

## **2018 GAFP Congress of Delegates Resolutions & GAFP Bylaws**

All members are encouraged to participate in the first session of the Congress of Delegates' webinar on **Tuesday, October 23<sup>rd</sup>** to discuss these proposed policy changes. Click here to register [Congress of Delegates Webinar](#)

### **I. Online Patient Surveys and Reviews Submitted by Catherine James-Peters, MD – Decatur, GA**

WHEREAS, patients have been using Vitals, Healthgrades, Facebook and other online social media to harass, bully, defame and denigrate physicians. Physicians and all medical associations must prevent online bullying and harassment of physicians by patients and,

WHEREAS, online and clinical patient satisfaction surveys are used as tools to defame, denigrate, and harass excellent physicians who practice evidence-based medicine and,

WHEREAS, many physicians are experiencing depression, burnout and loss of employment due to defamatory patient satisfaction survey scores. Especially, when the physician adheres to evidenced based medicine regardless of the demands of a patient to go against evidenced based medicine by demanding unnecessary pain medication, narcotics combined with benzodiazepines, unnecessary labs or tests, and unnecessary antibiotics. Patients want what they want without understanding the risk of going against evidenced based medicine are more likely to disparage the physician who rightly chose evidenced based medicine and,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3979780/>;

<https://patientengagementhit.com/news/do-patient-satisfaction-scores-truly-portray-quality-care/>;

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4684034/>;

<https://www.wired.com/story/the-yelping-of-the-american-doctor/>;

<https://www.physiciansweekly.com/patient-satisfaction-surveys-are-worthless/>;

WHEREAS, some physicians have experienced loss of wages/incentive bonuses and loss of employment due to unfair and defamatory patient satisfaction surveys and,

WHEREAS, fear of poor patient satisfaction scores is forcing many physicians to practice mindless medicine wherein they give the patient whatever they want without meeting evidence-based medicine criteria, in other words, “the path of least resistance”, to avoid harassment by patients and administrators, and “corrective action” that can lead to termination and,

WHEREAS, more physicians will experience more burnout, possible suicide or choose other avenues of medicine to avoid being abused by patients and administrators, now, therefore be it

RESOLVED that, we as professional physicians will no longer tolerate patient satisfaction comments or scores due the unfair subjectivity and personal attacks unrelated to evidence-based medicine, and be it further

RESOLVED that, physicians are no longer subjected to employers taking incentive bonuses away, loss of employment, or threat of loss of employment due to unfounded patient complaints by forming a national advocacy group or labor group who will defend our jobs and reputations, and be it further

RESOLVED that, the Georgia Academy of Family Physicians work with that the American Academy of Family Physicians, the American Medical Association and the American College of Physicians to develop a pathway for physicians to remove patient satisfaction website reviews or

give physicians the option to remove their names from these websites without cost to the physician, and be it further

RESOLVED that, national physician organizations help physicians defend their reputation, regardless of privacy issues, once a patient has revealed their health information onto a social media platform.

**Background:**

**How to respond to a negative online review**

[https://www.aafp.org/journals/fpm/blogs/inpractice/entry/how\\_to\\_respond\\_to\\_a\\_negative\\_online\\_review.html](https://www.aafp.org/journals/fpm/blogs/inpractice/entry/how_to_respond_to_a_negative_online_review.html)

If you find a negative review, it can be productive to respond. Although patients can write freely about their visit, physicians cannot do the same because of HIPAA regulations. A useful strategy for physicians is to simply and politely acknowledge the review with a statement that acknowledges what the patient experienced and offers to make amends.

This type of response can open up communication with the patient who wrote the review while letting others know that the physician is interested in hearing feedback and improving patient satisfaction.

**Establishing and Protecting Your Online Reputation**

<https://www.aafp.org/fpm/2015/1100/p29.html>

Proactively building a positive Internet presence for your practice can blunt the effect of a few bad reviews.

Understand your legal options. If you see a review that you think is false, you can certainly request to have it removed. However, unless the review violates very specific review guidelines (e.g., hate speech or vulgarity) most review platforms will err on the side of the reviewer, freedom of speech, and so on, and will not remove the review from the website.

Legal action against the review website is difficult because of a federal law called the Communications Decency Act. The courts have determined that the provider or user of an online service cannot be considered the responsible publisher or speaker for third-party content.

Lawsuits against patients who post potentially defamatory reviews are also difficult to win in the United States because the First Amendment provides broad protection of freedom of speech. Filing a defamation lawsuit against a patient also brings a substantial risk of widespread bad publicity.

**II. Physicians Authority Over Prescribing  
Submitted by Catherine James-Peters, MD – Decatur, GA**

WHEREAS, physicians are forced to write scheduled drugs in singular or multiple combinations against evidenced based medicine, and

WHEREAS, in some institutions there is an unwritten policy wherein physicians are being harassed and threatened with loss of employment if they do not give patients the scheduled drugs that they want or claim that they take, or that they need and

WHEREAS, physicians are stripped of their right to make evidence based medical decisions to please the patient (consumer) and administrative personnel, and

WHEREAS, physicians incur all the risk of the legal ramifications of a bad patient outcome due to drug overdose or dangerous drug cocktail combinations. The physician may be subject to jail or lose their license while the administrative personnel absolve themselves of any accountability, and

WHEREAS, physicians are scared not to write controlled medications because of potential violent patients. “I don’t want to be killed” stated one physician, therefore, be it

RESOLVED that, the Georgia Academy of Family Physicians form an advocacy group to protect physicians from harassment and threats of termination from employers, along with a hotline for a physician to call for assistance and be it further

RESOLVED that, the Georgia Academy request the American Academy of Family Physicians work with the American Medical Association and the American College of Physicians to form a national advocacy group to protect physicians from harassment and termination threats from employers, along with a hotline for physicians to call for assistance and be it further

RESOLVED that, both the Georgia Academy and the American Academy develop educational materials for members on their right to refuse prescribing scheduled drugs for patient who do not qualify or in combinations or quantities that are not safe for the patient which include materials that physicians can give to their employers to avoid potential bullying, harassment or lawsuits as it can threaten a physician’s employment, and be it further

RESOLVED that, the Georgia Academy form a group to educate physicians on their right to protect their medical and DEA licenses and their employment, and be if further

RESOLVE that, the Georgia Academy advocate to teach employers to educate the patient that evidence-based medicine will be practiced at all times.

**Background:**

**Physician Performance Reporting, Guiding Principles**

<https://www.aafp.org/about/policies/all/physician-performance.html>

The American Academy of Family Physicians (AAFP) believes the primary purpose of performance measurement and sharing of results should be to identify opportunities to improve patient care. The benefit of measurement is the knowledge gained, so the improvement process can begin and be monitored over time. Ideally, any Physician Performance Reporting should:

- A. 1. Support the physician/patient relationship.
  2. Provide physician performance reports/ratings to assessed physician within meaningful time periods and be compared against both peers and performance targets prior to being made public.
  3. Be transparent in all facets of physician measurement analysis
- 
- B. 1. Identify physicians that meet quality standards separately from their cost assessment
  2. Utilize appropriate and easy to understand designations for physicians who have special circumstances related to their assessments
- 
- C. 1. Provide a minimum of 90 days for physicians to review, validate, and appeal their payer’s performance report before public reporting.
  2. Immediately adjust physicians’ performance rating/designation(s) based upon a successful reconsideration or discovery of errors in the payer’s data analysis.
  3. Provide consumers adequate guidance about how to use the physician performance information and explicitly describe any limitations in the data.

## **Drugs, Prescribing**

<https://www.aafp.org/about/policies/all/drugs-prescribing.html>

The American Academy of Family Physicians opposes action that limits patients' access to pharmaceuticals prescribed by a physician using appropriate clinical training and knowledge, and opposes any actions by pharmaceutical companies, public or private health insurers, legislation, the FDA or any other agency, which may have the effect of limiting by specialty the use of any pharmaceutical product.

The AAFP believes that only licensed doctors of medicine, osteopathy, dentistry, and podiatry should have the statutory authority to prescribe drugs for human consumption.

Under physician supervision, physician assistants and advanced practice nurses may have the statutory authority to prescribe drugs for human consumption.

Pharmacists should not alter a prescription written by a physician, except in an integrated practice supervised by a physician or when permitted by state law.

In order to preserve patient confidentiality the Academy opposes any requirement that a diagnosis be placed on a prescription form. (1995) (2014 COD)

## **Chronic Pain Management and Opioid Misuse: A Public Health Concern (Position Paper)**

<https://www.aafp.org/about/policies/all/pain-management-opioid.html>

### ***Executive Summary***

The intertwined public health issues of chronic pain management and the risks of opioid use and misuse continue to receive national attention. Family physicians find themselves at the crux of the issue, balancing care of people who have chronic pain with the challenges of managing opioid misuse and abuse. Pain is one of the oldest challenges for medicine. Despite advances in evidence and understanding of its pathophysiology, chronic pain continues to burden patients in a medical system that is not designed to care for them effectively.

Opioids have been used in the treatment of pain for centuries, despite limited evidence and knowledge about their long-term benefits, but there is a growing body of clear evidence regarding their risks. As a result of limited science, external pressures, physician behavior, and pharmacologic development, we have seen the significant consequences of opioid overprescribing, misuse, diversion, and dependence.

In the face of this growing crisis, family physicians have a unique opportunity to be part of the solution. Both pain management and dependence therapy require patient-centered, compassionate care as the foundation of treatment. These are attributes that family physicians readily bring to their relationships with patients. While our currently fragmented health care system is not well-prepared to address these interrelated issues, the specialty of family medicine is suited for this task.

The American Academy of Family Physicians (AAFP) is actively engaged in the national discussion on pain management and opioid misuse. Committed to ensuring that our specialty remains part of the solution to these public health crises, the AAFP challenges itself and its members at the physician, practice, community, education, and advocacy levels to address the needs of a population struggling with chronic pain and/or opioid dependence.

### **III. Uncompensated Physician Care (Afterhours) Submitted by Catherine James-Peters, MD – Decatur, GA**

WHEREAS, many physicians are working an additional four to six hours after work and/or on weekends to complete charts, answer patient emails, address labs/diagnostics without compensation, and

WHEREAS, excessive time spent is burdensome and is leading to burnout and depression, therefore, be it

RESOLVED that, the Georgia Academy of Family Physicians educate our members on how to negotiate contracts to include overtime for completion of charts, and be it further

RESOLVED that, the Georgia Academy educate physicians on negotiating administrative time in their week to complete charting tasks to avoid extra hours after the scheduled work day, and be it further

RESOLVED that, the Georgia Academy of Family Physicians hold an open forum to discuss this issue, and be it further

RESOLVED that, the Georgia Academy request that the American Academy of Family Physicians hold a national forum to discuss the issue of uncompensated care that includes education to our members on how to seek appropriate compensation.

#### **Background:**

##### **Employment Contracting**

<https://www.aafp.org/practice-management/payment/contracts.html>

*Five Key Elements of a Physician Employment Agreement*

If considering a position as an employee of a hospital, health system, or physician group there are five basic elements of negotiation you should know. A health care transactional attorney can help you review a specific employment agreement in detail to be sure it is fair and appropriate and represents your best interests.

##### **Employment Contract FAQs**

[Access Frequently Asked Questions](#)

##### [MACRA: A Guide for Employed Physicians](#)

All you need to know about MIPS participation with the Making Sense of MACRA: A Guide for the Employed Physician Supplement.

#### **Useful Tips for Physicians Negotiation an Employment Agreement**

##### **1. Physician Compensation**

- The compensation is comparable to physicians with similar skills and experience in your region
- Access survey reports on physician compensation in your area (for example, from Merritt Hawkins([www.merritthawkins.com](http://www.merritthawkins.com)))
- Ensure your base salary is guaranteed for as long as possible without adjustment. When joining a health system as part of a practice sale may be able to negotiate a longer period of guaranteed base salary (three to five years).
- Specific requirements regarding all activities and metrics (e.g., productivity, quality, cost) that will affect your compensation are included in the employment agreement or in an established written policy

- All benchmarks you will be measured against are stipulated in the employment agreement
- Understand how your data will be collected and submitted

### **Incentive Compensation: What You Should Know**

If an employer offers a base salary plus incentive compensation, look closely at how you would qualify for incentive payments and how they're calculated.

### **AAFP Membership: Invest in Your Career**

When negotiating your employment contract, remember to include opportunities for professional support and development.

## **2. Benefits**

In general, hospitals and health system employers offer a better range of benefits and more retirement options than private practices.

Employers typically provide the following:

- Health insurance for the employed physician (and possibly for family members)
- License fees
- Medical staff dues
- Stipend for continuing medical education (CME)
- Malpractice insurance (occurrence-based or claims-made coverage)
- Three to four weeks of paid time off (a benefit that typically combines vacation, CME time, and sick time)

Some employers may also offer the following:

- Retirement plan
- Moving expense allowance (if you're taking a position in a different area)
- Educational loan forgiveness
- Paid sick leave (less common)

## **3. Schedule and Call**

Be clear and open about your schedule expectations to ensure that they align with the employer's requirements.

Payment for Non Face-to-Face Physician Services

<https://www.aafp.org/about/policies/all/payment-services.html>

Physician's Right Relative to Imposed Administrative Costs

<https://www.aafp.org/about/policies/all/physicians-right.html>

## **IV. Addressing Determinants of Maternal Mortality in Georgia Submitted by Angeline Ti, MD – Atlanta, GA**

WHEREAS, the United States has the highest maternal mortality of any developed country, and increasing attention and funding is being directed towards the issue,

WHEREAS, in 2016 Georgia had the highest maternal mortality rate in the United States, at 29.3 deaths per 100,000 live births, with the rate for Black women 3.4 times higher than the rate for White women,

WHEREAS, current efforts to address maternal mortality in Georgia focus on addressing awareness and proximal causes, such as hemorrhage, hypertension and cardiac disease, be it

RESOLVED that, the Georgia Academy of Family Physicians (GAFF) work to address distal, social determinants of maternal mortality and racial disparities within maternal mortality in Georgia, through education and advocacy, and be it further

RESOLVED that, the GAFF advocate to relevant stakeholders for evidence-based measures shown to decrease maternal mortality such as access to contraception, doula and labor support, and programs to address social determinants, and be it further

RESOLVED that, the GAFF provide online and in-person opportunities for members to explore and address implicit bias and its impact on health care.

**Background:** The State of Georgia convened a Maternal Mortality Review Committee in 2012. GAFF leader, Dr. Karla Booker, continues to serve on the Review Committee.

<https://dph.georgia.gov/maternal-mortality>

The Georgia Maternal Mortality Review Committee (MMRC) has completed case reviews and has released two reports of its findings for 2012 and 2013. The MMRC report provides:

- An overview of reviewed cases
- Prenatal/Intrapartum factors associated with maternal mortality
- Causes of pregnancy-related deaths
- Opportunities for prevention
- Recommendations

This initiative was a result of collaboration between the Georgia Department of Public Health (DPH), the Georgia Obstetric and Gynecological Society and Centers for Disease Control and Prevention (CDC).

The support of the Georgia General Assembly and Governor with the passage of SB 273 laid the foundation for this work by providing legal protections for committee members and the review process, ensuring confidentiality of the review process and providing the committee with the necessary authority to collect data for case review.

The findings of this report have been presented to Georgia Academy members as educational activities through the following venues:

Grand Rounds at Family Medicine Residency Programs, Live CME meetings including both the Summer and Annual CME events, webinars and newsletters

<https://www.gafp.org/public-health-spotlight-maternal-mortality-report/>

**V. Addressing the Opioid Epidemic in Primary Care  
Submitted by Angeline Ti, MD – Atlanta, GA**

WHEREAS, in 2016, Georgia ranked 11<sup>th</sup> among the United States in prescription opioid deaths with 8.8 deaths per 100,000 Georgians,

WHEREAS, providers in Georgia wrote 77.1 opioid prescriptions per 100 people, but in the bottom 13 states with the lowest share of buprenorphine prescriptions funded by Medicaid.

WHEREAS, current efforts from the state and CDC are focused on increasing awareness and decreasing risky prescription practices, including alternatives to opioids for chronic non-cancer pain, be it

RESOLVED that, the Georgia Academy of Family Physicians (GAFP) increase member education around safe prescribing practices, and medication assisted therapy such as buprenorphine training, and be it further

RESOLVED that, the GAFP advocate to relevant stakeholders to increase patient access to affordable medication assisted therapy, and be it further

RESOLVED that, the GAFP advocate to relevant stakeholders to increase patient access to evidence-based non-pharmacologic modalities for pain control.

**Background:** Buprenorphine and substance abuse training has been offered to GAFP members at CME events over the last five years, including lectures at our Annual Meeting in 2013 and 2017 as well as a research poster in 2014. Additionally, the GAFP has offered lectures on the prescription drug monitoring program, CDC opioid prescribing guidelines, opioid abuse and street drugs, and prescribing safety at our Annual and Summer Meetings in 2017.

Additional information: AAFP Chronic Pain Management Toolkit

<https://www.aafp.org/patient-care/public-health/pain-opioids/cpm-toolkit.html>

Chronic pain is common in the United States, with approximately 11% of the population reporting daily pain. The use of pain medications has increased dramatically, with the sales of prescription opioids quadrupling from 1999 to 2014. Opioid misuse and abuse rates have also increased, leading to a rise in both opioid overdoses—at least half of which are attributed to prescription medications—and morbidity and mortality. Numerous groups—including the AAFP, other medical societies, the National Academy of Medicine (NAM) (formerly the Institute of Medicine), and the U.S. Congress—are emphasizing the need to improve chronic pain care.

<https://www.aafp.org/patient-care/public-health/pain-opioids/resources.html>

#### **Pain Management & Opioid Abuse Resources**

Chronic pain represents a substantial public health issue with tremendous economic, social, and medical costs. As the percentage of the U.S. population utilizing opioid analgesics for pain control grows, so do the rates of abuse, misuse, and overdose of these drugs. The American Academy of Family Physicians (AAFP) recognizes the seriousness of the prescription drug abuse problem in the United States. As a medical organization, we must address the ongoing public health responsibility to provide adequate pain management.

The AAFP is actively working toward addressing pain management and opioid abuse problems in the U.S. through advocacy, collaboration, and education.

## **VI. Require Integration of PDMP into EHRs** **Submitted by Kevin E. Johnson, MD – Lawrenceville, GA**

WHEREAS, the use of the Georgia State Prescription Drug Monitoring (PDMP) is a requirement of all practitioners who prescribe controlled substances in the state due to the current epidemic of narcotic abuse and is an important patient safety measure.

WHEREAS, Electronic Health Records (EHRs) have been shown to place an undue burden and worsen fatigue and burnout among physicians, and additional requirements for documentation and interaction with stand-alone PDMP system creates further patient safety and liability concerns, along with potential risk of criminal penalties for physicians.

WHEREAS, failure by EHR vendors to integrate GA PDMP into their workflows has created further hardships on physicians which may result in risk to patient health due to provider errors

and workflow issues that could be resolved and should be part of the solution to the current narcotic abuse epidemic and not part of the problem. Be it

RESOLVED that, EHR vendors should be equal partners with physicians in addressing the important public health concern and should take immediate steps to assure all products sold or maintained in the state of Georgia integrate direct 2-way communication with and documentation from the Georgia PDMP. Be it further

RESOLVED that, the GAFP put forward and advocate for a resolution for consideration by state legislators with the backing of this body for a law to require that all EHRs currently sold or requiring an ongoing payment for maintenance by any EHR company doing business in the state of Georgia be required to demonstrate full integration with the PDMP including login, search, reporting and documentation to meet compliance with GA code Section 16-13-26 to the Georgia Department of Public Health no later than December 31, 2019, with appropriate fiscal and criminal penalties for companies and leadership thereof to assure compliance.

#### **Background:**

#### **Information Technology Used in Health Care**

<https://www.aafp.org/about/policies/all/information-technology.html>

The American Academy of Family Physicians recommends that Congress:

- Use federal incentives to support a system of “Connected Patient Centered Medical Homes,” electronically connecting patients with their family physicians and other medical-home providers in communities throughout the U.S. It is time to recognize that over 80 percent of health care is delivered in doctors’ offices, and to apply modern HIT in those settings.
- Provide upward payment adjustments to physicians who can demonstrate that they use Electronic Health Records (EHRs) for care coordination, disease management, referrals, e-prescribing, and for communications with patients and other doctors. Conversely, physicians without an HIT system should not be penalized with negative payment adjustments.
- Extend targeted federal financial support for HIT to physicians who are serving the underserved or those at risk for health disparities. These vulnerable populations would benefit particularly from a system of connected patient centered medical homes.
- Support private sector efforts to apply uniform standards for portability and interoperability to the exchange of health information. While a long-term goal has been to establish a National Health Infrastructure, this goal could be accomplished in a more simple and efficient way by using the Internet.
- Ensure privacy protections apply to all parties who store, organize, manage, and transfer patients’ personal health information, not only to HIPAA -covered entities. (2007) (2017 COD)

#### **CMS Urges EHR Integration of PDMP Data to Reduce Provider Burden**

<https://ehrintelligence.com/news/cms-urges-ehr-integration-of-pdmp-data-to-reduce-provider-burden>

June 12, 2018 - State Medicaid programs should improve EHR integration of prescription drug monitoring program (PDMP) data to reduce provider burden and allow healthcare organizations to easily track patient information related to opioid use, stated CMS Acting Director Tim Hill in a **June 11 letter** to state Medicaid directors.

The letter provided guidance to states about which funding authorities are able to support health

IT, EHR technology, and health data exchange for the purposes of reducing opioid misuse. This letter is one of several **CMS resources** recently issued to accelerate progress on addressing the opioid crisis.

### **Dig Deeper**

PDMPs that are declared specialized registries ready to accept data for the purposes of meaningful use requirements are eligible for this enhanced federal funding and may claim 90 percent HITECH match for costs related to the design, development, implementation, and connection of PDMPs.

In addition to reducing provider burden, integrating PDMP data into EHRs may also improve the overall effectiveness of PDMPs. Hill cited a **2016 study** from the *New England Journal of Medicine (NEJM)* that found PDMP use alone is not as effective as a PDMP deployed along with well-designed clinical workflows.

Integrating PDMPs with health information exchanges (HIEs) could further improve clinical decision-making, Hill wrote. By connecting to an HIE, states can further integrate PDMP data with pharmacy data, shared care plans, drug utilization review programs, EMS data, medication assisted therapy data, advanced directives, and other EHR data.

States can also leverage federal funding opportunities for PDMP development through the Managed Registry business process in Medicaid Information Technology Architecture (MITA.) MITA allows states to support specialized registries that receive an individual's health outcomes information, prepare information, prepare updates for a specific registry, and supply information in response to inquiries.

In addition to EHR integration of PDMPs, Hill also offered guidance related to advanced data analytics and public health data, technologies for coordinating care and increasing access to care, and enhanced statewide interoperability.

### **Opioid epidemic: UNC Health Care to integrate Epic EHR with state's PDMP**

<https://www.healthcareitnews.com/news/opioid-epidemic-unc-health-care-integrate-epic-ehr-states-pdmp>

The University of North Carolina Health Care at Chapel Hill announced plans to integrate its Epic EHR with the state's controlled substance reporting system. UNC Health says the move will help tackle the opioid problem and save clinicians time.

UNC, in so doing, joins the growing ranks for providers aligning with **Prescription Drug Monitoring Program** efforts to fight back against the opioid epidemic. Indiana, for instance, said in 2017 it would integrate electronic health records software with its Inspect platform to better track prescribing of controlled substances statewide.

In January 2018, **Nebraska became the first state** to require all drugs to be reported to its PDMP

and, in that same month, Ochsner Health System, in New Orleans, integrated opioid monitoring within its Epic EHR.

PDMPs are among the tactics hospital leaders, technology vendors, as well as state and federal policymakers are taking to address the growing opioid epidemic.

What had been a 13-step process is now three steps for providers to confirm prior controlled substance prescriptions.

The functionality provides clinical information necessary, such as the drugs prescribed, number of prescribers, and different pharmacies a patient has used, to help ensure that opioids and other controlled substances are not prescribed inappropriately.

**VII. Fair Payment from Medicaid for Adult Flu Shots  
Submitted by Willard (Alex) Snyder, Jr., MD – Brunswick, GA**

WHEREAS, Medicaid does not pay for the administration of adult shots

WHEREAS, flu shots are a MIPS criteria

WHEREAS, doctors lose money on each shot despite any Group Purchasing Agreement, be it

RESOLVED that the Georgia Academy of Family Physicians make it a priority to lobby state government to pay for administration.

**Background:** Georgia Medicaid does pay for an administrative fee for adult flu vaccinations.  
<https://www.crackingthecodestraining.com/files/resources/Medicaid-States/GA.pdf>

Administration Fee  
Publicly-supplied VFCa Billing  
Privately-purchased Adult Billing  
Adult Coverage Policy

Primary Care Enhanced (PCE) payment: 90460 - \$21.93; 90471 and 90473 - \$23.54; 90472 and 90474 - \$11.981 Non-PCE payment: 90460 and 90471 – 90474 \$10.00 PeachCare for Kids® Fee for Service Providers - \$18.501

**VIII. Internal Policy Review: GAFP PAC Board**

The PAC strives to increase its annual contributions by 20 percent annually.

*Policy Date: 11/11/2007*

*Re-adopted as edited 11/2015*

*The Policy Review Team recommended approving the policy as is.*

**IX. Internal Policy Review: Policy for reviewing GAFP Policy Manual**

Each year the Speaker, Vice Speaker, and the Board Chair (or the Board Chair's designee from the Executive Committee) will meet no later than June to review one-third of the active GAFP Policies as compiled in the GAFP Policy Manual. The Policy Manual is a compilation of Congress of Delegates and Board of Directors' approved policies.

The group will make recommendations for each policy to be either:

1. Archived (no longer needed)
2. Re-adopted (as written)
3. Re-adopted (as edited)

All active policies will be reviewed on a rotating basis but no later than every 3 years.

*The Board policies will be brought to the August Board meeting for final review and approval. The COD policies will be brought to the COD annual meeting in the Board Chair's report, as an action item to review and approve.*

*Policy Date: 11/15/2009*

*Re-adopted as written 11/2015*

*The Policy Review Team recommended approving the policy as edited.*

#### **X. Member Attendance-at GAFP Committee Meetings**

The Georgia Academy of Family Physicians will allow any interested members to attend all meetings of boards and committees in person in order to allow all **members** to have the opportunity to be informed on the workings of our Academy and educate themselves to the issues that affect us all, and;

*The Board Secretary will work with staff to create an expedited review of Board minutes so that all members have the ability to review the leadership decisions within one month following the meeting.*

All attending members may participate in discussions as non-voting members if not appointed to the committees or boards they are attending at the purview of the Chair. (as outlined in *The Standard Code of Parliamentary Procedure*)

*Policy Date: 11/16/2014*

*Re-adopted as written 3/2015*

*The Policy Review Team recommended approving the policy as edited.*

#### **XI. External Policy Review: Annual Dilated Retinal Exam**

**Original resolution:** Be it resolved that the recommendation be made requesting the Executive Board of the GAFP open discussion with the Executive Boards of the Ophthalmologists and optometrists to facilitate the standard of care practice that proper documentation must be sent to the patient's primary care physicians after each visit.

**Edited resolution:** *Encourage Ophthalmologists and optometrists to facilitate the standard of care practice that proper documentation must be sent to the patient's primary care physician after each visit.*

*Policy Date: 11/13/2011*

*Re-adopted as written 11/2015*

*The Policy Review Team recommended approving the policy as edited.*

#### **XII. External Policy Review: Increase in Tobacco Excise Tax**

The Georgia Academy of Family Physicians (GAFP) support an increase in the tobacco excise tax and revenue received should be dedicated to healthcare improvements.

*Policy Date: 11/12/2002*

*Re-adopted as written 8/2015*

*The Policy Review Team recommended approving the policy as is.*

#### **XIII. External Policy Review: Scope of Practice by Non-Physicians**

The Georgia Academy of Family Physicians is committed to opposing any expansion of a scope of practice by any non-physician that is not in the best interest of our patients.

*Policy Date: 12/2/2001*

*Re-adopted as written 8/2015*

*The Policy Review Team recommended approving the policy as is.*

**XIV. External Policy Review: Tort Reform**

The GAFP continue to make tort reform a top legislative issue.

*Policy Date: 11/14/2004*

*Re-adopted as written 8/2015*

*The Policy Review Team recommended approving the policy as is.*

**XV. GAFP Bylaws Update 2018**

**Review and changes to the current Bylaws**

The Bylaws Committee group reviewed the GAFP Bylaws and suggested several grammatical changes to the following sections of the Bylaws:

Chapter 6: Section 2 – change the word *prefer* in the sentence to ***profer***

**CHAPTER 6**

**SECTION 2:** If any member is believed to have violated the Principles of Medical Ethics or the Bylaws of this organization or the bylaws of the American Academy of Family Physicians, or to be otherwise guilty of conduct justifying censure, suspension, or expulsion from this organization, any member may then ~~prefer~~**profer** charges against them in the form and manner herein after specified.

Chapter 7: Section 2: 3<sup>rd</sup> sentence – remove the word *affiliate* in the sentence

**CHAPTER 7**

**SECTION 2:** Each district, as determined by the Board of Directors, shall be entitled to elect delegates and alternate delegates to the Congress of Delegates, who shall be elected for terms of two (2) years, provided that at the first election, each district elects one delegate and one alternate delegate for two (2) years. Each district shall be entitled to no less than two delegates and two alternates. The total number of delegates in the Congress of Delegates shall be up to 70. Each district shall be allotted delegates and alternate delegates above their two delegates and two alternates as determined by the secretary on the basis of that district's proportion of the total paid Academy membership. Only active members may be elected as delegates; however, in determining the number of delegates per district all classes of members except student and resident ~~affiliate~~ members are counted. Such determination shall be made by May 31<sup>st</sup> each year. The names of all delegates entitled to be seated in the Congress of Delegates shall be furnished to the Credentials Committee of the Congress of Delegates by the Secretary.

Chapter 7: Section 7 - The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school **physically located** in the state....

**CHAPTER 7**

**SECTION 7:** The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school **physically located** in the state shall have a total representation of (2) student delegates and (3) alternate delegates, each being from different Georgia medical school campuses, with elections by student members if needed; to the Congress of Delegates.

Chapter 7: Section 9: 3<sup>rd</sup> sentence – ~~Prior to the Reference Committee meeting published deadline~~, any member may submit resolutions...

Chapter 7: Section 9: 5<sup>th</sup> paragraph: 4<sup>th</sup> sentence – Remove the words *commission and...*

**CHAPTER 7**

**SECTION 9:** Resolutions offered to the Congress of Delegates must be submitted to the Executive Director/Executive Vice President at least 45 days before the next meeting of the Congress of Delegates. Resolutions will be assigned by the Speaker to the reference committees.

Prior to the ~~Reference Committee meeting~~ published deadline any member may submit resolutions in writing that are pertinent to the objectives of the Academy or in reference to any report by any office or committee of the Academy.

At the Reference Committee hearing the proponents and opponents of resolutions shall be given reasonable opportunity to be heard. Any member of the Academy may attend and testify at the Reference Committees.

At a later session(s) of the Congress of Delegates during the annual meeting, the Reference Committees shall report their recommendation on such resolutions, with any amendments or comments, to the Congress of Delegates.

The Congress of Delegates shall thereupon approve, disapprove or modify such resolution at the annual meeting, and their actions shall be entered in the minutes.

Each delegate of the Congress shall have one (1) vote. Alternate delegates will not vote unless their associated delegate is absent. In the event of a dispute, the Speaker will determine which alternate(s) may vote. The officers and directors, past presidents, and the chairperson of each ~~commission and~~ committee of the Academy shall have the privilege of the floor in the Congress of Delegates but shall not have the right to vote as such except as provided in this Chapter.

Chapter 8: Section 5: Last sentence – Remove the words *or district chapter...*

Chapter 8: Section 6: First sentence – Remove the words *component chapter* and replace with *members*

## **CHAPTER 8**

### **SECTION 5:** Directors and Alternate Directors.

The term of office of directors/alternate directors shall be for three (3) years and shall begin at the conclusion of the annual meeting of the Congress of Delegates at which their elections occur and expire at the conclusion of the third succeeding annual meeting, or when their successors are elected. No director shall be eligible for re-nomination to the Board of Directors unless at least one year has elapsed since the expiration of their previous term. Should a vacancy occur on the Board of Directors, it shall be filled by a majority vote of the remaining members. Directors who have been appointed to the Board by the Board of Directors ~~or district chapter~~ to fill an unexpired term shall be eligible for re-nomination to the Board notwithstanding the provisions to the contrary in this section.

### **SECTION 6:** Resident Director.

There shall be two (2) resident representatives elected by the Board of Representatives of the resident ~~component chapter members~~ for the GAFP and shall have full voting privileges on the GAFP Board of Directors. One resident will serve two years and one will serve one year, with a corresponding number of alternate representatives elected annually. The resident alternate director shall be elected by the GAFP resident members. If the director's position becomes vacant, a resident alternate is eligible to serve the remainder of the unexpired term.

Chapter 9: Section 2: 2<sup>nd</sup> paragraph: 2<sup>nd</sup> sentence – Change the sentence to read, ...full term shall be eligible to succeed them, except the Secretary, ~~and~~ Treasurer, ~~and~~ Vice President.

## **CHAPTER 9:**

**SECTION 2:** Election of Officers. At least ninety (90) days before the annual meeting each year, the President shall appoint a nominating committee of three or more members whose duties shall be to present nominations for the office of President-Elect, Vice-President, one Delegate and one Alternate Delegate to the Congress of Delegates of the American Academy of Family Physicians, and such directors whose terms of office are expiring. At each third annual meeting, the nominating committee shall also present a nomination for the offices of Secretary and of Treasurer, both of whom shall be elected for a term of three (3) years and shall serve until their

successor has been elected.

Nothing in these Bylaws shall prevent nominations from the floor of the Congress of Delegates. No officer or Board member who has served a full term shall be eligible to succeed them, except the Secretary, **and** Treasurer, **and Vice President**. The election of all offices shall be by a majority vote of the members of the Congress of Delegates. When there are three or more candidates for a single office and no one receives a majority vote on the first ballot, a second ballot shall be taken between the two candidates receiving the highest number of votes on the first ballot. Vacancies on the Board of Directors may be filled by Board vote.

Chapter 10: Section 1: First sentence – Remove the words *commissions and...*

#### **CHAPTER 10**

**SECTION 1:** The President shall be a member of the Board of Directors and all standing ~~commissions and~~ committees. The President shall preside at all meetings of the Academy. The President shall be the spokesperson of the Academy. They shall have general supervision of the business of the Academy and shall see that all orders and resolutions of the Board of Directors are carried into effect; they shall execute bonds, mortgage, and other contracts requiring the seal of the Academy, except where required by law to be otherwise signed and executed and except where the signing and execution thereof shall be expressly delegated by the Board of Directors to some other officer or agent of the Academy. Their term of office shall begin at the installation ceremony following the one at which their predecessor was installed. In the event of the death or resignation of the president during the term of their office or if they shall for any reason be unable or unqualified to serve, the Vice-President shall succeed to the office of the President for the unexpired portion of the President's term. In the event of the death, resignation, or incapacity of both the President and the Vice-President, the Board of Directors shall elect a President for the unexpired portion of the term. The President-Elect shall succeed to the office of President at the conclusion of the annual meeting following the meeting at which their election occurred.

## **BYLAWS 2018**

### **CHAPTER 1**

#### **Name**

This corporation, an association of family physicians, shall be known as the "Georgia Academy of Family Physicians, Inc."

### **CHAPTER 2**

#### **Affiliation**

This organization is a constituent chapter of the American Academy of Family Physicians, a corporation that is possessed only of those rights and powers conferred by said corporation on this organization. No rules, regulations or policies adopted by this organization shall be in conflict with the rules of the American Academy of Family Physicians or the Charter issued by said Academy to this organization.

### **CHAPTER 3**

#### **Purposes**

**SECTION 1:** The purposes of this Academy are as follows:

- The promotion of the art and science of Family Medicine as a specialty;
- The preservation of the right of Family Physicians in the State of Georgia to engage in the practice of the medical and surgical procedures for which they are qualified;
- The promotion of research in the discipline of Family Medicine;
- The promotion of the Family Physician as an ideal medical home for patients of all ages;
- The promotion of the practice of high quality, safe, and cost-effective medicine;
- The promotion of Family Medicine as a career choice to pre-medical and medical students;
- The promotion of public health by: patient education, health promotion, patient advocacy, and community leadership in health-related affairs;
- The development and provision of leadership for the specialty of Family Medicine in the State of Georgia;
- The representation of Family Physicians in issues of importance to the public health and the practice of medicine to the people and leaders of the State of Georgia;

- The provision of appropriate continuing education for the Family Physician; including the provision of support and education for the Family Physician in relation to the constantly changing medical environment;
- The fostering and support of Family Medicine education in the State of Georgia; including the Education of other physicians and health care professionals in the concept of Family Medicine.

**SECTION 2:** To accomplish its mission and purposes this Academy may:

- Have the power to acquire, own, and convey real and personal property;
- Carry on research;
- Make awards and give recognition for achievements in leadership and in the science and practice of medicine;
- Establish and issue publications;
- Establish, conduct, and maintain educational courses
- Use any and all ethical and prudent means for the attainment of its objectives, which from time to time it may deem desirable.

**SECTION 3:** This organization shall have no capital stock. It is not conducted for pecuniary profit and does not contemplate pecuniary gain or profit to the members thereof.

## **CHAPTER 4**

### **Membership**

Section 1: Classes of Membership and Election

The qualifications, classes and conditions of membership shall be the same as provided in the Bylaws of the AAFP. All active members of this organization shall be members of the AAFP and the GAFF. In the event of a conflict regarding classes of membership and election, the Bylaws of the AAFP shall prevail.

#### **ACTIVE MEMBERS**

Any active member in good standing shall be eligible to vote and hold office.

#### **LIFE MEMBERS**

Life members may vote, serve on committees and commissions, and address the membership but shall not hold office.

#### **INACTIVE MEMBERS**

An Inactive member shall not vote or hold office in the Academy, but may address the membership and serve on committees and commissions.

#### **HONORARY MEMBERS**

An Honorary Member may not vote. He/She shall pay no dues or admission fees and shall have no right, title, or interest in any Academy property.

#### **SUPPORTING MEMBERS**

A Supporting Member shall not vote or hold office in the Academy, but may address the membership and serve on committees and commissions.

#### **RESIDENT MEMBERS**

A Resident member may vote and hold office in the Academy, may address the membership, may have a voice in reference committees, and may serve on committees but may not serve as a chair.

#### **STUDENT MEMBERS**

A Student Member may vote and hold office in the Academy, may address the membership, may have a voice on reference committees, and may serve on committees but may not serve as a chair.

#### **SECTION 2: Agreement.**

The Board of Directors of this chapter shall be the judge of each member's right to be or remain a member, subject to the right of appeal to the AAFP as provided in Chapter 6 (Ethics) of these bylaws. All rights, title, and interest, both legal and equitable, of a member in and to the property of this organization, shall cease and determine in the event of any or either of the following:

- (a) the expulsion of such member;
- (b) the striking of his/her name from the roll of members;
- (c) his/her death or resignation.

#### **SECTION 3: Good Standing.**

A member in good standing shall be one whose current dues and assessments, if any, have been paid in accordance with the provision of these Bylaws, as well as those of AAFP, who is not under disciplinary action, and who has met the applicable CME requirements during the period of the preceding three (3) years as set forth in the AAFP Bylaws.

## **CHAPTER 5**

### **Dues and Assessments**

#### **SECTION 1:**

The dues for active members, special dues, and the maximum amount of annual dues may be changed by a two-thirds (2/3) affirmative vote of the Board of Directors. Dues for active members shall be fixed annually. Said dues shall be levied per capita upon all the active members of the Academy.

**SECTION 2:** Membership dues shall be payable in conjunction with the AAFP dues schedule.

**SECTION 3:** Any member whose dues or assessments are unpaid at the time of the AAFP dues deadline shall be ineligible to vote or hold office.

**SECTION 4:** The record of payment of dues and assessments on file of the American Academy of Family Physicians shall be final as to the fact of payment by a member and to their right to participate in the business and proceedings of the Academy.

## **CHAPTER 6**

### **Ethics**

**SECTION 1:** The Principles of Medical Ethics of the American Medical Association, as they now or hereafter may provide, as modified by the AAFP, shall be the principles of this organization and are hereby made a part of these Bylaws.

**SECTION 2:** If any member is believed to have violated the Principles of Medical Ethics or the Bylaws of this organization or the bylaws of the American Academy of Family Physicians, or to be otherwise guilty of conduct justifying censure, suspension, or expulsion from this organization, any member may then prefer charges against them in the form and manner herein after specified.

Such charges must be in writing and signed by the accuser(s) and must state the facts of the case with reasonable particularity.

Such charges must be filed with the Secretary and at the first meeting of the Board held after the filing of said charges, the Secretary must present said charges to the Board of Directors. The Board shall then or at any adjournment of said meeting, but not more than thirty (30) days thereafter, consider the charges and shall either dismiss them or shall proceed as hereinafter set forth.

If the Board fails to dismiss said charges, it shall within fifteen (15) days thereafter cause a copy of the charges to be served upon the accused by depositing in the United States mail a copy thereof, registered and addressed to the last known address of the accused. The Board shall at the same meeting fix a time and place for hearing said charges, and the accused shall be notified of the time and place at the same time and in the same manner as provided for the serving of the charges. The time set for said hearing shall be not less than fifteen (15) days nor more than six (6) months after services of charges.

Unless otherwise noted, the Board of Directors is the GAFF Board of Directors.

The accused may answer in writing but need not do so. Failure to answer shall not be an admission of truth of the charges or a waiver of the accused's right to hearing.

The Board shall, after having given the accuser and the accused every opportunity to be heard, including oral arguments and the filing and consideration of any written briefs, conclude the hearing and within thirty (30) days thereafter render a decision. The affirmative vote of two-thirds (2/3) of the members of the Board present and voting shall constitute the verdict of the said Board which such vote may exonerate, censure, suspend, or expel the accused member(s). In matters of exoneration, suspension, or expulsion, the decision of the Board shall be expressed in a resolution which shall contain no explanation of the verdict and shall be signed only by the chairperson of the Board of Directors and forwarded to the accused in a certified mail, or equivalent, return receipt requested. Censure shall mean a reprimand by the chair of the Board of Directors administered to the accused in the presence of the said Board. No member shall be suspended for more than one year, except in instances when suspension is due to lack of or loss of licensure, in which case the suspension shall not exceed the duration of licensure suspension. At that time, the member may be reinstated to membership upon their application and the payment of dues accrued, before or after the period of suspension. The decision of the Board of Directors regarding censure, suspension, expulsion, exoneration, or reinstatement shall be final except as provided hereinafter.

Any member who has been censured, suspended, or expelled may appeal such action to the American Academy of Family Physicians pursuant to the Bylaws of said corporation.

## **CHAPTER 7**

## **Congress of Delegates**

### **SECTION 1: Congress of Delegates, Definition.**

The control and administration of the GAFP shall be vested in the Congress of Delegates, subject to the statutory authority of the Board and to those additional duties and powers specifically reserved to the Board in these Bylaws.

**SECTION 2:** Each district, as determined by the Board of Directors, shall be entitled to elect delegates and alternate delegates to the Congress of Delegates, who shall be elected for terms of two (2) years, provided that at the first election, each district elects one delegate and one alternate delegate for two (2) years. Each district shall be entitled to no less than two delegates and two alternates. The total number of delegates in the Congress of Delegates shall be up to 70. Each district shall be allotted delegates and alternate delegates above their two delegates and two alternates as determined by the secretary on the basis of that district's proportion of the total paid Academy membership. Only active members may be elected as delegates; however, in determining the number of delegates per district all classes of members except student and resident members are counted. Such determination shall be made by May 31<sup>st</sup> each year. The names of all delegates entitled to be seated in the Congress of Delegates shall be furnished to the Credentials Committee of the Congress of Delegates by the Secretary.

**SECTION 3:** Membership in a district will be determined by the primary mailing address of said member, whether home or professional.

**SECTION 4:** It shall be the duty of the COD Secretary (role filled by the Vice-Speaker, see Chapter 11, Section 4) of the Congress to poll each district as to their choice for delegates and alternate delegates from a list submitted to them of the entire active membership in that district. The names of those so elected shall be published prior to the annual meeting.

**SECTION 5:** The Congress of Delegates shall meet during and at the place of the annual meeting of the Academy and at such other times and places as it may determine. Special meetings of the Congress of Delegates may be called by a two-thirds (2/3) affirmative vote of the Board of Directors, and shall be held at such time and place as may be set forth in said call, subject to the following notice: Notice of such meetings shall be given by the Executive Director/Executive Vice President in writing at least sixty (60) days prior to the date set for such a meeting.

**SECTION 6:** The Family Medicine Residency Programs shall consider a full delegation to be up to (3) resident members and (3) alternate resident members, each from different Georgia family medicine residency programs, with elections by resident members if needed;

**SECTION 7:** The Family Medicine Interest Group from each allopathic and osteopathic accredited medical school physically located in the state shall have a total representation of (2) student delegates and (3) alternate delegates, each being from different Georgia medical school campuses, with elections by student members if needed; to the Congress of Delegates.

**SECTION 8:** The Congress of Delegates having at least one member from each geographic district shall constitute a quorum at any meetings of the Congress. The Congress may adopt such rules of procedure of the transaction of its business as it deems desirable, and shall be the judge of the election and qualifications of its members.

**SECTION 9:** Resolutions offered to the Congress of Delegates must be submitted to the Executive Director/Executive Vice President at least 45 days before the next meeting of the Congress of Delegates. Resolutions will be assigned by the Speaker to the reference committees. Prior to the published deadline, any member may submit resolutions in writing that are pertinent to the objectives of the Academy or in reference to any report by any office or committee of the Academy.

At the Reference Committee hearing the proponents and opponents of resolutions shall be given reasonable opportunity to be heard. Any member of the Academy may attend and testify at the Reference Committees.

At a later session(s) of the Congress of Delegates during the annual meeting, the Reference Committees shall report their recommendation on such resolutions, with any amendments or comments, to the Congress of Delegates.

The Congress of Delegates shall thereupon approve, disapprove or modify such resolution at the annual meeting, and their actions shall be entered in the minutes.

Each delegate of the Congress shall have one (1) vote. Alternate delegates will not vote unless their associated delegate is absent. In the event of a dispute, the Speaker will determine which alternate(s) may vote. The officers and directors, past presidents, and the chairperson of each committee of the Academy shall have the privilege of the floor in the Congress of Delegates, but shall not have the right to vote as such except as provided in this Chapter.

## **CHAPTER 8**

## **Board of Directors**

Unless otherwise noted, the Board of Directors is the GAFP Board of Directors.

**Duties and Powers.** The business and affairs of the GAFP shall be managed by or under the direction of the Board acting in a manner consistent with its fiduciary duties and responsibilities. In addition to the powers and authority expressly confirmed upon it by these Bylaws, the Board may exercise all powers and do all acts as allowed by law, subject to the powers of the Congress of Delegates as set forth in these Bylaws.

**SECTION 1:** Composition of the Board. Subject to the action of the Congress of Delegates, and during the interim between the meetings of the Congress, the control and administration of the Academy shall be vested in a Board of Directors. There will be an Executive Committee of the Board comprised of the Chairperson of the Board of Directors, the Secretary, the Treasurer, the President, the Vice President, the President-Elect, and the Speaker of the Congress of Delegates. The Remaining Board members shall be composed of the Vice Speaker of the Congress of Delegates, two (2) delegates to the AAFP Congress of Delegates, one (1) elected member from each of the eleven (11) districts, two (2) resident directors, and three (3) student directors, each with the right to vote. Additionally, there shall be elected two alternate delegates to the AAFP Congress of Delegates, an alternate director for each of the eleven directors, alternate resident directors and alternate student directors referred to above. An alternate director shall assume the official duties of the director for whom they are alternate only when the director cannot function in these duties.

**SECTION 2:** The Board of Directors or the Executive Committee shall meet within thirty (30) days following the annual meeting of the Academy and such other times and places, but not less than two (2) times annually or as may be determined by the written request of five (5) voting members of the Board of the Board of Directors. A majority of the Board shall constitute a quorum.

**SECTION 3:** The Chairperson of the Board, with the approval of two-thirds (2/3) vote of the Board of Directors, may remove any director or alternate director who misses two or more consecutive Board meetings or fails to show interest in the performance of the duties assigned them. Any director removed from the Board for lack of attendance can file a written appeal outlining any extenuating circumstances within thirty (30) days of notification to the chairperson of the Board for review. The decision of the chairperson regarding such a written appeal is final.

**SECTION 4:** The Executive Committee, by majority vote of those present, shall have full authority to act for and on behalf of the Board of Directors whenever the business of the Academy demands prompt action in the interim between meetings of the Board or when it is impractical or impossible to convene the entire membership of the Board of Directors. Action of this committee shall be voted on by the Board of Directors at its next meeting following.

**SECTION 5:** Directors and Alternate Directors.

The term of office of directors/alternate directors shall be for three (3) years and shall begin at the conclusion of the annual meeting of the Congress of Delegates at which their elections occur and expire at the conclusion of the third succeeding annual meeting, or when their successors are elected. No director shall be eligible for re-nomination to the Board of Directors unless at least one year has elapsed since the expiration of their previous term. Should a vacancy occur on the Board of Directors, it shall be filled by a majority vote of the remaining members. Directors who have been appointed to the Board by the Board of Directors to fill an unexpired term shall be eligible for re-nomination to the Board notwithstanding the provisions to the contrary in this section.

**SECTION 6:** Resident Director.

There shall be two (2) resident representatives elected by the Board of Representatives of the resident members for the GAFP and shall have full voting privileges on the GAFP Board of Directors. One resident will serve two years and one will serve one year, with a corresponding number of alternate representatives elected annually. The resident alternate director shall be elected by the GAFP resident members. If the director's position becomes vacant, a resident alternate is eligible to serve the remainder of the unexpired term.

**SECTION 7:** Student Director.

Three (3) students shall be elected by the GAFP student members to hold the positions of student directors to the GAFP Board of Directors, with full voting privileges. There will be a corresponding number of alternate representatives elected annually. If the director's position becomes vacant, a student alternate is eligible to serve the remainder of the unexpired term.

**SECTION 8:** Delegate and Alternate Delegate to AAFP.

One delegate and one alternate delegate to the Congress of Delegates of the American Academy of Family Physicians shall be elected annually for a two (2) year term that shall be limited to two consecutive terms with the option of serving in the same position at a later time. The delegates and alternate delegates shall be members of the Board of Directors and the delegates have a right to vote. The alternate delegates may vote only in the absence of the delegates.

**SECTION 9:** Advisory Committee.

All past presidents shall become an Advisory Committee to the Board of Directors and shall be considered ex-officio members of the Board with the privilege of the floor, but without the right to vote.

## **CHAPTER 9:**

### **Election of Officers**

**SECTION 1:** Definition. The officers of the Academy shall be a President, President-Elect, Vice-President, Secretary, Treasurer, Chairperson of the Board of Directors, Speaker of the Congress of Delegates, GAFP Delegates and Alternate delegates to the AAFP. All officers shall serve until their successors are elected and installed. The powers, duties, terms of office, and method of election of the officers shall be set forth in the Bylaws.

**SECTION 2:** Election of Officers. At least ninety (90) days before the annual meeting each year, the President shall appoint a nominating committee of three or more members whose duties shall be to present nominations for the office of President-Elect, Vice-President, one Delegate and one Alternate Delegate to the Congress of Delegates of the American Academy of Family Physicians, and such directors whose terms of office are expiring. At each third annual meeting, the nominating committee shall also present a nomination for the offices of Secretary and of Treasurer, both of whom shall be elected for a term of three (3) years and shall serve until their successor has been elected.

Nothing in these Bylaws shall prevent nominations from the floor of the Congress of Delegates. No officer or Board member who has served a full term shall be eligible to succeed them, except the Secretary, Treasurer, and Vice President. The election of all offices shall be by a majority vote of the members of the Congress of Delegates. When there are three or more candidates for a single office and no one receives a majority vote on the first ballot, a second ballot shall be taken between the two candidates receiving the highest number of votes on the first ballot. Vacancies on the Board of Directors may be filled by Board vote.

**SECTION 3:** The Congress of Delegates shall annually elect a Speaker and a Vice-Speaker who shall take office at the conclusion of the annual meeting at which their elections occur, and whose terms shall expire at the conclusion of the next annual meeting or when their respective successors are elected.

**SECTION 4:** Election of the above officers shall be by ballot prepared by the Executive Director/Executive Vice President. The nominee receiving the majority of votes shall be declared elected, provided that when the nominations have been closed with only a single candidate having been nominated, the presiding officer shall declare that candidate elected to office.

## **CHAPTER 10**

### **Duties and Terms of Officers**

**SECTION 1:** The President shall be a member of the Board of Directors and all standing committees. The President shall preside at all meetings of the Academy. The President shall be the spokesperson of the Academy. They shall have general supervision of the business of the Academy and shall see that all orders and resolutions of the Board of Directors are carried into effect; they shall execute bonds, mortgage, and other contracts requiring the seal of the Academy, except where required by law to be otherwise signed and executed and except where the signing and execution thereof shall be expressly delegated by the Board of Directors to some other officer or agent of the Academy. Their term of office shall begin at the installation ceremony following the one at which their predecessor was installed. In the event of the death or resignation of the president during the term of their office or if they shall for any reason be unable or unqualified to serve, the Vice-President shall succeed to the office of the President for the unexpired portion of the President's term. In the event of the death, resignation, or incapacity of both the President and the Vice-President, the Board of Directors shall elect a President for the unexpired portion of the term. The President-Elect shall succeed to the office of President at the conclusion of the annual meeting following the meeting at which their election occurred.

**SECTION 2:** The Vice-President shall be a member of the Board of Directors and shall preside at meetings of the Academy in the absence of the President. Their term of office shall begin at the installation ceremony during the annual meeting at which their election occurs and expires at the installation ceremony during the next annual meeting. The Vice-President shall also serve as a member with voting privileges on the bylaws committee and shall serve as the parliamentarian of the Board of Directors. In the event of the death, resignation, or incapacity of the Vice-President, the Board of Directors shall elect a Vice-President for the unexpired portion of their term.

**SECTION 3:** The President-Elect shall be a member of the Board of Directors and shall preside at meetings of the Academy in the absence of the President and Vice-President. They shall succeed to the office of President at the expiration of the President's term as provided in Section 1. In the event of the death, resignation, or removal from office of the President-Elect, the Board of Directors shall nominate candidate(s) for that office and election of the successor to the President-Elect shall take place by vote on these candidate(s) by the Congress of Delegates at the next ensuing meeting, as the first order of business following approval of the minutes, provided however, that nothing herein shall be construed as preventing additional nominations for this from the floor. Such elected President-Elect shall succeed to the office of President at the next installation ceremony.

**SECTION 4:** The Speaker of the Congress of Delegates shall be a member of the Board of Directors and the

Executive Committee with the privilege to vote. The Speaker shall preside over meetings of the Congress, and shall appoint all reference and special committees of the Congress.

The Vice Speaker shall serve as the Secretary to the Congress of Delegates, shall cause to be kept an accurate record of the minutes, and shall be a member of the Board of Directors with the privilege to vote. He/She shall preside over all meetings of the Congress in the absence of or when designated by the Speaker.

The Speaker and Vice Speaker shall be elected for one (1) year term of office for a maximum of three (3) years. The term shall begin at the conclusion of the annual meeting of the Congress of Delegates at which their elections occur and expire at the conclusion of the next succeeding annual meeting, or when their successors are elected. No speaker shall be eligible for re-nomination to the Board of Directors unless at least one year has elapsed since the expiration of their previous term. Should a vacancy occur on the Board of Directors, it shall be filled by a majority vote of the remaining members. The Speaker or Vice Speaker who has been appointed to the Board by the Board of Directors to fill an unexpired term and who has served for a period of less than one (1) year shall be eligible for re-nomination to the Board notwithstanding the provisions to the contrary in this section.

**SECTION 5:** The Chair of the Board of Directors shall be the immediate past president and shall assume the office of Chairperson at the conclusion of the annual meeting following the conclusion of their presidency. The Chairperson of the Board of Directors shall preside over all meetings of the Board and the Executive Committee. In the absence of the Speaker and Vice-Speaker, they shall preside over meetings of the Congress of Delegates.

In the event of the death or resignation of the Chair during their term of office or if they shall for any reason be unable or unqualified to serve, the Board of Directors shall elect a new Chair to serve the unexpired portion of the term. If the Chair is unable to attend a meeting of the Board or the Executive Committee, the President shall preside at that meeting. In their absence a temporary Chair shall be elected by the members present for that meeting.

The Chair of the Board of Directors shall be an ex-officio member of all standing committees.

**SECTION 6:** The Secretary shall be a member of the Board of Directors and shall be elected for a term of three (3) years. The Secretary shall cause to be kept an accurate record of the minutes of the Board of Directors, and shall serve as Secretary to this body. The duties of Secretary, by action of the Board of Directors, may be assigned to the Executive Director/Executive Vice President. The Secretary, assisted by the Executive Director/Executive Vice President, shall provide a summary of the activities of the Academy including elected officers, significant actions, activities, and events at the annual meeting for purposes of the GAFF archives.

**SECTION 7:** The Treasurer shall be a member of the Board of Directors and shall be elected for a term of three (3) years. They shall be the Chair of the Committee on Finances. They shall cause to be kept adequate and proper accounts of the properties and funds of the Academy. The Treasurer shall cause to be deposited all monies and other valuables in the name and to the credit of the Academy with such depositories as may be designated by the Board of Directors. They shall disburse the funds of the Academy as may be ordered by the Board of Directors, shall render to the Board of Directors, whenever it may request it, an account of their transactions as Treasurer and of the financial condition of the Academy, and shall have such other powers and perform such other duties as may be prescribed by the Board of Directors or these Bylaws. The Treasurer may be required by the Board of Directors to give a surety bond in an amount to be determined by the Board of Directors, the premium thereon to be paid by the Academy. Any of the duties of the Treasurer, by action of the Board of Directors, may be assigned to the Executive Director/Executive Vice President.

**SECTION 8:** The Executive Director/Executive Vice President shall be appointed for a term and stipend to be fixed by the Board of Directors. The Executive Director/Executive Vice President, under the direction of the Board of Directors, performs such duties as the title of the office ordinarily connotes and such duties of the Secretary and/or Treasurer as may be assigned to the Executive Director/Executive Vice President by the Board of Directors. The Executive Director/Executive Vice President shall supervise all other employees and agents of the Academy and have such other powers and duties as may be prescribed by the Board of Directors. The Executive Director/Executive Vice President shall not be entitled to vote. The Executive Director/Executive Vice President shall be bonded in an amount fixed by the Board of Directors, the premium thereon to be paid by the Academy.

**SECTION 9:** The title of Executive Director shall be changed to Executive Vice President when, in the judgment of the Board of Directors, tenure, expertise and credibility have been established, and the title will be conferred by the Board of Directors.

**SECTION 10:** The President, Vice-President, President-Elect, Speaker of the Congress of Delegates, Vice-Speaker of the Congress of Delegates, Chairperson of the Board of Directors, Delegate to the AAFP, Alternate Delegate to the AAFP, Secretary, Treasurer, or any member of the Board of Directors may be removed from office for cause by two-thirds (2/3) vote of the total voting members of the Board of Directors. Any vacancy which should occur as a result of removal from office shall be filled in the same manner as is otherwise provided in this Chapter.

No action may be taken to remove any person listed in the preceding paragraph from office except upon the written

petition of five (5) voting members of the Board of Directors. The petition shall be delivered to the Secretary of the Board of Directors and shall state that cause(s) for which removal is sought. Within five (5) days of receipt of such petition, the Secretary shall cause a copy thereof to be sent by registered mail, with return receipt requested, to each officer and member of the Board of Directors. The person whose removal is being sought may answer the petition in writing at any time prior to the meeting of the Board of Directors, but need not do so, and failure to answer shall not be an admission of truth of the charges or waiver of the right to a hearing. The petition shall be considered and a decision rendered at the first meeting of the Board of Directors which is held no less than fifteen (15) days after the date on which a copy of the petition was mailed to the officers and directors. The person whose removal is being sought shall be afforded every opportunity to be heard at the board meeting at which the petition is considered and may be represented by counsel.

## **CHAPTER 11**

### **Committees**

#### **SECTION 1: Standing Committees.**

Standing committees of the Academy shall be as follows. Committee on Membership and Member Services, Committee on Education and Research, Committee on Bylaws, Committee on Practice Management, Committee on Legislation, Committee on Public Health, Committee on Student and Resident Recruitment, and the Committee on Finances.

The duties of each of these committees shall be defined by the Board of Directors. Unless otherwise provided in these Bylaws, each of these committees shall be appointed and may be replaced by the President and President-Elect with the advice and consent of the Board. The President, with the approval of the Board of Directors, may replace any member of any committee who fails to show interest in the performance of the duties assigned them. All committee chairpersons shall make an annual report to the Congress of Delegates in advance of the annual meeting.

#### **SECTION 2: Special (Ad Hoc Task Force) Committees.**

To facilitate the work of this organization, Special Committees may be appointed by the President. Special Committees shall serve until the end of that President's term unless re-appointed by the new President. The new President can only extend the committee's life through the end of their term. All such committees shall be designated as standing or special at the time of appointment and the purposes, duties, duration shall then be stated.

#### **SECTION 3: Official Publication.**

The Board of Directors shall appoint the Board Secretary to serve as the medical content editor for GAFF publications.

## **CHAPTER 12**

### **Annual Meeting**

Unless otherwise ordered by the Board of Directors, there shall be an annual meeting of the Congress of Delegates, together with such meetings of the Board of Directors, Executive Committee, and other commissions and committees as may be fixed by the Board of Directors. The time and place of the annual meeting shall be designated by the Board of Directors and announced at least sixty (60) days before the date so fixed.

## **CHAPTER 13**

### **Miscellaneous**

#### **SECTION 1: Inspection of records.**

The minutes of the proceedings of the Board of Directors and of the Congress of Delegates, as well as the membership books and books of account, shall be open to inspection upon the written demand of any member at any reasonable time for any purpose reasonably related to the member's interest as a member. They may be produced at any time when requested by the demand of one-third (1/3) of the members of the Congress of Delegates present. Such inspection may be made by agent or attorney, and shall include the right to make extracts thereof. Demand of inspection, other than at a meeting of the members shall be in writing to the President or Secretary of the Academy.

#### **SECTION 2: Annual Financial Report.**

The directors shall cause to be sent to the members, not later than six (6) months after the close of the fiscal year, a balance sheet as of the closing date of that fiscal year, together with statement of the income and profits and losses for such fiscal year. Such financial statement shall be certified by a public accountant.

#### **SECTION 3: Seal.**

The Georgia Academy shall have a seal, the form and device of which shall be adopted by the Board of Directors.

#### **SECTION 4: Rules of Order.**

Sturgis Standard Code of Parliamentary Procedure, current edition, except when the same is in conflict with the Constitution and Bylaws of this Academy, shall control all parliamentary proceedings of the meetings of the Congress of Delegates and the Board of Directors.

#### **SECTION 5: Fiscal year.**

The fiscal year of this organization shall begin on the first day of January and end on the last day of December.

#### **CHAPTER 14**

##### **Amendments to Bylaws.**

Any five (5) or more members, the Bylaws Committee, or the Board of Directors may propose amendments to the Bylaws. Such proposals shall be submitted to the Executive Director/Executive Vice President at least one hundred (100) days prior to any regular or special meeting of the Congress of Delegates, and notice shall be given by the Executive Director/Executive Vice President to all Academy members at least thirty (30) days prior to said meeting. Publication of proposed amendments in the official publication of the Academy shall be sufficient to constitute notice thereof to the members. An affirmative vote of at least two-thirds (2/3) of the delegates present and voting shall constitute adoption. Amendments shall take effect immediately upon adoption unless otherwise specified.

#### **CHAPTER 15:**

##### **AAFP Resolutions.**

Before submission to the American Academy of Family Physicians, members in good standing seeking an endorsement or support from the Georgia Academy of Family Physicians related to resolutions must submit a written resolution to the Chair of the Board of Directors a minimum of forty-five (45) days prior to a Board meeting. The resolutions require a two-thirds (2/3) affirmative vote of the Board to receive an endorsement of the state chapter.