiative for Youth 37 and Community

38 The resolved portions are printed below

- 39 1. **RESOLVED**, that the OAFP supports incorporation of Advance Care Planning education, including
40 Advance Directives, into high school curricula (grades 9–12) to improve health literacy and
41 informed decision-making; and be it further
- 42 2. **RESOLVED**, that the OAFP supports the dissemination of Advance Directive information at
43 Department of Motor Vehicles offices at the time of driver’s license application and renewal.
- 44 3. **RESOLVED**, that the AAFP supports incorporation of Advance Care Planning education, including
45 Advance Directives, into high school curricula (grades 9–12) to improve health literacy and
46 informed decision-making; and be it further
- 47 4. **RESOLVED**, that the AAFP supports the dissemination of Advance Directive information at
48 Department of Motor Vehicles offices at the time of driver’s license application and renewal.

49 The committee heard testimony from reference committee attendees in support of the concept behind
50 this resolution, but raising concern regarding the challenge of allotting enough time to all necessary
51 subjects in high school curriculum. Testimony was also heard that the resolution is broad enough to
52 allow OAFP to support a range of actions on this topic.

53 **RECOMMENDATION:** The committee therefore recommends this item be **ADOPTED**.

54

55 Item 3: Resolution #3 Evidence-Based Standards for Pediatric Gender 56 Distress and Detransition Care

57 The resolved portion is printed below

- 58 1. **RESOLVED**, that the AAFP promote comprehensive psychosocial assessment and non-invasive
59 mental health care—including watchful waiting—as the primary, evidence-informed approach
60 for gender-distressed youth, and advise families on the potential harms of early social transition;
61 and be it further
- 62 2. **RESOLVED**, that the AAFP support delaying irreversible medical interventions—including puberty
63 blockers, cross-sex hormones, and surgeries—for minors until they reach the age of legal medical
64 consent (19+); and be it further
- 65 3. **RESOLVED**, that the AAFP update its LGBTQ+ Health Toolkit to include evidence-based
66 detransition resources—such as those from the Society for Evidence-based Gender Medicine

67 (SEGM) and Resilience Health Network (RHN)—incorporating protocols for hormonal cessation,
68 HPG axis monitoring, and mental health screening for regret and comorbidities for
69 detransitioners and individuals with non-linear gender trajectories.

70 The committee heard testimony from the authors in support of their resolution. The committee also
71 reviewed written and oral testimony which was primarily in opposition to this resolution. Members
72 noted that “affirming” care can encompass patients electing to discontinue hormone therapy or other
73 interventions, and that expansiveness allows for the intent of the third resolved.

74 **RECOMMENDATION:** The reference committee recommends that this item be **NOT ADOPTED**.

75 **Item 4: Resolution #4 – Support for the Use of Federal Health Dollars by States** 76 **for the Funding of State-Based Universal Health Care**

77 The resolved portion is printed below:

- 78 1. **RESOLVED**, that the OAFP support legislation that would allow states to apply for waivers to use
79 existing funding for federal health programs for creation of a state-based universal healthcare
80 system provided it offers coverage benefits that are non-inferior to any current federal program
81 from which it diverts funds and is not prescriptive regarding how states should implement such a
82 universal health care system; and be it further
- 83 2. **RESOLVED**, that the AAFP support legislation that would allow states to apply for waivers to use
84 existing funding for federal health programs for creation of a state-based universal healthcare
85 system provided it offers coverage benefits that are non-inferior to any current federal program
86 from which it diverts funds and is not prescriptive regarding how states should implement such a
87 universal health care system; and be it further
- 88 3. **RESOLVED**, that the OAFP direct its delegate to the OMA to advocate for the OMA to support
89 legislation that would allow states to apply for waivers to use existing funding for federal health
90 programs for creation of a state-based universal healthcare system provided it offers coverage
91 benefits that are non-inferior to any current federal program from which it diverts funds and is
92 not prescriptive regarding how states should implement such a universal health care system.

93 Your reference committee heard minimal testimony related to this resolution, but noted that it aligns
94 with and further specifies current OAFP policy to support (among other options) state-based single-
95 payer health care.

96 **RECOMMENDATION:** Therefore, the reference committee recommends this item be **ADOPTED**.

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