

REMINDER:

**THE FINAL SESSION OF THE CONGRESS OF DELEGATES WILL MEET
ON SATURDAY, NOVEMBER 10, 2018 AT 8 AM
SALON D-G – EVERGREEN MARRIOTT – STONE MOUNTAIN**

The 2018 Reference Committee recommends the following actions for each resolution:

Item 1 – Resolution 1: GAFFP Bylaws Update 2018 - Be Adopted as Presented

Item 2 – Resolution 2: Online Patient Surveys and Reviews – Be Adopted as a Substitute Resolution

Item 3 – Resolution 3: Physicians Authority Over Prescribing - Be Adopted as a Substitute Resolution

Item 4 – Resolution 4: Uncompensated Physician Care (Afterhours)– Be Adopted as a Substitute Resolution

Item 5 – Resolution 5: Addressing Determinants of Maternal Mortality in Georgia – Be Adopted as Presented

Item 6 – Resolution 6: Addressing the Opioid Epidemic in Primary Care– Be Adopted as Presented

Item 7 – Resolution 7: Require Integration of PDMP into EHRs – Not Be Adopted

Item 8 – Resolution 8: Fair Payment from Medicaid for Adult Flu Shots – Be Adopted as Amended

Item 9 – Resolution 9: Internal Policy Review: GAFFP PAC Board – Be Adopted as Presented

Item 10 – Resolution 10: Internal Policy Review: Policy for reviewing GAFFP Policy Manual – Be Adopted as Presented

Item 11 – Resolution 11: Member Attendance-at GAFFP Committee Meetings – Be Adopted as Edited

Item 12 – Resolution 12: External Policy Review: Annual Dilated Retinal Exam – Be Adopted as Edited

Item 13 – Resolution 13: External Policy Review: Increase in Tobacco Excise Tax – Be Adopted as Presented

Item 14 – Resolution 14: External Policy Review: Scope of Practice by Non-Physicians – Be Adopted as Presented

Item 15 – Resolution 15: External Policy Review: Tort Reform – Be Adopted as Presented

**THIS REPORT IS NOT POLICY AND IT WILL NOT BECOME POLICY UNTIL ACTED UPON BY
THE CONGRESS OF DELEGATES**

Speaker Stone, the Reference Committee has considered each of the items referred to it and submits the following report. The committee's recommendations on each item will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate.

Item 1 – Resolution 1: GAFP Bylaws Update 2018

Submitted by the GAFP Bylaws Committee, and presented by the Bylaws Chair, Alice House, MD of Midland:

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: 3rd 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 31st each year. The names of all delegates entitled to be seated in the Congress of

1 Delegates shall be furnished to the Credentials Committee of the Congress of Delegates
2 by the Secretary.

3
4 Chapter 7: Section 7 - The Family Medicine Interest Group from each allopathic and
5 osteopathic accredited medical school **physically located** in the state....

6 **CHAPTER 7**

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

12
13 Chapter 7: Section 9: 3rd sentence – ~~Prior to the **Reference Committee meeting**~~
14 ~~**published deadline**~~, any member may submit resolutions...

15
16 Chapter 7: Section 9: 5th paragraph: 4th sentence – Remove the words **commission and...**

17 **CHAPTER 7**

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

24
25 At the Reference Committee hearing the proponents and opponents of resolutions shall be
26 given reasonable opportunity to be heard. Any member of the Academy may attend
27 and testify at the Reference Committees.

28
29 At a later session(s) of the Congress of Delegates during the annual meeting, the Reference
30 Committees shall report their recommendation on such resolutions, with any
31 amendments or comments, to the Congress of Delegates.

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

3
4 Each delegate of the Congress shall have one (1) vote. Alternate delegates will not vote
5 unless their associated delegate is absent. In the event of a dispute, the Speaker will
6 determine which alternate(s) may vote. The officers and directors, past presidents, and
7 the chairperson of each ~~commission and~~ committee of the Academy shall have the
8 privilege of the floor in the Congress of Delegates but shall not have the right to vote as
9 such except as provided in this Chapter.

10
11 Chapter 8: Section 5: Last sentence – Remove the words ***or district chapter...***

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

14 **CHAPTER 8**

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

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

26
27 **SECTION 6:** Resident Director.

28 There shall be two (2) resident representatives elected by the Board of Representatives of
29 the resident ~~component chapter~~ **members** for the GAFP and shall have full voting
30 privileges on the GAFP Board of Directors. One resident will serve two years and one will
31 serve one year, with a corresponding number of alternate representatives elected
32 annually. The resident alternate director shall be elected by the GAFP resident members.

1 If the director’s position becomes vacant, a resident alternate is eligible to serve the
2 remainder of the unexpired term.

3
4 Chapter 9: Section 2: 2nd paragraph: 2nd sentence – Change the sentence to read, ...full
5 term shall be eligible to succeed them, except the Secretary, **and** Treasurer, **and Vice**
6 **President.**

7 **CHAPTER 9:**

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

16
17 Nothing in these Bylaws shall prevent nominations from the floor of the Congress of
18 Delegates. No officer or Board member who has served a full term shall be eligible to
19 succeed them, except the Secretary, **and** Treasurer, **and Vice President.** The election
20 of all offices shall be by a majority vote of the members of the Congress of Delegates.
21 When there are three or more candidates for a single office and no one receives a
22 majority vote on the first ballot, a second ballot shall be taken between the two
23 candidates receiving the highest number of votes on the first ballot. Vacancies on the
24 Board of Directors may be filled by Board vote.

25
26 Chapter 10: Section 1: First sentence – Remove the words ***commissions and...***

27 **CHAPTER 10**

28 **SECTION 1:** The President shall be a member of the Board of Directors and all standing
29 **~~commissions and~~** committees. The President shall preside at all meetings of the
30 Academy. The President shall be the spokesperson of the Academy. They shall have
31 general supervision of the business of the Academy and shall see that all orders and
32 resolutions of the Board of Directors are carried into effect; they shall execute bonds,

1 mortgage, and other contracts requiring the seal of the Academy, except where required
2 by law to be otherwise signed and executed and except where the signing and
3 execution thereof shall be expressly delegated by the Board of Directors to some other
4 officer or agent of the Academy. Their term of office shall begin at the installation
5 ceremony following the one at which their predecessor was installed. In the event of the
6 death or resignation of the president during the term of their office or if they shall for
7 any reason be unable or unqualified to serve, the Vice-President shall succeed to the
8 office of the President for the unexpired portion of the President's term. In the event of
9 the death, resignation, or incapacity of both the President and the Vice-President, the
10 Board of Directors shall elect a President for the unexpired portion of the term. The
11 President-Elect shall succeed to the office of President at the conclusion of the annual
12 meeting following the meeting at which their election occurred.

13
14 *No testimony on the proposed bylaws amendments were heard. The reference committee was*
15 *in support of adopting the amendments as presented.*

16
17 **RECOMMENDATION:** The reference committee recommends that Resolution No. 1 Be
18 Adopted as Presented

19
20 **Item 2 – Resolution 2: Online Patient Surveys and Reviews**

21
22 **Submitted by Catherine James-Peters, MD – Decatur, the resolved portions are printed**
23 **below:**

24
25 RESOLVED that, we as professional physicians will no longer tolerate patient satisfaction
26 comments or scores due the unfair subjectivity and personal attacks unrelated to evidence-
27 based medicine, and be it further

28
29 RESOLVED that, physicians are no longer subjected to employers taking incentive bonuses
30 away, loss of employment, or threat of loss of employment due to unfounded patient
31 complaints by forming a national advocacy group or labor group who will defend our jobs and
32 reputations, and be it further

33
34 RESOLVED that, the Georgia Academy of Family Physicians work with that the American
35 Academy of Family Physicians, the American Medical Association and the American College of
36 Physicians to develop a pathway for physicians to remove patient satisfaction website reviews
37 or give physicians the option to remove their names from these websites without cost to the
38 physician, and be it further

39
40 *The reference committee heard testimony from the author first, stating that there is a*
41 *difference between being an independent practice owner and being an employed physician.*
42 *Online harassment is a national issue and physicians are leaving medicine because of this*

1 *issue. She noted that patients can lash out on the internet, but physicians cannot defend*
2 *themselves and the review remains there for years.*

3
4 *Additional testimony was generally in support of the spirit of the resolution but were divided*
5 *on whether to move the resolution forward. There were several questions regarding data to*
6 *support the resolution or data on physicians being fired because of reviews.*

7
8 *Members suggested doing a survey to determine how widespread the problem is and tasking*
9 *the GAFP, AAFP, or the Composite Board to survey members on their experience. Another*
10 *member suggested seeking help from the Composite Medical Board if you feel coerced to or*
11 *you are reprimanded by your employer.*

12
13 *The reference committee noted that the issue is bigger than the GAFP but that the GAFP*
14 *could offer education to help our members. The recommendation is to offer a substitute*
15 *resolution.*

16
17 **RECOMMENDATION:** The Reference Committee recommends that Resolution No. 2 be
18 **adopted with a substitute resolution, which reads as follows.**

19
20 **RESOLVED**, that the GAFP produce articles for our newsletter on how employed physicians can
21 cooperate with their employer to address negative patient satisfaction scores and negative
22 exposure on social media, and be it further

23
24 **RESOLVED**, that the GAFP develop contractual language that can be used by members to
25 mitigate reflexive penalties following negative reviews without arbitration or review, and be it
26 further

27
28 **RESOLVED**, that the GAFP ask the AAFP to develop a member interest group for employed
29 physicians.

30
31 **Item 3 – Physicians Authority Over Prescribing**

32
33 **Submitted by Catherine James-Peters, MD – Decatur, the resolved portions are printed**
34 **below:**

35
36 **RESOLVED**, that the Georgia Academy of Family Physicians form an advocacy group to protect
37 physicians from harassment and threats of termination from employers, along with a hotline for
38 a physician to call for assistance and be it further

39
40 **RESOLVED**, that the Georgia Academy request the American Academy of Family Physicians
41 work with the American Medical Association and the American College of Physicians to form a
42 national advocacy group to protect physicians from harassment and termination threats from
43 employers, along with a hotline for physicians to call for assistance and be it further

44
45 *The reference committee heard testimony from the author that patients are demanding certain*
46 *prescriptions and physicians are essentially forced to fulfill the request out of fear of losing their*
47 *job.*

48

1 *One member noted that he had not heard of a situation like this but felt that the Composite*
2 *Medical Board should be alerted when this happens. Other members felt that they had heard of*
3 *this happening to other physicians. It was also noted that GAFP should have education in a CME*
4 *setting showing examples of appropriate interactions between employers and physicians. Several*
5 *members spoke in favor of this resolution.*

6
7 *After discussion, the reference committee noted that this is an emotional issue and is causing*
8 *frustration among our members but felt that the resolution was not adoptable as stated.*

9
10 **RECOMMENDATION:** The Reference Committee recommends that Resolution No. 3 be
11 adopted with a substitute resolution, which reads as follows:

12
13 **RESOLVED**, that the GAFP solicit legal advice and develop a tool for our members from a
14 Georgia lawyer who is knowledgeable of the rights to physicians to maintain ultimate
15 prescription authority in congruence with state and federal guidelines as to proper use and
16 monitoring of controlled substances.

17
18 **Item 4 - Resolution 4: Uncompensated Physician Care (Afterhours)**

19
20 **Submitted by Catherine James-Peters, MD – Decatur, the resolved portion is printed**
21 **below:**

22
23 **RESOLVED** that, the Georgia Academy of Family Physicians hold an open forum to discuss this
24 issue, and be it further

25
26 **RESOLVED** that, the Georgia Academy request that the American Academy of Family Physicians
27 hold a national forum to discuss the issue of uncompensated care that includes education to our
28 members on how to seek appropriate compensation.

29
30 *The reference committee heard testimony from the author who stated that several physicians*
31 *are being forced to see more patients than are on their panels so they are spending extra*
32 *hours texting, making phone calls, and emailing patients. Many physicians spend three to*
33 *four extra hours charting on a typical day. She noted that physicians are not being*
34 *compensated for this additional time, and it accounts for loss of time with families.*

35
36 *Members testified that they support this resolution and feel that it would help alleviate*
37 *burnout. Testimony continued noting that this is not just an issue in Georgia, but on a*
38 *national level. Other members were in support of the intent of the resolution but felt the*
39 *resolve sections need work and should not be something the Academy is charged to work on.*
40 *Another member noted that charting, phone calls, and replying to patients is a part of a*
41 *physician's job and family physicians could consider chronic care management to add revenue*
42 *to their practice.*

43
44 *It was also explained that CMS and AAFP are working on this issue, and GAFP offers*
45 *education during our CME meetings on ways combat physician burnout.*

RECOMMENDATION: The Reference Committee recommends that Resolution No. 4 be adopted with a substitute resolution which reads as follows:

RESOLVED, that the Georgia Academy of Family Physicians educate our members via a lecture at a state meeting and/or via an article in the newsletter on how to negotiate contracts to include overtime for completion of charts, and be it further

Resolved, that the Georgia Academy will provide information regarding coding on extended time and additional services to reflect accurately the level of service and appropriate compensation for complex patient encounters. Be it further

Resolved, that the Georgia Academy educate physicians via a lecture at a state meeting and/or via an article in the newsletter on negotiating administrative time in their week to complete charting tasks to avoid extra hours after the scheduled work day.

Item 5: Addressing Determinants of Maternal Mortality in Georgia

Submitted by Angeline Ti, MD – Atlanta, the resolved portion is printed below:

RESOLVED that, the Georgia Academy of Family Physicians (GAFP) 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 GAFP 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 GAFP provide online and in-person opportunities for members to explore and address implicit bias and its impact on health care.

The reference committee heard testimony from the author who stated that the issue has been addressed at the AAFP Congress of Delegates and is in line with the AAFP. She noted that we should be helping our members address the Social Determinants of Health's "everyONE Project" because so many patients do not have access to education. She addressed the last resolve noting that it speaks to implicit bias and racism and how it impacts patient interactions.

The reference committee discussed that the GAFP is already educating our members with both CME lectures and publications on this issue. They recommended continuing to do this activity.

RECOMMENDATION: The Reference Committee recommends that Resolution No. 5 be reaffirmed as current policy.

1 **Item 6: Addressing the Opioid Epidemic in Primary Care**

2

3 **Submitted by Angeline Ti, MD – Atlanta, the resolved portion is printed below:**

4

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

8

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

11

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

14

15 *The reference committee heard testimony from the author who stated that this continues to
16 be an issue in our State.*

17

18 **RECOMMENDATION: The Reference Committee recommends that the first resolve be**
19 **reaffirmed as current policy and accepted the second and third resolve as presented.**

20

21 **Item 7: Require Integration of PDMP into EHRs**

22

23 **Submitted by Kevin E. Johnson, MD – Lawrenceville, the resolved portion is printed**
24 **below:**

25

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

30

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

38

39 *The reference committee heard testimony from the author reported that his EHR is*
40 *demanding \$50 per month per provider to utilize this integration and the State is looking to*
41 *ease this burden in the near future. However, he sees this as a problem that is time sensitive*
42 *and costly.*

43

44 *A member noted that the law did not establish a criminal penalty for not complying with the*
45 *PDMP. It was also noted that during the Medical Association of Georgia's House of Delegates,*
46 *a similar resolution was presented regarding unfunded State mandates, and the issue is*
47 *already being addressed at the State level through MAG.*

1
2 *The reference committee discussed the fact that AAFP is pursuing this issue and MAG has a*
3
4 *similar resolution that will be forwarded to the AMA. They recommended not moving forward*
5 *with this resolution.*
6

7 **RECOMMENDATION:** The Reference Committee recommends that Resolution No. 7 not be
8 adopted.

9
10 **Item 8: Fair Payment from Medicaid for Adult Flu Shots**

11
12 **Submitted by Willard (Alex) Snyder, Jr., MD – Brunswick, the resolved portion is**
13 **printed below:**

14
15 RESOLVED that the Georgia Academy of Family Physicians make it a priority to lobby state
16 government to pay for administration.

17
18 *The author noted that it is important for physicians to be paid for injections. The Medicaid*
19 *manual clearly states that it does not, and it should be a priority.*

20
21 *A member noted that the background for the resolution is incorrect. Georgia Medicaid CMOs*
22 *may pay an administrative fee, but it is not standard. Fee for service does not pay an*
23 *administrative fee.*

24
25 *The reference committee recommended approving this resolution as amended.*
26

27 **RESOLVED** that the Georgia Academy of Family Physicians make it one of our priorities a
28 **priority to advocate lobby** state government to pay for administration of adult flu shots.

29
30 **RECOMMENDATION:** The Reference Committee recommends that Resolution No. 8 be
31 adopted as amended.

32
33 *The reference committee heard testimony from the Board Chair on the following policies that*
34 *originated out of the Congress of Delegates.*

35
36 ***Resolutions 9 – 10, and 13-15: Be re-approved at written.***
37 ***Resolutions 11 - 12: Be approved as edited.***

38
39 *The following policies originated from the Congress of Delegates came up for review and were*
40 *updated in the following manner:*

41
42 ***These five policies were recommended to be approved as presented:***

43
44 ***Resolution 9: GAFP PAC Board***

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

46
47 ***Resolution 10: Policy for reviewing GAFP Policy Manual***

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

5
6 The group will make recommendations for each policy to be either:

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

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

11
12 The Board policies will be brought to the August Board meeting for final review and approval.
13 The COD policies will be brought to the COD annual meeting in the Board Chair's report, as an
14 action item to review and approve.

15
16 ***Resolution 13: Increase in Tobacco Excise Tax***

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

19
20 ***Resolution 14: Scope of Practice by Non-Physicians***

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

23
24 ***Resolution 15: Tort Reform***

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

26
27 ***These two policies were recommended to be approved as edited:***

28
29 ***Resolution 11: Member Attendance-at GAFP Committee Meetings***

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

34
35 ***The Board Secretary will work with staff to create an expedited review of Board minutes so that***
36 ***all members have the ability to review the leadership decisions within one month following the***
37 ***meeting.***

38
39 All attending members may participate in discussions as non-voting members if not appointed
40 to the committees or boards they are attending at the purview of the Chair. (as outlined in *The*
41 *Standard Code of Parliamentary Procedure*)

42
43 ***Resolution 12: External Policy Review: Annual Dilated Retinal Exam***

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

- 1
- 2 Edited resolution: Encourage Ophthalmologists and Optometrists to facilitate the standard of
- 3 care practice that proper documentation must be sent to the patient's primary care physician
- 4 after each visit.
- 5
- 6 **RECOMMENDATION:** The Reference Committee recommends that Resolutions No. 9-15 (the
- 7 2018 Board Chair's report) be adopted as presented or edited. All other reports in the 2018
- 8 COD Handbook be adopted as presented.