



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

3  
4 **Speaker McCurdy, the Reference Committee has considered each of the items**  
5 **referred to it and submits the following report. The committee's**  
6 **recommendations on each item will be submitted as a consent calendar and voted**  
7 **on in one vote. Any item or items may be extracted for debate.**

8  
9 **Item 1 – Resolution A: HIV Epidemic in Primary Care**

10  
11 **Submitted by: Zazi Nylander, MD (Emory Family Medicine Residency, PGY-2)-Atlanta, GA,**  
12 **the resolved portions are printed below:**

13  
14 RESOLVED that, the GAFP increase member education and consider implementing education of  
15 residents early on in residency training, especially in Southern States where HIV has been  
16 declared an epidemic, such that FM physicians may be comfortable with not only initiating  
17 preventative therapies such as PrEP (to avoid missed opportunities) for HIV prevention but also  
18 that they be comfortable with initiating the initial treatment regimen for the treatment-naïve  
19 HIV positive patient and this could likely contribute to decreasing the stigma that may likely be  
20 associated with obtaining treatment from specialized HIV centers thereby improving patient  
21 compliance with office visits and overall treatment plan and be it further

22  
23 RESOLVED that, the GAFP advocate for a primary care model that begins as early as the  
24 residency training of FM physicians and that this may be standardized across residency  
25 programs particularly in the South (using quality control tools such as Standard Operating  
26 Procedures) for not only the prevention of HIV using therapies such as PrEP, but also in  
27 addition to managing the preventative health of PLWHIV but that the GAFP should also consider  
28 advocating for a primary care model such that FM physicians be involved in the initiation of HIV  
29 medications particularly for treatment-naïve patients in addition to handling their treatment  
30 regimen especially in non-complex situations

31  
32 *The reference committee heard testimony from the author and noted that the Academy is*  
33 *already presenting educational programming on HIV/STDs/STIs in the form on live lectures,*  
34 *newsletter articles and webinars. It was also noted that AAFP has recommended curriculum*  
35 *guidelines for Family Medicine residents on HIV Infection/AIDS. Background included that*  
36 *information on HIV and STDs is standard required curriculum within the family medicine*  
37 *residency curriculum*

38  
39 **RECOMMENDATION: The reference committee recommends that Resolution A be Filed**  
40 **for Information**

41  
42 **Item 2 – Resolution B: Hospital Operative and Non-Operative Obstetric Privileges for**  
43 **Family Physicians**

44  
45 **Submitted by: Omoniyi Yakubu Adebisi, MBChB, MD – Tallapoosa, GA, the resolved**  
46 **portions are printed below:**

1 RESOLVED that, The GAFP should set up a committee to review the current challenges against  
2 hospital privileging of Family Physicians in Georgia, especially in and around Atlanta and list of  
3 members involved along with the hospitals that are involved; and be it  
4

5 RESOLVED that, the GAFP recommend that all hospitals should have clear criteria for granting  
6 privileges to physicians who perform operative and non-operative Obstetrics regardless of their  
7 specialty training; and be it further  
8

9 RESOLVED, that GAFP should lobby with the State legislators to ensure that necessary  
10 legislations are put in place to ensure that qualified trained Family Physicians are privileged by  
11 hospitals to practice operative and non-operative Obstetrics as recommended by the joint  
12 position statements of the AAFP and ACOG on this matter.  
13

14 *The reference committee heard testimony from the author first, who noted that the resolution*  
15 *aligns with the AAFP/ACOG statement and that statistically family physicians do as well as*  
16 *obstetricians when training and experience are the same.*  
17

18 *Additional comments from members noted that there was some redundancy in the resolution*  
19 *as there is already an AAFP policy in place. There were also comments noting that both*  
20 *hospital administration and hospital credentialing committee should be included in the*  
21 *discussion. Further testimony was generally in support of the spirit of the resolution but*  
22 *noted that the resolution posed obstacles for the GAFP when speaking of forming a*  
23 *committee to do the suggested worked and seeking a legislative solution.*  
24

25 **RECOMMENDATION:** The Reference Committee recommends that **Resolution B** be  
26 **adopted with a substitute resolution, which reads as follows.**

27  
28 RESOLVED that, the GAFP will support the American Academy of Family Physician’s policies  
29 and procedures as it relates to Family Physician’s obstetrics credentialing and will continue to  
30 support individual member’s credentialing efforts, and be it  
31

32 RESOLVED that, the GAFP will outreach to the Georgia Hospital Association regarding the  
33 family medicine workforce that is being trained and available to provide obstetric services in  
34 Georgia and encourage their members to recruit Georgia’s family medicine residents.  
35  
36

37 **Item 3 – Resolution C - Remove barriers to physician credentialing in rural and physician-**  
38 **shortage areas**

39  
40 **Submitted by Zita Magloire, MD – Cairo, GA**

41 RESOLVED, that the GAFP support legislation that requires insurers and health care networks to  
42 not delay physician credentialing applications once all requirements are met, and be it further  
43

44 RESOLVED that the GAFP draft a formal statement regarding the issue of physician  
45 credentialing and its effect on patient access to care as well as how it creates a significant  
46 financial hardship for both private practices and rural hospitals that depend on this  
47 reimbursement to continue to provide health care services in their community.  
48

1 *The reference committee heard testimony from the author that for those practicing in rural*  
2 *areas particularly in family medicine and obstetrics, it takes an inordinately long time to be*  
3 *credentialed and they encounter barriers with Medicaid and Medicare.*  
4

5 *The author also noted that we should seek a standardized credentialing process in Georgia by all*  
6 *hospital systems.*  
7

8 *After discussion, the reference committee noted that there should be a timely credentialing*  
9 *process regardless of location, not just in rural areas. They also noted that the GAFP is a part of*  
10 *a Medicaid Administration Simplification Task Force that is working towards getting more*  
11 *uniform processes for core credentialing processes.*  
12

13 **RECOMMENDATION:** The Reference Committee recommends that **Resolution C** be  
14 **adopted with a substitute resolution, which reads as follows:**

15  
16 **RESOLVED**, that the GAFP support action that requires insurers and health care networks to  
17 not delay physician credentialing applications once all requirements are met, and be it further  
18

19 **RESOLVED** that the GAFP draft a formal statement regarding the issue of physician  
20 credentialing and its effect on patient access to care as well as how it creates a significant  
21 financial hardship for both private practices and rural hospitals that depend on this  
22 reimbursement to continue to provide health care services in their community.  
23

24 **Item 4 - Resolution D: Support fair reimbursement for maternity care services in**  
25 **rural areas**  
26

27 **Submitted by Zita Magloire, MD – Cairo, GA**  
28

29 **RESOLVED**, that the GAFP support legislation that requires insurers and health care networks to  
30 reimburse obstetrical providers for their maternity related services, and be it further  
31

32 **RESOLVED** that the GAFP develop a survey for its members providing obstetrical care to assess  
33 insurance and payment barriers to providing obstetrical care.  
34

35 *The reference committee heard testimony from the author who stated that reimbursement is*  
36 *often denied. The author noted that obstetricians receive monetary incentive to deliver the full*  
37 *scope of care, but family physicians do not receive the same compensation. It was also noted*  
38 *that patients are incentivized to choose an obstetrician and not a family physician for their care.*  
39

40 *The reference committee noted that the GAFP continues to advocate for equal pay. In 2015*  
41 *the Georgia Academy was successful in increasing Medicaid OB codes to the 2014 Medicare*  
42 *parity and these codes are paid to any physician who bills them – there is no differentiation*  
43 *between obstetricians and family physicians who are utilizing the Medicaid OB codes.*  
44

45 **RECOMMENDATION:** The Reference Committee recommends that **Resolution D** be  
46 **adopted with a substitute resolution which reads as follows:**

1  
2 Resolved that the GAFP will continue to support equality of reimbursement for like services  
3 regardless of boarded specialty and be it  
4

5 RESOLVED that the GAFP develop a survey for its members providing obstetrical care to  
6 assess insurance and payment barriers to providing obstetrical care.  
7

8 **Item 5: Resolution E: Advocate for Life**

9  
10 **Submitted by Michael Sims, MD – Columbus**

11  
12 RESOLVED that we, therefore, accepting our duty and responsibility as family physicians,  
13 resolve to advocate for the protection and welfare of the uniquely created individual human  
14 life, as described above; allowing him/her to mature and exist as created, while providing  
15 support for the mother to care for that individual life.  
16

17 *The reference committee heard testimony from the author who stated that the GAFP took a*  
18 *stand against the heartbeat bill and as an Academy we should serve all people, born or*  
19 *unborn. He provided references on when life begins and expressed desire to maintain the*  
20 *mother's rights while protecting the rights of the child. The author asked that the GAFP*  
21 *advocate for the child.*

22  
23 *Members and delegates spoke out both for and against this resolution. Some members noted*  
24 *that the AAFP has a policy on this issue and the GAFP should align with the AAFP. Others*  
25 *showed support for the resolution. There was clarification that the GAFP was against the*  
26 *heartbeat bill because it criminalizes physicians who perform the procedure.*

27  
28 *The reference committee noted that this issue was difficult to debate, but ultimately the*  
29 *resolution provided no clear actionable item for the GAFP.*  
30

31 **RECOMMENDATION: The Reference Committee recommends that Resolution E not be**  
32 **adopted.**

33  
34 **Item 6: Resolution F: Continue seating Med Student Board members amongst**  
35 **Physician Board members**

36  
37 **Submitted by GAFP Student Board Members:**

38  
39 *The reference committee heard testimony from one of the authors who stated that the*  
40 *student board members would like to see this practice continue.*

41  
42 *The reference committee noted that the GAFP implemented this practice earlier this year after*  
43 *a suggestion was received in the Board evaluations and leadership plans to continue this*  
44 *practice.*

45  
46 **RECOMMENDATION: The Reference Committee recommends that Resolution F be filed**  
47 **for information**

1  
2 **Item 7: Resolution G - Open the Residency Fair during the GAFP Medical Students**  
3 **Day to more medical students to learn more about Georgia Family Medicine**  
4 **Residency programs**

5  
6 **Submitted by GAFP Student Board Members:**

7  
8 *The reference committee noted that the Executive Committee recently approved a request*  
9 *from the Student & Resident Recruitment Committee to open the Residency Fair to more*  
10 *medical students at the Medical Student Day in 2020.*

11  
12 **RECOMMENDATION: The Reference Committee recommends that Resolution G be filed**  
13 **for information**

14  
15 **Item 8: Resolution H: GAFP to consider support of the Communication and Optimal**  
16 **Resolution (CANDOR legislation) such as the ones in Iowa and Colorado**

17  
18 **Submitted by GAFP Student Board Members:**

19  
20 *The reference committee heard from one of the student board members who noted that the*  
21 *medical students are hearing more and more about this and the Medical Association of*  
22 *Georgia and the American Medical Association have policies already in place. The students*  
23 *wanted the GAFP to support the CANDOR legislation.*

24  
25 *The reference committee that the GAFP currently has a policy on Tort Reform and continues*  
26 *to make it a top legislative priority. The reference committee suggested referring this to the*  
27 *Legislative Committee to review MAG's policy and stance on the issue. The reference*  
28 *committee also noted that most physicians are not familiar with CANDOR legislation and*  
29 *asked the author if they would consider education as the first step. The author agreed. It was*  
30 *noted in the background that the AAFP has not approved a policy on CANDOR.*

31  
32 **RECOMMENDATION: The Reference Committee recommends that Resolution H be**  
33 **adopted with a substitute resolution, which reads as follows.**

34  
35 Resolved that, the GAFP advocates the adoption of pre-litigation processes, and be it

36  
37 Resolved that the leadership of the GAFP will identify a legislative/policy champion for the  
38 review and possible adoption of CANDOR, and be it further

39  
40 Resolved that the GAFP will provide educational opportunity of members to understand pre-  
41 litigation processes and how to mitigate a malpractice lawsuit.

42  
43 **Item 9: Resolution I: Member Contributions to PAC**

44  
45 **Submitted by: GAFP PAC Board (Policy Review)**

46 Resolved that, we encourage all members to contribute to the PAC, as well as, become engaged  
47 in advocacy for family physicians.

1 *The reference committee heard testimony from the GAFP PAC Board who spoke in favor of this*  
2 *resolution and noted that the Academy currently has a policy that advocates for a percentage*  
3 *increase in annual PAC contributions, and this year was particularly active for the Academy.*  
4

5 **RECOMMENDATION: The Reference Committee recommends that Resolution I be**  
6 **adopted as written.**

7  
8 *The reference committee heard testimony from the Board Chair on the following policies that*  
9 *originated out of the Congress of Delegates.*

10  
11 ***Item 10: Resolution J: Internal Policy Review: Displaying the US flag and reciting***  
12 ***the Pledge of Allegiance***

13 The GAFP display the flags of the United States and the State of Georgia at the front of the  
14 room at the Congress of Delegates and the Exhibit Hall. The Pledge of Allegiance is to be  
15 recited at the opening session of the Congress of Delegates.  
16

17 ***Item 11: Resolution K: External Policy Review: Area of training for Family Medicine***  
18 ***Residents***

19 The Georgia Academy of Family Physicians unconditionally supports the concept that family  
20 medicine residents be trained in all major disciplines of medicine, including, but not limited to,  
21 the care of pregnant women and hospitalized patients.  
22

23 ***Item 12: Resolution L: External Policy Review: GAFP Mission Statement***

24 The mission of the Georgia Academy of Family Physicians is to promote the health of the  
25 citizens of Georgia by advancing the specialty of Family Medicine through education, advocacy  
26 and service to family physicians in the State of Georgia.  
27

28 ***Item 13: Resolution M: External Policy Review: Healthy Lifestyle and Weight for***  
29 ***Children and Adults***

30 ***Original resolution:*** Legislation for Healthy Lifestyle and Weight for Children and Adults  
31 The Georgia Academy of Family Physicians both supports and encourages policies that  
32 promote a healthy lifestyle and healthy weight for both children and adults.  
33

34 ***Edited resolution:*** ~~Legislation for~~ Healthy Lifestyle and Weight for Children and Adults  
35 The Georgia Academy of Family Physicians both supports and encourages policies that  
36 promote a healthy lifestyle and healthy weight for both children and adults.  
37

38 **RECOMMENDATION: The Reference Committee recommends that Resolutions J-M (the 2019**  
39 **Board Chair's report) be adopted as presented or edited. All other reports in the 2019 COD**  
40 **Handbook be adopted as presented.**