

## 2019 GAFP Congress of Delegates Resolutions & GAFP Bylaws

All members are encouraged to participate in the first session of the Congress of Delegates' webinar on **Thursday, October 17<sup>th</sup>** to discuss these proposed policy changes. Click here to register [Congress of Delegates Webinar](#)

### I. HIV Epidemic in Primary Care

**Submitted by: Zazi Nylander, MD (Emory Family Medicine Residency, PGY-2)-Atlanta, GA**

Addressing the HIV epidemic in Primary Care specifically as it relates to Southern States where the HIV epidemic represents the greatest burden but yet lags far behind in providing quality HIV care and prevention to its citizens.

WHEREAS, in 2017, there were 1600 new HIV diagnosis in Atlanta with an HIV incidence rate of 1 in every 51 people,

WHEREAS, Southern States today account for an estimated 44 percent of all people living with an HIV diagnosis in the U.S., despite having only about one-third (37%) of the overall U.S. population and 8 of the 10 of the Southern States have the highest rates of new HIV diagnosis

WHEREAS, the HIV epidemic in Atlanta, Georgia and Southern States is driven by unique socio-economic factors such as poverty, lack of insurance and access to care, in addition to stigmatization towards PLWHIV which likely impacts their willingness to obtain care which is likely also complicated by the fact that the treatment of PLWHIV is currently mainly focused in specialized HIV centers, be it

RESOLVED that, the GAFP increase member education and consider implementing education of residents early on in residency training, especially in Southern States where HIV has been declared an epidemic, such that FM physicians may be comfortable with not only initiating preventative therapies such as PrEP (to avoid missed opportunities) for HIV prevention but also that they be comfortable with initiating the initial treatment regimen for the treatment-naïve HIV positive patient and this could likely contribute to decreasing the stigma that may likely be associated with obtaining treatment from specialized HIV centers thereby improving patient compliance with office visits and overall treatment plan and be it further

RESOLVED that, the GAFP advocate for a primary care model that begins as early as the residency training of FM physicians and that this may be standardized across residency programs particularly in the South (using quality control tools such as Standard Operating Procedures) for not only the prevention of HIV using therapies such as PrEP, but also in addition to managing the preventative health of PLWHIV but that the GAFP should also consider advocating for a primary care model such that FM physicians be involved in the initiation of HIV medications particularly for treatment-naïve patients in addition to handling their treatment regimen especially in non-complex situations

**Background:** Standard operating procedures (SOPs) are commonly used in healthcare settings to stream-line processes in order to prevent variation in common procedures and processes and to reduce error.

PrEP was recently introduced as a GRADE A recommendation from the USPTF for providers to prescribe particularly for at-risk populations for the prevention of HIV. Southern States, including Georgia and specifically Atlanta, have the highest rates of HIV infection and people living with HIV.

Given the high prevalence of HIV in Atlanta, it is important that primary care physicians are

comfortable with the topic of HIV, including prescribing therapies such as PrEP for HIV prevention, HIV primary care and HIV treatment (particularly for the treatment-naïve patient) as HIV prevention (specifically with PrEP), primary care and treatment is multi-step process requiring specific testing at specific intervals in addition to frequent patient counselling and monitoring.

Preliminary data collected from a survey completed by faculty and residents at the Emory Family Medicine Residency Program suggests that both faculty and residents are unfamiliar with steps involved in prescribing PrEP therapy, that there are some gaps in knowledge, and that there is some variation in terms of routine testing etc. across faculty and residents. An SOP for prescribing PrEP (designed specifically for residency training) has currently been developed for the Emory Family Medicine Residency Training program with a plan to implement within the residency in the upcoming weeks. Knowledge about PrEP in addition to familiarity with prescribing is important because FM physicians often represent the first point of contact for patients into the healthcare system and so FM physicians need to be adept in recognizing patients particularly in order to avoid missed opportunities for HIV prevention and that SOPs could represent an opportunity to encourage training and standardize these multi-step processes. If FM physicians can take a more active role in prevention, primary care and management of HIV (specifically for treatment-naïve patients), this may decrease the stigma associated with HIV and possibly improve compliance to medication regimens.

### **Background on HIV**

HIV represents a substantial public health issue, particularly in Southern States which has the highest rate of new HIV diagnosis. This public health issue results in tremendous economic, social, and medical costs. As the percentage of PLWHIV continues to increase, the role of primary care physicians is becoming increasingly important not only in terms of management of their primary care but also in terms of HIV prevention (as we are often their first point of contact). The HIV epidemic in Atlanta has been compared by some HIV experts to be similar to developing regions of the world such as “Zimbabwe, Harare or Durban (South Africa), as such FM physicians, particularly in the Atlanta-Georgia area need to seriously consider advocating for interventions such as PrEP which target HIV prevention in addition to a primary care model for HIV management (particularly for treatment-naïve HIV patients) and this could also decrease the stigma associated with obtaining treatment from specialized centers which is currently the status quo.

### **AAFP Recommended Curriculum Guidelines for Family Medicine Residents**

#### **HIV Infection/AIDS**

[https://www.aafp.org/dam/AAFP/documents/medical\\_education\\_residency/program\\_directors/Reprint273\\_HIV.pdf](https://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint273_HIV.pdf)

### **GAFP Educational Outreach and Newsletter Articles on HIV/STI/STDs**

#### **Live lectures**

##### 2018

Summer 2018: Elevate: Your Gender-Affirming Healthcare Environment for Optimal HIV Care  
Annual Meeting 2018:

- General STD Update
- Elevate: Your Gender-Affirming Healthcare Environment for Optimal HIV Care

##### 2019

Summer 2019: Building HIV Treatment Capacity in the Family Medicine Clinic  
Annual Meeting 2019 (scheduled lecture): STD/HIV Prevention Training

#### **Webinars**

- Expedited Partner Therapy - Candice J McNeil MD, MPH FAAP FACP
- Syphilis in Pregnancy: Preventing Congenital Syphilis - Jodie Dionne-Odom, MD

### Newsletter articles

- *Reducing Syphilis-Related Adverse Pregnancy Outcomes in Georgia via Screening*  
Co-Authors: Nithya Natrajan MD & Jemese Richards-Boyd MD
- *Congenital Syphilis in Georgia*  
Co Authors: Thomas Creger, PhD, MPH – University of Alabama at Birmingham,  
Division of Infectious Diseases

## II. **Hospital Operative and Non-Operative Obstetric Privileges for Family Physicians** **Submitted by: Omoniyi Yakubu Adebisi, MBChB, MD, CCFP – Tallapoosa, GA**

WHEREAS, Obstetrics is a core aspect of training and practice of family physicians, and

WHEREAS, ability of family physicians to provide operative obstetrics, including Cesarean Sections, to their patients in and around their community of practice will not only improve the continuity of care but will also improve patients' satisfaction, and

WHEREAS, despite the fact that a lot of data are available that favorably compare the outcome of operative and non-operative deliveries performed by trained family physicians with those performed by obstetricians and gynecologists, family physicians with adequate training in operative and non-operative Obstetrics are still being denied hospital privileges in the State of Georgia and around the country, especially in the major metropolitan cities like Atlanta and others, thereby discouraging many family physicians from practicing what they are competent and trained to perform; and

WHEREAS, GAFP and AAFP continue to make efforts to improve Family Physicians' rights, there are still valid unresolved obstacles regarding hospital privileges for obstetric trained Family Physicians who seek operative and non-operative obstetric privileges in hospitals across the nation, including State of Georgia; be it

RESOLVED that, The GAFP should set up a committee to review the current challenges against hospital privileging of Family Physicians in Georgia, especially in and around Atlanta and list of members involved along with the hospitals that are involved; and be it

RESOLVED that, the GAFP recommend that all hospitals should have clear criteria for granting privileges to physicians who perform operative and non-operative Obstetrics regardless of their specialty training; and be it further

RESOLVED, that GAFP should lobby with the State legislators to ensure that necessary legislations are put in place to ensure that qualified trained Family Physicians are privileged by hospitals to practice operative and non-operative Obstetrics as recommended by the joint position statements of the AAFP and ACOG on this matter.

**Background:** The American Academy of Family Physicians supports unequivocally the concept that all physicians should obtain privileges in accordance with their individual, documented training and/or experience, demonstrated abilities, and current competence.

The criteria necessary before the AAFP accepts cases for legal support in the area of hospital privileges include:  
(1982) (2017 COD)

**Privilege Support Protocol**

1. Strict following of the AAFP Protocol for Handling Hospital Privilege Problems.
2. Impact on the specialty of family medicine.
3. Evidence of discrimination based on physician specialty rather than individual qualifications. (In accordance with the legal principle of "inurement," a tax-exempt organization may not expend funds for the benefit of an individual.)

### **American Academy of Family Physicians Protocol for Handling Hospital Privilege Problems for Family Physicians Who Are Medical Staff Members**

The American Academy of Family Physicians (AAFP) stands unequivocally in support of the concept that all physicians should obtain privileges in accordance with their individual qualifications (i.e., documented training and/or experience, demonstrated abilities, and current competence).

If you are faced with a problem in obtaining or modifying hospital privileges, you should follow the protocol listed below, which has been approved by the AAFP Board of Directors.

(1). Have adequate training and experience

Review your credentials. You must show that your training and experience qualify you for the privileges you have requested.

(2). Assemble all pertinent documentation

Make sure that the documentation of your training, experience, and current competence is in order. Collect letters of recommendation from past instructors, preceptors, those who have monitored your clinical work, and colleagues who have worked with you throughout the years. Assemble case reports, including data about the number and types of cases, treatment outcomes, etc. Also, assemble documentation records maintained during your family medicine residency.

Your complete documentation, case reports, and letters of recommendation should be in order at the time you fill out your applications for medical staff membership and privileges. The hospital may only require that you submit a list of references; however, these additional materials should be readily available upon request.

It is important that you make a copy of each document you submit in the event that the original documents are lost or misplaced. Ongoing documentation of your clinical experiences should be maintained.

(3). Read the Hospital Privileging for Family Physicians web content

The web content provides resources for family physicians seeking information on hospital credentialing and privileging.

(4). Read the legal opinion obtained by the AAFP

The Basis for Credentialing Decisions legal opinion examines the law on the granting and denial of privileges and supports Academy policy that privileges should be based on the qualifications of the individual physician, not the specialty.

(5). Be informed of all hospital rules and procedures

Obtain a copy of the current version of the medical staff bylaws and rules and regulations that apply to privileges (and department rules and regulations, if available). Determine how your hospital's medical staff bylaws are different from the policies outlined in the Hospital Privileging for Family Physicians web content.

Assure yourself that the hospital is complying with its own bylaws. (You may need to seek

professional advice on this if the bylaws are written in difficult-to-understand technical terms.) Carefully study and scrupulously comply with your medical staff bylaws, rules, and regulations.

Before taking any action, fully understand the appeal process as delineated in the bylaws, including any time restrictions.

(6). If your request for privileges has been denied, insist on a written explanation. Be sure that specific information regarding the decision is submitted to you in writing and the letter explicitly states the reason(s) why your privileges have been denied or restricted and under what circumstances these privileges may be obtained.

Identify the real problem. Have you reasonably documented your capabilities? On what reasonable grounds have your privileges been restricted or denied? Are all family physicians denied these privileges at this hospital or have you alone been singled out for restriction? Are there other reasons behind those which have been stated in writing? Keep written notes on any conversations related to your attempts to obtain privileges.

### **Seek local support**

In the event of a hospital privilege dispute, your relationships with other physicians may be helpful in influencing your credentialing committee. Their conversations with committee members and other members of the medical staff, and their letters of support may contribute to an early resolution of your problem.

(a) Seek the support of family physicians on the medical staff

If there is an organized department of family medicine, submit your position to it and seek its enthusiastic support. If such support cannot be obtained, other family physicians on the staff will need to vouch for your abilities. Your local Academy chapter should be informed and may be able to help at this stage.

(b) Seek the support of physicians in other specialties with whom you have a working relationship, especially those with whom you consult and to whom you refer patients

Be sure to build alliances with members of other specialties at your hospital. They may find themselves with a similar problem in the future and may seek your support.

(c) Notify your AAFP chapter that you have a hospital privilege problem you are working to resolve

Some chapters may have a committee that deals specifically with privilege problems. They may suggest other actions you could take, or perhaps write a letter of support or make a site visit. State your problem in writing to the chapter and send all pertinent data (copies of letters regarding your privileges, the medical staff bylaws, etc.).

### **Exhaust all local avenues of appeal**

(a) Know the appeal process

Familiarize yourself with the section of the hospital's medical staff bylaws that describes the appeal process. In particular, review the section of your medical staff bylaws that pertains to fair hearings and appellate review mechanisms for medical staff recommendations to deny, curtail, suspend, or revoke hospital privileges. Note the time frame for requesting an appeal.

You must follow your hospital's medical staff bylaws explicitly to preserve your legal right to appeal.

(b) Take advantage of the hearing process

Since your best opportunity for successfully resolving your privilege problem is at the hearing, you should consider legal counsel. You may wish to consult your own personal attorney or contact your AAFP chapter, your state or county medical association, or your local bar association to

obtain the name of an attorney experienced in health care law, particularly medical staff affairs.

Obtain a written list of witnesses expected to testify at the hearing on behalf of the medical staff.

Develop your own list of witnesses to testify on your behalf, which may include the chair of the department of family medicine, other physicians who are well-informed and respected, and those who can vouch for your current competence.

Bring to the hearing all documents and letters you have compiled that are relevant to your case, as well as the policy statements developed by the AAFP and the American Medical Association (AMA). Submit a written statement of your position at the close of the hearing. Be sure you receive the hearing panel's written recommendation, including an explanation of the basis for the recommendation.

In the event of an adverse ruling by the hearing panel, request appellate review. Appellate review is usually conducted before the board of trustees. Although a hospital board usually will comply with the hearing recommendation, a ruling in your favor is still possible. You should prepare a written statement for the board explaining why the hearing recommendation should not be adopted. Find out whether oral presentations will be permitted. Be sure to obtain the board of trustees final decision in writing.

(c) Keep your AAFP chapter informed of the status of your case

Utilize the chapter's advice and assistance on an ongoing basis. Keep the chapter informed of the outcome of your appeals.

(d) Consider legal action with caution

Whether you actually pursue a lawsuit is ultimately a decision to be made between you and your attorney. Talk with physicians who are respected in the community before you decide how far you want to go. As a word of caution, however, do not allow yourself to be overly influenced by an attorney's encouragement for you to litigate. In general, courts are hesitant to substitute their judgment for the judgment of hospital boards. Absent a flagrant wrong, such as failing to follow medical staff bylaws, courts will usually defer to hospitals as the supreme authority in determining medical staff privileges.

Before deciding, you should request an opinion letter from your attorney that addresses the merits of your case. The opinion letter should include: (i) the basis for taking legal action; (ii) an opinion on the likelihood of success; (iii) citations to specific statutes and cases that support your position; and (iv) an estimate of the cost involved to litigate.

NOTE: Neither the AAFP nor its chapters provide individual legal advice, nor are they responsible for financial support for legal expenses (see paragraphs 10, 11, and 12 below).

#### **AAFP chapter determines whether to support your case**

The chapter reviews the information submitted by you to make certain that all steps have been followed; reviews the report of the chapter's investigative committee and the opinion of your personal attorney; and then determines whether to support your case.

The chapter may decide to commit funds for your legal expenses (and, if so, what amount) or whether other measures are more appropriate. Before deciding to commit financial resources to potentially costly legal action, the chapter should seek the opinion of an attorney other than your attorney on the merits of the case.

This opinion would be similar to that described in paragraph 8(d) above.

#### **AAFP chapter determines whether to seek national support**

If all attempts to resolve your privilege problem at the local and chapter levels have failed, the

chapter board of directors may wish to seek the support of the AAFP.

The chapter should submit its request for assistance directly to the AAFP Commission on Quality and Practice (CQP). The commission will provide advice and assistance to ensure that the protocol requirements have been met and documentation of the case is complete.

***The chapter should submit:***

- Complete documentation of your case
- A written report of the findings of the chapter's investigative committee
- A detailed list of all steps taken to resolve the case to date
- Legal opinions from your attorney and the chapter's attorney
- Specific information about the type of support the chapter would like the national Academy to provide (e.g., a letter of support for your case, a site visit by Academy officials, financial assistance for a lawsuit)

**Conditions for AAFP financial support**

Before the AAFP Board of Directors will consider your request for financial assistance, it must receive an official request from your chapter's board of directors and a recommendation from the CQP. The AAFP Board of Directors has supported such requests only when the chapter has made its own financial commitment in support of its member's case.

If the chapter requests AAFP financial support for the costs of a lawsuit, such requests will be considered only if you and the chapter each have obtained legal opinions covering the matters set forth in paragraph 8(d) above.

Also, the AAFP is under no obligation to finance legal expenses incurred before an official request for financial support is approved.

**The criteria that must be met before the AAFP accepts cases for financial support in the area of hospital privileges include:**

- (a) Strict following of the AAFP Protocol for Handling Hospital Privilege Problems for Family Physicians Who Are Medical Staff Members
- (b) Impact on the family medicine movement
- (c) Evidence of discrimination based on physician specialty rather than individual qualifications. In accordance with the legal principle of inurement, a tax-exempt organization may not expend funds for the benefit of an individual.

**AAFP Board of Directors determines whether to support the case**

The official request for support then will be considered by the AAFP Board of Directors. The board chair or his/her designee will contact the chapter's president immediately following the board meeting to notify the chapter of the board's decision. A letter to reiterate this conversation will follow, with a copy of the letter to the member whose case has been considered.

Members who follow the steps outlined in this protocol are not guaranteed that the Academy will automatically support their efforts.

**III. Remove barriers to physician credentialing in rural and physician-shortage areas  
Submitted by Zita Magloire, MD – Cairo, GA**

WHEREAS, the insurance credentialing process for physicians varies significantly by company with no standard timeline for approval and this causes a significant delay in providing care to patients in communities with the greatest medical need, and

WHEREAS, the AAFP has a strategic initiative dedicated to the development and implementation of improving rural health and access to care, and

WHEREAS, there is a national physician-shortage crisis that is projected to increase to a 122K physician deficit by 2032, and

WHEREAS, fewer than half of rural women live within a 30-minute drive to a hospital with perinatal services, and over 10% have a drive of 100 miles or more, and

WHEREAS more than 100 rural hospital in the US closed in the last 10 years and hundreds more are at risk of closure. Be it

RESOLVED, that the GAFP support legislation that requires insurers and health care networks to not delay physician credentialing applications once all requirements are met, and be it further

RESOLVED that the GAFP draft a formal statement regarding the issue of physician credentialing and its effect on patient access to care as well as how it creates a significant financial hardship for both private practices and rural hospitals that depend on this reimbursement to continue to provide health care services in their community.

**Background:**

Georgia Academy leadership and staff have not heard any member complaints about the speed of provider enrollment for insurance companies either in rural or urban communities. Medicaid has developed a one-stop credentialing platform for all Medicaid-based insurance companies. The Georgia Academy stands ready to assist any member if they encounter undue delays in enrollment or other administrative burdens and hassles.

Effective August 1, 2015, Georgia's Department of Community Health (DCH) will implement a NCQA certified Centralized Credentialing Verification Process utilizing a Credentialing Verification Organization (CVO). The new functionality will be added to the Georgia Medicaid Management Information System (GAMMIS) website ([www.MMIS.georgia.gov](http://www.MMIS.georgia.gov)) and will streamline the time frame that it takes for a provider to be fully credentialed.

Credentialing and recredentialing services will be provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program.

This new streamlined process will result in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialled multiple times.

The CVO's one-source application process will:

Save time

Increase efficiency

Eliminate duplication of data needed for multiple CMOs

Shorten the time period for providers to receive credentialing and recredentialing decisions

The CVO will perform primary source verification, check federal and state databases, obtain information from Medicare's Provider Enrollment Chain Ownership System (PECOS), check required medical malpractice insurance, confirm Drug Enforcement Agency (DEA) numbers, etc. A Credentialing Committee will render a decision regarding the provider's credentialing status. Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within 45 calendar days. Incomplete applications that do not

contain all required credentialing documents will be returned to the provider with a request to supplement all missing materials. Incomplete applications may result in a delayed credentialing or recredentialing decision. The credentialing decision will be provided to the CMOs.

**IV. Support fair reimbursement for maternity care services in rural areas**  
**Submitted by Zita Magloire, MD – Cairo, GA**

WHEREAS, there is a national maternal health crisis with the US having one of the highest rates of maternal mortality of any Western nation, and

WHEREAS, the AAFP developed a maternal mortality task force to address the growing epidemic of poor maternal outcomes from lack of access to care and other disparities

WHEREAS, in 2010 less than 10% of family physicians practiced obstetrical care in part due to unfair insurance practices that allow specialists in to charge more for the same services

WHEREAS, insurance companies have denied claims for reasons outside of the provider’s control such as the patient not knowing their last menstrual period, be it

RESOLVED, that the GAFP support legislation that requires insurers and health care networks to reimburse obstetrical providers for their maternity related services, and be it further

RESOLVED that the GAFP develop a survey for its members providing obstetrical care to assess insurance and payment barriers to providing obstetrical care.

**Background:**

The Georgia Academy has supported increasing Medicaid codes – as it relates to obstetrical care – for over the last ten years. Four years ago, the Georgia Academy was successful in increasing Medicaid OB codes to the 2014 Medicare parity (these rates are currently higher than 2019 Medicare rates). These codes are paid to any physician who bills them – there is no differentiation between OBs and FP’s who are utilizing these codes. To date, neither the leadership nor staff have heard from members that they are being paid less for obstetrical and maternity services by insurers.

<b>OB Codes</b>	<b>Current Enhanced Rate at 2014 Medicare</b>
59400	\$2,175.58
59510	\$2,405.21
59610	\$2,280.40
59618	\$2,437.78

**V. Voice for Life**  
**Submitted by Michael Sims, MD - Columbus, GA**

WHEREAS it is established and accepted science that within the framework of human existence life begin at conception and

WHEREAS it is established and accepted science that the beginning of human life is at the fertilization of the egg by the sperm and

WHEREAS, the beginning of human life establishes the beginning of an individual person endowed by their creator with certain inalienable rights, among these are life, liberty, and the pursuit of happiness, as described by Congress in our Declaration of Independence; and

WHEREAS, the fourteenth amendment of the United States Constitution declares that “no state

shall deprive any person of life, liberty or property without due process of law; nor deprive any person within its jurisdiction of equal protection of the laws”, and,

WHEREAS, Congress makes no attempt to distinguish persons born from those unborn, in the language of the fourteenth amendment, and instead established protections of deprivation of life, or denial of equal protection for all persons, born or unborn; and

WHEREAS, the family medicine physician is an advocate for the health and well-being of the human individual, both mother and child, be it

RESOLVED that we, therefore, accepting our duty and responsibility as family physicians, resolve to advocate for the protection and welfare of the uniquely created individual human life, allowing him/her to mature and exist as created, while providing support for the mother to care for that individual life.

**Background:** Georgia Academy has opposed legislation that criminalizes medical procedures or discussions between physicians and their patients related to medical procedures.

**AAFP Policy:** At its July 2019 meeting, the AAFP Board of Directors discussed the potential of consolidating several AAFP policies regarding comprehensive reproductive health services and related matters into a single policy statement. It was never the intention of the Board to modify or amend the current policies adopted by the Congress of Delegates.

Following appropriate discussion and consideration, the Board decided that current AAFP policies (see attached) as discussed and approved by the AAFP Congress of Delegates (COD) as recently as 2017 and 2018, provide the organization and the Board with appropriate policy and advocacy guidance on these matters.

The Board is aware of several recent communications from AAFP chapters and members representing diverse, and often passionate, opinions on these issues. The Board appreciates and values this input but believes that any changes to these current policies are within the purview of the COD. The Board encourages all AAFP members with opinions on these and other important policy matters to contact their chapter leadership and delegates to express their opinions to inform the decisions and actions of their chapter delegations to the COD. Chapters have also been encouraged to consider informing members about important (and perhaps controversial) resolutions in advance of each COD so that members remain well informed and can provide feedback to chapter delegations in advance of the COD. Finally, if members wish to express their concerns and opinions directly to the COD, they are welcome to provide testimony to the reference committees considering the many issues before the COD.

**Additional AAFP Information: AAFP POLICY STATEMENTS RELATED TO REPRODUCTIVE HEALTH DECISIONS**

*Reproductive and Maternity Health Services:* The American Academy of Family Physicians (AAFP) supports a woman's access to reproductive and maternity health services and opposes nonevidence-based restrictions on medical care and the provision of such services. The AAFP believes maternity and reproductive health services are essential to general health care and should be covered under all insurance plans. (2014 COD) (2018 COD)

*Reproductive Decisions:* The American Academy of Family Physicians (AAFP) encourages all family physicians to provide patient education on contraceptive options at every available opportunity to avoid unintended pregnancies. In the event of an unintended pregnancy, family physicians should educate patients about all options. If a patient desires termination of their pregnancy or adoption, family physicians should provide resources to facilitate those services. If a family physician's moral or ethical beliefs conflict with the ability to provide the requested resources or education, the family physician should ask a colleague to provide this information in a

timely fashion rather than omit it. Additionally, the AAFP encourages family physicians to stay informed of all state and federal laws as they apply to reproductive health. (1989) (2017 COD)

*Reproductive Decisions, Coverage for* - The American Academy of Family Physicians endorses the principle that women receiving health care paid for through health plans funded by state or federal governments who have coverage for continuing a pregnancy also should have coverage for ending a pregnancy. (2017 December BOD)

*Reproductive Decisions, Training in* - The American Academy of Family Physicians supports the concept that no physician or other health professional shall be required to perform any act which violates personally held moral principles. The AAFP recommends that medical students and family medicine residents be trained in counseling and referral skills regarding all options available to pregnant women.

The AAFP supports provision of opportunities for residents to have access to supervised, expert training in management techniques and procedures pertaining to reproductive health and decisions commensurate with the scope of their anticipated future practices. (1995) (2015 COD)

*Criminalization of the Medical Practice* - The American Academy of Criminalization Family Physicians take all reasonable and necessary steps to ensure that medical decision-making and treatment, exercised in good faith, does not become a violation of criminal law. (CGA) (2007) (2018 COD)

*Criminalization of the Provision of Medical Care to Undocumented Individuals* - The American Academy of Family Physicians believes that medical care decision-making occurs between the physician and the patient. The AAFP opposes actions that would criminalize the provision of medical care to undocumented foreign-born individuals. (2007) (2017 COD)

*Health Care is a Right* - The American Academy of Family Physicians recognizes that health is a basic human right for every person and that the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality. (2017 COD)

*Long-Acting Reversible Contraceptives* - The American Academy of Family Physicians support a policy of adequate payment for Long-Acting Reversible Contraceptives (LARC) for all women, both as a contraceptive option and as a treatment for dysfunctional bleeding. (2015 COD)

*Contraception Methods for Medicare Patients* - The American Academy of Family Physicians support Medicare coverage for all FDA-approved methods of contraception. (2015 COD)

*Over-the-Counter Oral Contraceptives* - The American Academy of Family Physicians recognizes that unintended pregnancies are a major public health concern, accounting for approximately 50% of US pregnancies.<sup>1</sup> Access and cost are commonly cited reasons why women have gaps in contraceptive use or do not use contraception.<sup>2</sup> While oral contraceptive pills are widely considered to be safe and effective medications, they continue to require a prescription for use, further restricting access. The AAFP recognizes that though contraindications to these medications do exist, women have been shown to correctly self-identify contraindications to use when using a standardized check-list.<sup>3,4</sup> Over 100 countries round the world currently provide oral contraceptive pills over the counter without a prescription.<sup>5</sup> The AAFP supports over-the-counter access to oral contraception without a prescription. Under the Patient Protection and Affordable Care Act, private insurance must cover all contraceptive methods approved by the FDA. The AAFP supports insurance coverage of oral contraceptives regardless of prescription status in all insurance plans. (2014 COD) (March 2019 BOD)

*Coverage Equity for Drugs, Testing, Procedure, Preventive Services, and Reproductive Technologies* - Employers and health plans should not discriminate by the patient's birth gender,

sexual orientation, or marital status in the provision of health care benefits including a) prescription drugs and devices, b) elective sterilization procedures, c) diagnostic testing, d) medically indicated surgical procedures, and e) assisted reproductive technologies. These benefits should be covered under the same terms and conditions as other prescription drugs, devices, elective surgeries, diagnostic testing, and medically indicated surgical procedures.

Coverage should include medically appropriate services for individuals requiring transition or transgender care as determined by best practice standards, the patient, and the attending physician. Further, this coverage should extend to the medically-appropriate, sex-specific recommended preventive services determined appropriate by the patient's primary care physician. (2002) (2018 COD)

*Coverage, Patient Education, and Counseling for Family Planning, Contraceptive Methods, and Sterilization Procedures* - The American Academy of Family Physicians (AAFP) supports policies and legislation that would require public and private insurance plans to provide coverage and not impose cost sharing for all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women and men with reproductive capacity including those contraceptive methods for sale over-the-counter.

The AAFP supports the position that intrauterine device and other long-acting reversible contraception be offered as a first-line contraceptive method and encouraged as options for most women with reproductive capacity. The AAFP also supports assuring coverage of Long-Acting Reversible Contraceptives devices and placement prior to hospital discharge, separate from the global fee, for all women who select this method.

The AAFP is concerned about the sexual health of adults and adolescents and believes physicians should provide patient education and counseling to both men and women to decrease the number of unwanted pregnancies. This includes information about abstinence, contraceptive methods, sterilization procedures, and providing emergency contraception. It includes the discussion of all contraceptive methods, where to obtain them, and the reliability of each. In addition, the family physician should explain how the different contraceptive methods do and do not prevent sexually transmitted diseases. If the family physician is uncomfortable providing these services, the patient should be referred to another physician or provider who is willing to provide the education and counseling and/or services. (2011 COD) (2016 COD)

*Adolescent Health Care, Sexuality and Contraception* - The American Academy of Family Physicians (AAFP) values the sexual health of adolescents in the United States. The AAFP particularly recognizes the importance of reducing the incidence of unintended teenage pregnancies; reducing sexual assault; increasing awareness of the risks and signs in adolescents regarding sex trafficking; and increasing awareness of the legal ramifications of sexuality and technology. The AAFP believes that an evidence-based approach to sexual health education will effectively address these issues and recognizes the need for more comprehensive and effective sex education programs in the community. The AAFP endorses opt-out comprehensive sexual education in all states and does not support abstinence-only sexual education. The AAFP recommends that:

All sexual education programs (including programs for reproductive health, pregnancy prevention, sexually transmitted infection (STI) prevention, etc.) includes medically accurate and evidence-based information.

Family physicians should provide appropriate guidance and counseling to educate patients about responsible sexual behaviors that decrease the risk of unplanned pregnancy and transmission of STIs. Patient education should address signs and symptoms of STIs and the need for testing even when patients are asymptomatic.

Comprehensive education and counseling regarding sexual practices of adolescents should include discussion about genital, anal, oral, and other types of sexual contact. Family physicians should be aware that adolescents may be exploring sexual orientation and/or gender identity, which can impact their psychosocial and physical health. Asking open-ended questions about sexual orientation and gender identity can open a dialogue about family relationships, safe sexual practices, mental health, and other issues confronting lesbian, gay, bisexual, transgender, queer, questioning, and intersex adolescents in a sensitive and accepting atmosphere. Family physicians should discuss with and educate their adolescent patients on the concept of consent to sexual activity and what to do if sexual contact takes place against one's consent. A medical evaluation that addresses an adolescent's sexual and reproductive health should include a careful assessment for abusive or unwanted sexual encounters.

Family physicians must know their state laws and report cases of suspected sexual abuse to the proper authority in accordance with those laws. Family physicians should also be knowledgeable about their state laws in regard to technology and sexuality and should educate adolescents about the risks of sexting and using social media in a sexual manner.

Adolescents receiving family planning services deserve confidential care. Family physicians should be aware of any state laws that may impact the reproductive rights of their patients. Updated state laws can be found through the Guttmacher Institute at <https://www.guttmacher.org/www.guttmacher.org>.

Family physicians are in an ideal position to encourage family members to be involved in sex education efforts. It is primarily from the family that an adolescent's values and concept of sexual and reproductive responsibility arise. Encouraging dialogue with parents or other trusted adults has been shown to positively impact outcomes of sexuality.

Family physicians should be actively involved in community efforts that initiate and implement effective education and prevention programs for reducing unintended teenage pregnancy and reducing STIs; addressing sexual assault; promoting safe use of technology in expressing sexuality; and increasing education regarding sex trafficking. Health education programs from elementary to high schools should include age-appropriate reproductive health education.

If a family physician is uncomfortable providing these services, the patient should be referred to another clinician who is willing to provide the education and/or services. (1987) (March 2019 BOD)

**VI. Internal Policy Review: Displaying the US flag and reciting the Pledge of Allegiance**

The GAFP display the flags of the United States and the State of Georgia at the front of the room at the Congress of Delegates and the Exhibit Hall. The Pledge of Allegiance is to be recited at the opening session of the Congress of Delegates.

*Policy Date: 11/2008*

*Re-adopted as edited 11/2016*

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

**VII. External Policy Review: Area of training for Family Medicine Residents**

The Georgia Academy of Family Physicians unconditionally supports the concept that family medicine residents be trained in all major disciplines of medicine, including, but not limited to, the care of pregnant women and hospitalized patients.

*Policy Date: 11/1998*

*Re-adopted as written 11/2016*

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

**VIII. External Policy Review: GAFP Mission Statement**

The mission of the Georgia Academy of Family Physicians is to promote the health of the citizens of Georgia by advancing the specialty of Family Medicine through education, advocacy and service to family physicians in the State of Georgia.

*Policy Date: 8/2009*

*Re-adopted as written 11/2016*

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

**IX. External Policy Review: Healthy Lifestyle and Weight for Children and Adults**

***Original resolution: Legislation for Healthy Lifestyle and Weight for Children and Adults***

The Georgia Academy of Family Physicians both supports and encourages policies that promote a healthy lifestyle and healthy weight for both children and adults.

***Edited resolution: The resolution content remains the same. The Policy Review Team requests the removal of “Legislation for” from the resolution title to read Healthy Lifestyle and Weight for Children and Adults***

*Policy Date: 8/2009*

*Re-adopted as written 16/2016*

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