The 2015 Reference Committee recommends the following actions for each resolution:

Item 1 – Resolution 1: Universal Vaccination - **Be Adopted as amended**

Item 2 – Resolution 2: Redistribution of Congress of Delegates District Delegates - **Be Adopted as amended**

Item 3 – Resolution 3: AAFP should immediately stop trying to deny law abiding citizens of their Second Amendment Rights - **Not Be Adopted**

Item 4 – Resolution 4: Estimated Radiation Dose - **Not Be Adopted**

Item 5 – Resolution 5: Opposition to The ABFM Maintenance of Certification Diploma - **Not Be Adopted**

Item 6 – Resolution 6: Presumptive/Preliminary Diagnosis Modifier - **Not Be Adopted**

Item 7 – Resolution 7: Telemedicine Standard of Care - **Not Be Adopted**

Item 8 – Resolution 8: For New CPT Code: Detailed Medical Data Review - **Not Be Adopted**

Item 9 – Resolution 9: 2015 updates to the GAFP Bylaws - **Be Adopted**

Item 10 – Resolution 10: Georgia Medical Licensing - **Be Adopted by Substitute**

Item 11 – Report of the Board Chair, Policy Review Team and all other reports in the COD Handbook - **Be Accepted as Presented**
Speaker Cowart, 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: Universal Vaccination**

Sponsored by Willard A. Snyder, Jr., MD, the resolved portions which are printed below:

Therefore be it Resolved that, the GAFP Board of Directors be tasked with advocating, promoting and requesting legislative changes required to make possible Universal Vaccinations for Children and Adults whereas physicians get vaccines for free from a single source (paid for by others) and be paid for provision of the vaccines,

And, be it Further Resolved that, the rules and regulations for storage be based on hard science, not recommendations of the ideal storage solution (minimum recommendations not maximum) and documentation be easy.

Discussion: The author of the resolution was unable to attend, but there was some discussion back and forth about the feasibility of providing vaccines for all, particularly for adults, including the possibility of expanding Vaccines for Children, because of multiple insurance carriers. However, while the reference committee members agreed that promoting advocacy and legislation on vaccine standardization is a big load to carry and would require a lot of work, they also agreed that they would like to see action in favor of this policy. Therefore, the reference committee removed the payment request and crafted a substitute resolution to support the AAFP Policy on Immunizations.

The reference committee agreed that the resolution should be amended as follows:

Therefore be it Resolved that, the GAFP Board of Directors be tasked with advocating, promoting and requesting legislative changes required to make possible Universal Vaccinations for Children and Adults consistent with the AAFP Policy on Immunizations.

**RECOMMENDATION:** The reference committee recommends that Resolution No. 1 be adopted as amended.

**Item 2 – Resolution 2: Redistribution of Congress of Delegates District Delegates**

Co-Sponsored by Drs. Loy “Chip” Cowart, Speaker, Congress of Delegates and Michelle Cooke, Vice Speaker Congress of Delegates, the resolved portions which are printed below:

Let it be Resolved that, the Congress of Delegates move to a full delegation of up to 70
active members such that the new Bylaws language will state in Chapter 8, Section 2: The total number of delegates in the Congress of Delegates shall be up to 70;

And, let it be resolved that, the Family Medicine Residency Programs consider a full delegation to be up to 2 resident members and 2 alternate resident members collectively from the Georgia residency programs with elections by resident members if needed;

And let it be Resolved that, the Family Medicine Interest Groups move to a full delegation of 2 student members and 2 alternate student members from the total of the medical schools in the state at their various locations with elections by student members if needed;

And, let it be further Resolved that, this new COD composition be effective beginning the 2016 Congress of Delegates.

Discussion: The resolution writer spoke to the need for this change, as the Congress of Delegates has not had a full delegation in recent past years, and a quorum consists of 1 delegate per district; therefore leadership and staff time spent trying to fill the district delegate slots is time consuming and expensive. There was a lot of discussion back and forth about this resolution, particularly the numbers of students and residents that would be allowed to attend and delegates and alternate delegates. Most were in favor of this resolution in general, but were concerned that students and resident delegates would not be well represented if the number were cut as much as the resolution requests.

The author’s response was that they modeled the resolution on the AAFP Congress of Delegates, which has 2 delegate and alternate slots for students and residents, and that the GAFP has many other activities for student and resident leadership development and activity.

The reference committee decided that students, since not yet family medicine specific necessarily, are probably well represented at this level of governance. However, family medicine residents should be more heavily represented, particularly since there are more family medicine residency programs in the state of Georgia than medical schools.

Therefore, the reference committee agreed that only the second resolved clause of the resolution should be slightly amended so as to increase resident participation:

And, let it be resolved that, the Family Medicine Residency Programs consider a full delegation to be up to 5 resident members and 5 alternate resident members collectively from the Georgia residency programs with elections by resident members;

RECOMMENDATION: The Reference Committee recommends that Resolution No. 2 be adopted as amended.

Item 3 – Resolution 3: AAFP should immediately stop trying to deny law abiding citizens of their Second Amendment Rights
Sponsored by Phillip Kennedy, MD, the resolved portions which are printed below:

Resolve that, the AAFP should immediately stop its involvement in any program that attempts to deny the legal ownership of guns to law-abiding citizens;

Resolve that, the AAFP should show real leadership in our nation’s dialogue about violence and murder by changing the conversation to our culture’s lack of respect for life and away from the focus on inanimate objects such as guns;

Be it further resolved, that the AAFP would always avoid getting into emotional debates that are void of real evidence.

Discussion: The author of this resolution was not present on the call; however, there was much debate on this resolution with over 30 members speaking to the issue. Many spoke out against this resolution with several issues being brought up, including the following: this resolution is an opinion rather than a need to be filled by the GAFP-AAFP; this issue is incendiary and divisive; gun control is outside the scope and purview of issues that the Academy should be focusing on, which should be research and public health issues; nor does this issue reflect AAFP policy.

A smaller group spoke in favor of adopting this resolution. They were mainly concerned with potential violation of Second Amendment rights, and that individuals should be more concerned with gun safety and education than gun ownership. In addition, there were some concerns that the AAFP should not be involved in social issues but focus more on issues that are germane to the care of medicine.

Following debate, the reference committee moved to not adopt the resolution.

RECOMMENDATION: The Reference Committee recommends that Resolution No. 3 not be adopted.

Item 4 - Resolution 4: Estimated Radiation Dose

Sponsored by Marc Berger, MD, the resolved portion of which is printed below:

Be it Resolved that, the GAFP, (with a recommendation to the AAFP-perhaps by resolution to the COD), the AMA, and the American College of Radiology) formally requests that each radiographic study (x-ray) that involves ionizing radiation have the estimated dose of radiation absorbed (Rads or cGrays) published in the body of the radiologist's report.

Discussion: The author testified that family physicians, as medical homes, should keep track of dosage in their electronic health records. A flow sheet could be developed and is important to keep track for patients, and that radiologists should report back to the primary care physician.
There was general testimony about the need for this type of information for both physicians and patients but that it would be extremely difficult to encourage radiologists to add this information to their reports, partially because of concern about how to calculate and concern over liability.

The reference committee agreed with the concerns of those opposed to the resolution, particularly those of liability are valid, and recommend that resolution 4 not be adopted.

**RECOMMENDATION:** The Reference Committee recommends that Resolution No. 4 not be adopted.

**Item 5 – Resolution 5: Opposition to The ABFM Maintenance of Certification Diploma**

Sponsored by Marc Berger, MD, the resolved portions of which reads as printed below:

**Be it resolved that,** the Georgia Academy of Family Physicians strongly opposes this Diploma certificate without the defined term of being Board Recertified, and requests that the ABFM rethink this aspect of their new Maintenance of Certification policy.

**And be it further resolved that,** the GAFP convey this request to the AAFP by COD resolution.

**Discussion:** The author of the resolution testified that other credential services cannot verify how ABFM has changed their certifying board and that the diploma is no longer useful for credentialing. There was brief discussion that the author noted there is another national certifying board that provides an alternative, and that it is uncertain as to what would be gained by asking the ABFM add an ending date.

The Reference Committee agreed that credentialing is now done online and a paper certificate is outdated. Therefore, the Reference Committee voted to not adopt.

**RECOMMENDATION:** The Reference Committee recommends that Resolution No. 5 not be adopted.

**Item 6 – Resolution 6: Cancellation of Electronic Prescriptions**

Sponsored by Marc Berger, MD, the resolved portions of which read as printed below:

**Be it resolved that** the GAFP request, by similar resolutions and correspondence, that the AAFP, AMA and CMS (through their HCPS coding system), develop policy and create a new modifier code to flag that the procedure code associated with that diagnosis is preliminary.

**And, be it resolved that** a new Modifier, "-PD", or a similar code or number, be incorporated in the 2017 CPT and HCPS coding schemes to flag that the diagnosis associated with that code is "Preliminary" or "Presumptive."
And, be it further resolved that the WHO be requested (through our medical representatives) to allow a "Presumptive Diagnosis" modifier to be incorporated into ICD11, to likewise record in the database that the diagnosis is not a final, definitive diagnosis.

Discussion: The author testified that ICD 10 does not fix this issue in outpatient situations, only in the hospital setting. It is a major burden and is cumbersome because amending the medical record does not amend the electronic database, it only makes a medical note.

Brief discussion centered on opposition to the resolution in its current form, based on the AAFP Socioeconomics Division’s background information. The reference committee agreed and recommend not to adopt this resolution.

RECOMMENDATION: The Reference Committee recommends that Resolution 6 not be adopted.

Item 7 – Resolution 7: Telemedicine Standard of Care

Sponsored by Marc Berger, MD, the resolved portion of which reads as printed below:

Be it Resolved that
1.) It shall be the Policy of the AAFP that:
For a medical service, where customarily specific components of the Evaluation and Management services require the physical presence of the physician (such as for physical examination), telemedicine or telepresence does not meet the standard of care.
2.) Likewise, the AAFP should present this policy to the AMA and other specialty societies for consideration as their own policy.

Discussion: Dr. Berger made a couple of anecdotal remarks, and stated that he believes that telemedicine is being done badly based on what he has observed. Other members testified in opposition to this resolution and stressed that telemedicine in rural Georgia, where there is a shortage of providers, is providing good and necessary care for citizens in these areas of the state. In addition, telemedicine has rules to adhere to standards of care and if it is believed to not be happening, it should be reported to the Georgia Composite Medical Board to have proper action taken against them. The reference committee agreed and recommends that this resolution not be adopted.

RECOMMENDATION: The Reference Committee recommends that Resolution 7 not be adopted.

Item 8 – Resolution 8: For New CPT Code: Detailed Medical Data Review

Sponsored by Marc Berger, MD, the resolved portions of which read as printed below:

Be it Resolved that the GAFP will recommend, by a resolution to the AAFP and the AAFP Board of Directors, that the AAFP create a policy of recommending compensation, on a time basis, for the detailed Physician review of patient medical information that does not require a "face-to-face visit";
Be it Further Resolved that the AAFP delegation to the AMA (and the AAFP leadership) will formally request the creation of a new CPT code: Detailed Review of Medical Record Data.

Discussion: The author asks that a national organization develop a policy on non-electronic information and would like credit for the review. Testimony was given that physician payment is moving toward value based care and this would move backwards to fee for service as well as being a bit of a burden in a value based payment system. The reference committee agrees and recommends not to adopt this resolution.

RECOMMENDATION: The Reference Committee recommends that Resolution 8 not be adopted.

Item 9: 2015 updates to the GAFP Bylaws

Sponsored by the GAFP Bylaws Committee

Refer to the GAFP Bylaws and Bylaws Updates in the COD Handbook.

Discussion: Dr. Steven Wilson, Chair of the Bylaws Committee, testified that the committee did a thorough and complete review of the bylaws this year and worked through a few issues, mainly updated membership guidelines from the AAFP. In addition, AAFP counsel has reviewed and approved the bylaws as well. The reference committee recommends that the bylaws be adopted.

RECOMMENDATION: The Reference Committee recommends that the updates to the bylaws be adopted.

Item 10 – Resolution 10: Georgia Medical Licensing

Sponsored by Chetan Patel, MD, the resolved portion of which reads as printed below:

Be it resolved that the Georgia Academy of Family Physicians will advocate for a rule change which grants physicians from graduate medical program apart from the Medical Schools recognized by the Medical Board of California (MSRMBC) to apply for a medical license from the Georgia Composite Medical Board after completing two years of post-graduate medical education.

Discussion: There was discussion about this resolution but generally most discussion was in favor of assisting Georgia family medicine residents to obtain licensure after completion of two years of a residency program regardless of where they graduate, including international medical schools. However, there was also discussion as to how this might affect other specialties, so the focus should be centered on family medicine residents only. There were questions as to whether this would be a rule change or a change in the law.

Dr. House, current Vice Chairperson of the Georgia Medical Board, offered this information:
Graduates of board approved medical schools or osteopathic medical schools and persons who graduated on or before July 1, 1985, from medical schools or osteopathic medical schools which are not approved by the board must complete one year of a postgraduate residency training program. Persons who graduated after July 1, 1985, from medical schools or osteopathic medical schools which are not approved by the board must complete three years of residency, fellowship, or other postgraduate medical training that is approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), or the board to be eligible for a license to practice medicine in this state. Current certification of any applicant by a member board of the American Board of Medical Specialties may be considered by the board as evidence that such applicant’s postgraduate medical training has satisfied the requirements of this paragraph. However, before any such person shall be eligible to receive a license to practice medicine in this state, he or she shall furnish the board with satisfactory evidence of attainments and qualifications under this Code section and the rules and regulations of the board. Nothing contained in this Code section shall be construed so as to require a person who has previously passed an examination given by the board for a license to practice medicine in this state to stand another examination.

In light of this information, the reference committee recommends approving by substitute that the GAFP outreach to the Composite Board and other appropriate agencies and the House of Medicine to investigate a potential legislative change to approve licensure of graduates of non-LCME approved medical schools or composite board waived schools after successful completion of two years in an ACGME approved residency program, as edited below:

**RECOMMENDATION:** The Reference Committee recommends that Resolution 10 be adopted by substitute:

Be it resolved that the Georgia Academy of Family Physicians outreach to the Composite Board and other appropriate agencies and the House of Medicine to investigate a potential legislative change to approve licensure of graduates of non-LCME approved medical schools or composite board waived schools after successful completion of two years in an ACGME approved residency program.

**Item 11:** Board Chair’s Report

**RECOMMENDATION:** The Reference Committee recommends that the 2015 Board Chair’s report and all other reports in the 2015 COD Handbook be accepted as presented.

Each year, one third of all GAFP policies are reviewed by the Policy Review Team, this year consisting of the President (in the absence of the Board Chair), GAFP COD Speaker and GAFP COD Vice Speaker, and they are either re-adopted as written, re-adopted as edited or archived. Each of these that originated with the Board of Directors that were reviewed this year are listed in the Board Chair’s Report and each that originated with the Congress of Delegates are listed in the Policy Review Team’s report.