LEADERSHIP CONFERENCE 2026

AMERICAN ACADEMY OF PEDIATRICS

July 23 –25, 2026

PRIORITIZATION OF THE 2026 ADOPTED RESOLUTIONS

RESULTS

At the close of voting at the 2026 Leadership Conference, Saturday, July 25, all voting members were invited to select the Top 10 resolutions they felt were of the utmost importance to the membership of the Academy. Of the 188 eligible voting members, 162 responded (86%). The following shows the Top 10 resolutions based on the number of votes received. Also noted is the sponsor of the resolution and the calendar to which the resolution was referred.

Top 10	Res #	Title	Calendar	Sponsor
1	15SA	Addressing Structural Pay Inequities Affecting Pediatric Professionals	Reference Committee A	Section on Cardiology and Cardiac Surgery
2	16	Fixing Medicaid: Removing the Middlemen – How to Improve & Expand Medicaid for Kids & Pediatricians… And Save $ Billions!	Consent	California Chapter 2
3	9	Advocate for the Discontinuation of Immigration and Customs Enforcement Action on Children, Adolescents, and Young Adults (CAYA)	Consent	California Chapter 1
4	11	Reinstatement of Protected Area Status to Safeguard Immigrant Children and Families	Consent	Section on Pediatric Trainees
5	12	Investing in State Chapter Advocacy to Drive High-Impact Pediatric Policy: A Rapid-Response Fund	Reference Committee A	Florida Chapter
6	5	Nationwide Effort to Decrease Cell Phone and Other Personal Technological Devices Used for Non-Educational Purposes in Elementary and Middle Schools	Reference Committee A	Florida Chapter
7	LR6	Transparency in AAP Code of Conduct and Disciplinary Action for FAAPs	Reference Committee C	Section on Early Career Physicians
8	35	Promoting Vaccine Education Beyond Pediatrics to Other Allied Health Professionals	Consent	New York Chapter 2
9	36	Developing Robust, Trainee-facing Materials and Curricular Guidance on Addressing Misinformation	Consent	Section on Pediatric Trainees
10	6	Expanding Education, Guidance, and Policy Advocacy for Electric-Micromobility (e-scooters, e-bikes, etc) Use in Children and Adolescents	Consent	Section on Pediatric Trainees

2026 Resolutions

RESOLVEDS OF THE TOP 10 RESOLUTIONS

Resolves are given by rank for the 10 high priority resolutions

1) Resolution #15SA **Addressing Structural Pay Inequities Affecting Pediatric Professionals**

RESOLVED, that the Academy advocate for federal and state payment reforms to recalibrate pediatric relative value unit (RVU) valuation, improve Medicaid payment, and ensure compensation models reflect the complexity of general pediatrics and pediatric subspecialty care, and be it further

RESOLVED, that the Academy develop a policy statement and national advocacy strategy promoting equitable compensation across general pediatrics and all pediatric subspecialties, supporting parity with adult specialties and continue to advocate for loan-repayment and incentive programs.

2) Resolution #16 **Fixing Medicaid: Removing the Middlemen – How to Improve & Expand Medicaid for Kids & Pediatricians… And Save $ Billions!**

RESOLVED, that the Academy strongly advocate for every state to remove insurance company middlemen from their state Medicaid programs and, instead, to directly pay for and administer their Medicaid programs without those financially wasteful and harmful intermediaries, and be it further

RESOLVED, that the Academy educate pediatricians about how the financial simplification of removing insurance company middlemen from state Medicaid can drive higher and adequate payment for services, while promoting better care, lessen administrative headaches for pediatricians and others delivering care, and every year save most states several hundreds of millions of dollars, for a combined state/federal savings of up to $77 billion per year.

3) Resolution #9 **Advocate for the Discontinuation of Immigration and Customs Enforcement Action on Children, Adolescents, and Young Adults (CAYA)**

RESOLVED, that the Academy formally call for the cessation of immigration enforcement practices, including surveillance, detention, interrogation, or enforcement actions, that directly or indirectly target Children, Adolescents, and Young Adults (CAYA), recognizing CAYA as integral members of the family unit whose health and well-being are inseparable from the stability of those units, and be it further

RESOLVED, that the Academy strengthen its position that no child should be detained for immigration purposes under any circumstance, and advocate for federal and state legislation ensuring that children are never subject to immigration enforcement actions regardless of documentation status.

4) Resolution #11 **Reinstatement of Protected Area Status to Safeguard Immigrant Children and Families**

RESOLVED, that the Academy create a targeted federal advocacy campaign urging Congress to reinstate the protections outlined in the 2021 Department of Homeland Security's memorandum on Guidelines for Enforcement Actions in or Near Protected Areas, designating schools, hospitals, places of worship, and other essential community sites as protected spaces free from immigration enforcement activity.

5) Resolution #12 **Investing in State Chapter Advocacy to Drive High-Impact Pediatric Policy: A Rapid-Response Fund**

RESOLVED, that the Academy develop and implement a grant program to provide targeted, rapid-response funding to state chapters confronting time-sensitive, high-impact state-level advocacy issues, and be it further

RESOLVED, that the Academy design a grant program to prioritize issues with potential for multistate or national impact to strengthen advocacy capacity and improve child health outcomes.

6) Resolution #5 **Nationwide Effort to Decrease Cell Phone and Other Personal Technological Devices Used for Non-Educational Purposes in Elementary and Middle Schools**

RESOLVED, that the Academy advocate for distraction free school days-free school days in elementary and middle schools with exceptions for health-related issues (ie diabetic patients who use phone for glucose monitoring), and be it further

RESOLVED, that the Academy recommend supporting educational partners to decrease distraction including safe storage for personal devices, reduced Wi-Fi, and other solutions.

7) Resolution #LR6 **Transparency in AAP Code of Conduct and Disciplinary Action for FAAPs**

RESOLVED, that the Academy create a code of conduct for public communications that is clearly communicated and available for viewing by AAP members online, and be it further

RESOLVED, that the Academy create a Committee on Ethics, Conflict of Interest, Grievance or Professional Misconduct that is advisory to the board of directors in matters of member discipline and this committee shall be representative of the diversity of AAP members.

8) Resolution #35 **Promoting Vaccine Education Beyond Pediatrics to Other Allied Health Professionals**

RESOLVED, that the Academy promote and support comprehensive, interdisciplinary education on vaccines—including safety, efficacy, disease prevention, and communication strategies—across medical specialties and allied health professions, through development and dissemination of educational resources, and be it further

RESOLVED, that the Academy collaborate with professional organizations of allied health fields, the Centers for Disease Control and Prevention and the World Health Organization to advance evidence-based vaccine education initiatives and support healthcare providers in effectively counseling patients and families about immunizations across all care settings.

9) Resolution #36 **Developing Robust, Trainee-facing Materials and Curricular Guidance on Addressing Misinformation**

RESOLVED, that the Academy, in collaboration with the Section on Pediatric Trainees and relevant councils and committees, develop and disseminate model curricular guidance to support pediatric residency programs in teaching evidence-based strategies for addressing pediatric health misinformation, and be it further

RESOLVED, that the Academy integrate and adapt existing AAP misinformation resources into trainee-focused educational frameworks, trainee-focused webinars, and focused National Conference and Exhibition (NCE) sessions to ensure pediatric residents have access to practical, standardized training in misinformation response.

10) Resolution #6 **Expanding Education, Guidance, and Policy Advocacy for Electric- Micromobility (e-scooters, e-bikes, etc) Use in Children and Adolescents**

RESOLVED, that the Academy develop a policy statement, technical report, and campaign toolkit for pediatricians to address e-micromobility use in children and adolescents addressing consistent classification, age restrictions, universal helmet use, enforcement of motor power limits, night visibility requirements, required education on rules of the road, and licensing requirements, and be it further

RESOLVED, that the Academy monitor federal and state legislation, advocate for more standardized regulatory policies on e-micromobility devices, and actively promote member engagement in addressing the pediatric e-micromobility health and safety crisis.

Top Ten and the Balance by Vote Number

Resolution Number and Title	Vote Points
15SA. Addressing Structural Pay Inequities Affecting Pediatric Professionals	**700**
16. Fixing Medicaid: Removing the Middlemen – How to Improve & Expand Medicaid for Kids & Pediatricians… And Save $ Billions!	**523**
9. Advocate for the Discontinuation of Immigration and Customs Enforcement Action on Children, Adolescents, and Young Adults (CAYA)	**430**
11. Reinstatement of Protected Area Status to Safeguard Immigrant Children and Families	**372**
12. Investing in State Chapter Advocacy to Drive High-Impact Pediatric Policy: A Rapid-Response Fund	**304**
5. Nationwide Effort to Decrease Cell Phone and Other Personal Technological Devices Used for Non-Educational Purposes in Elementary and Middle Schools	**278**
LR6. Transparency in AAP Code of Conduct and Disciplinary Action for FAAPs	**259**
35. Promoting Vaccine Education Beyond Pediatrics to Other Allied Health Professionals	**258**
36. Developing Robust, Trainee-facing Materials and Curricular Guidance on Addressing Misinformation	**258**
6. Expanding Education, Guidance, and Policy Advocacy for Electric-Micromobility (e-scooters, e-bikes, etc) Use in Children and Adolescents	**253**
20. Modeling Safe Sleep Best Practices in the Hospital Setting	233
31. Supporting Pediatricians in Caring for Emerging Adult Patients	213
51. Establishing an Academy Task Force on Technology, Artificial Intelligence, and Digital Health Advocacy in Pediatrics	209
18. Special Protections for Children Undergoing Medical Treatment from Healthcare Disruption Due to Immigration Enforcement	204
1. Improving Access to Home Healthcare Services for Children with Medical Complexity	186
4. Advocate for Policies for Social Media Restrictions for Children and Adolescents Under 16 Years Old	182
8. Protection of the Pediatric Workforce and Patient Access Amidst United States Citizenship and Immigration Services (USCIS) Adjudication Holds	179
3. Addressing the Safety, Marketing, and Use of Unregulated Supplements and Wellness Products in Pediatric Populations	174
41. Sharing "Your Why": Building the Pediatric Workforce	172
26. Addressing Inappropriate Prolonged Inpatient Hospital Admissions of Children with Mental and Behavioral Health Challenges	168
7SA. Conversion Therapy is Professional Misconduct	157
14. Developing Resources to Support Pediatricians Interested in Public Service and Elected Office	152
42. Advancing Racial Healing, Inclusive Leadership, and Equity for Pediatricians	152
37. Leveraging Non–Primary Care Pediatric Health Encounters for Preventive Counseling and Social Needs Screening	147
19. Advocacy for Insurer Accountability in Recoupment ("Take-Back") Errors	142
2SA. AAP Advocacy for Healthy Food Access	140
53. Responsible Use of Artificial Intelligence in the Clinical Practice of Pediatrics	140
LR3. Accessible Medical Diagnostic Equipment Rule impact on Independent Pediatric Practices	138
24SB. Standardization of 1-Hour Preanesthetic Clear Liquid Fasting in Pediatric Patients	135
32. Developing Evidence-Based Pediatric Guidance on Armed Personnel and School Safety in K–12 Settings	133
13. Federal Protection Classification Regarding Workplace Violence Against Healthcare Workers	130
38. Care Affirming Gender Diverse Youth Education for Pediatric Trainees	130
34. Recognizing Discrimination in Healthcare Settings as a Pediatric Patient Safety Concern	126
21. Extend Paid Parental Leave For Neonatal Intensive Care Unit (NICU) Hospitalization	124

43. Diverse, Equitable, and Inclusive Representation in Authorship of AAP Policy Statements	121
17. Advocacy for Medicaid Insurance Data Security and Privacy to Protect Undocumented and Mixed Documentation Status Children, Adolescents, and Families	117
10. Opposing Detention of Refugees Who Have Not Yet Obtained Permanent Resident Status	108
47SC. Recognizing and Addressing the Mental Health Impact of Antisemitism on Jewish Youth	91
49. Formation of a Pediatric Supply Chain Task Force	85
57. Strengthening Family Partner and Self-Advocate Integration Across AAP Policy and Program Development	81
44. Problematic Technology Use and Digital Intervention Programs for Children and Adolescents	80
27. Expanding Understanding of Elements Critical to Effective Transition of Care for Patients with ADHD	67
23. Cumulative Disproportionate Pollutant Injury is a Structural Driver of Adverse Health Outcomes	63
29. Advocacy for the Development of Liquid Formulations of Psychotropics	61
59. Equitable Board Examination Costs	61
54. Create a Council for Women in Pediatrics Within the Academy	58
56. Expanding Academy Membership to Child and Adolescent Psychiatrists	57
48SC. Standardized Financial Screening and Counseling Toolkit for Pediatricians Caring for Children with Chronic Medical Illnesses	52
50. Member-Driven AAP Technology Repository	45
58. Identifying Methods for Measuring Pediatric Inpatient Capacity	45
45. Problematic Technology Use Information on HealthyChildren.Org	42
46. Creating Multi-Pronged Resources to Address Reproductive Health Misinformation on Social Media	37
52. Organizational Leadership and Governance of Artificial Intelligence Within the AAP	31
28. Discontinuation of Psychotropic Medications in Pediatrics	26
60. Inclusion of AAP AMA Delegation Leadership in the Annual Leadership Conference	25
40. Expanding CME Educational Opportunities in Point-of-Care Ultrasound for Pediatricians at the AAP National Conference and Exhibition and Practical Pediatrics Courses	21
55. Membership Categories and Nomenclature	11
25. Guidelines for Pediatric Post-Intensive Care Syndrome (PICS-p) Follow-up and Discharge Planning	9
39. Advancing Training on Special Education for Pediatric Trainees	6