



Report of the Reference Committee

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All page references herein are to the Delegates' Handbook unless otherwise indicated.

**THIS REPORT IS POLICY AFTER BEING ACTED UPON
BY THE CONGRESS OF DELGATES – November 15, 2020**

Mr. Speaker, the Reference Committee has considered each of the items referred to it and submits the following report.

ITEM 1 – Resolution A: Bylaws Change – Add Transitional Membership

Resolution A from the Bylaws Committee entitled adding “Transitional Membership”, to the Bylaws with the resolved portion is printed below:

Bylaws Chapter 4: Membership

TRANSITIONAL MEMBERS

A Transitional Member shall not be entitled to hold an office in the Academy. They may address the membership, attend GAFP’s Congress of Delegates, may speak to issues during reference committees, and may serve on committees but may not serve as a chair.

There was a brief comment of support.

RECOMMENDATION: The reference committee recommends that Resolution A be **adopted as presented.**

ITEM 2 – Resolution B: Hospital Operative and Non-Operative Obstetric Privileges for Family Physicians

Submitted by: Omoniyi Yakubu Adebisi, MBChB, MD, CCFP – Douglasville, GA

Resolution B from Omoniyi Adebisi, MD of Douglasville entitled, “Hospital Operative and Non-Operative Privileges for Family Physicians,” the resolved portion is printed below:

RESOLVED that, The GAFP should assess the previous activities on this important topic to appraise the achievements and shortcomings and find out the required actions yet to be taken to ensure that this matter is favorably resolved; and be it

RESOLVED that, the GAFP should find out if the hospitals have put in place clear criteria for granting privileges to physicians who perform operative and non-operative Obstetrics regardless of their specialty training as resolved in 2019; and be it further

RESOLVED, that GAFP should report to members the impacts, if any, of the 2019 Resolution that the GAFP should lobby with the State legislators to ensure that necessary legislations were 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, but if no impacts yet, should advise on the ways forward.

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Testimony by the resolution writer was given about how family physicians in Memphis are able to receive privileges to perform full scope obstetrical services to their patients. He mentioned he was bringing this back before the Congress of Delegates as he would like the Georgia Academy to do more to support their members who want to practice full FP-OB services. There was additional support by two members noting the difficulty of family physicians to receive approval to perform these services, especially in Metro Atlanta. One member spoke in opposition of the resolution stating concern that it is unlikely that this could be legislated through the Georgia General Assembly.

The reference committee acknowledged that many of the actions stemming from last year's resolution are still ongoing including follow up with the Georgia Hospital Association's Physician Recruitment Committee, and the intent for the Speaker to follow up with current COD delegates to discuss this further. It was also discussed that neither staff nor reference committee members are aware of any legislation at the state or federal level that would mandate a hospital to accept a physicians privilege. It was noted that the officers, typically the Executive Committee, spend a tremendous amount of time on these issues working with the AAFP senior staff and providing GAFP members and any hospitals in question on the AAFP's legal opinion, draft privileges for FP-OB, and the AAFP-ACOG joint statement on FP-OB services.

RECOMMENDATION: The reference committee recommends Resolution B be reaffirmed as current policy or as already being addressed in current projects.

ITEM 3 – Resolution C: Daylight Saving Time: An American Academy of Sleep Medicine Position Statement

Resolution C from John Desmond, MD of Rome entitled “Daylight Saving Time: An American Academy of Sleep Medicine Statement,” the resolved portion is printed below:

2020 Report of the Reference Committee, cont'd

90 RESOLVED, That the GAFP shall endorse the AASM paper calling for the
91 elimination of daylight-saving time; and be it further,

92 RESOLVED, That the GAFP shall announce their endorsement in the
93 GAFP newsletter.

94
95 The reference committee heard testimony in favor of supporting the resolution,
96 from the resolution writer and he outlined the current research that shows the
97 benefit of eliminating daylight saving time. There was one person who testified in
98 opposition of this resolution as difficult to implement. One member was in favor of
99 the resolution being referred to the AAFP Commission on Public Health & Science
100 for review and potential action at the national level.

101
102 **RECOMMENDATION: The reference committee recommends that Resolution C**
103 **be adopted as substitute:**

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105 RESOLVED, That the Georgia Academy of Family Physician support the
106 American Academy of Sleep Medicine statement calling for the elimination
107 of daylight-saving time, and be it further

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109 RESOLVED, That the GAFP forward their endorsement for the elimination
110 of daylight-saving time to the AAFP and request that their commission on
111 public health and science review the research and develop a policy
112 statement.

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115 **ITEM 4 – Resolution D: Implicit Bias Training for GAFP Leadership**

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118 Resolution D from Daniel Singleton, MD of Buena Vista entitled “Implicit Bias
119 Training for GAFP Leadership,” the resolved portion is printed below:

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2020 Report of the Reference Committee, cont'd

121 RESOLVED, That, in an effort to improve understanding of the ways implicit
122 bias effects how patients are perceived by physicians and vice versa, how
123 physicians are perceived by patients, let it be required that the leadership of
124 the GAFP receive implicit bias training, and be it further,

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126 RESOLVED, That this training be accomplished through the implicit bias
127 training developed by the AAFP as part of the Everyone Project and be it
128 further,

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130 RESOLVED, That, this training opportunity be offered at the annual Fall
131 CME meeting and allow for the participation of all members of the Academy
132 to allow for improved participation and context.

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134 The reference committee heard testimony mostly in favor of supporting this
135 resolution, although one member did testify about the need to define what group”
136 leadership” is in the context of the Georgia Academy. Many members who
137 supported the resolution noted that the resolution writer captured eloquently the
138 current and dire need for the GAFP to be a leader in this type of ongoing education.

139

140 The reference committee acknowledged that support for this resolution was
141 universal. It was agreed that there was a need to involve the Education and
142 Research Committee as they plan for all educational activities for our members. It
143 was also agreed that it is important for the training to be either the AAFP EveryONE
144 education curriculum or another nationally recognized training program. The
145 reference committee also discussed the logistics could be tracked and
146 implemented.

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148 **RECOMMENDATION:** The reference committee recommends that Resolution D be
149 adopted as substitute:

150 RESOLVED, That in an effort to improve understanding of the ways implicit
151 bias effects how patients are perceived by physicians and vice versa, how
152 physicians are perceived by patients, let it be required that the GAFP

2020 Report of the Reference Committee, cont'd

153 leadership (Boards, Committee Chairs, and Staff) receive implicit bias
154 training per their term of service.

155
156 RESOLVED, That this training may be accomplished through the implicit
157 bias training developed by the AAFP as part of the EveryONE Project or
158 another accredited implicit bias training program. Completion of this
159 education will be acknowledged by leaders on their annual conflict of interest
160 statement.

161
162 RESOLVED, That implicit bias training should be offered to all GAFP
163 members as planned and developed by the Education and Research
164 Committee

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167 **ITEM 5 – Resolution E: Continue Seating Medical Student Board Members**
168 **Amongst Physician Board Members**

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170 Resolution E from the GAFP Student Board Members entitled “Continue Seating
171 Medical Student Board Members Amongst Physician Board Members,” the resolved
172 portion is printed below:

173

174 RESOLVED, That the GAFP continue seating Medical Student Board
175 members amongst Physician Board members

176

177 The reference committee heard testimony from a medical student indicating that at
178 the beginning of the year, they had requested to be seated among other GAFP
179 board members and not to group all of the medical students together.

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2020 Report of the Reference Committee, cont'd

181 **RECOMMENDATION:** The reference committee recommends that Resolution E be
182 reaffirmed as current policy and instructs staff to continue the current seating
183 arrangement for medical students serving on the Board of Directors.

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185 **ITEM 6 – Resolution F: Continue hosting the GAFP Medical Students Day**
186 **Annually with the Goal of Extending the Opportunity to a Greater Number of**
187 **Students Each Year**

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189 Resolution F from the GAFP Medical Student Board Members entitled “GAFP
190 Medical Students Day,” the resolved portion is printed below:

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193 RESOLVED, That GAFP continue hosting the GAFP Medical Students Day
194 annually with the goal of extending the opportunity to a greater number of
195 students each year

196
197 The reference committee heard testimony from one of the medical student board
198 members asking for the continuation and expansion of the annual Medical Student
199 Workshop. There was no other testimony.

200
201 The reference committee noted the background which included the following
202 information that the numbers have increased for student attendance at the
203 residency fair, the workshop numbers have been capped at 35 participants annually
204 to allow for maximum interaction with residency faculty, residents and GAFP
205 leaders. It should also be noted that there will not be an in-person Medical Student
206 Workshop in 2021 (due to COVID), but GAFP leadership is working in partnership
207 with the Student and Resident Recruitment Committee and Georgia’s family
208 medicine residency directors to plan several evening zoom activities to help
209 promote Georgia’s family medicine residency programs with Georgia’s medical
210 students that will launch this fall and continue through early February 2021.

211
212 **RECOMMENDATION:** The reference committee recommends that Resolution F be
213 adopted as a substitute:

214

2020 Report of the Reference Committee, cont'd

215 RESOLVED, That it is the goal that the Georgia Academy host events that will
216 bring medical students interested in primary care to GAFP activities which
217 offer opportunities for mentoring, including medical student workshops, when
218 feasible.

219

ITEM 7 – Resolution G: Advocate for State Funding for undergraduate and graduate medical education

222

223 Resolution G from the GAFP Resident and Student Board Members entitled, “state
224 funding for residencies, graduate medical education, and undergraduate medical
225 education,” the resolved portions are printed below:

226

227 RESOLVED, That GAFP advocate for state funding for residencies, graduate
228 medical education, and undergraduate medical education and against additional
229 cuts to state funding.

230

231 The Reference Committee heard testimony from one of the Student Board
232 Members that during the past Georgia General Assembly there had been cuts to
233 graduate and undergraduate medical education due to the downturn in the state
234 economy due to COVID-19. It was noted that funding cuts to these programs
235 directly correlates to a reduction of physicians in the state. There was no other
236 testimony on this topic.

237

238 The reference committee agreed that this continues to be a top priority of the
239 GAFP leadership and led by the Legislative Committee to advocate for continued
240 state funding for medical education and specifically family medicine residency
241 programs.

242

243 **RECOMMENDATION:** The reference committee recommends that Resolution G be
244 adopted as edited:

245
246 RESOLVED, That the GAFP advocate for state funding for residencies,
247 graduate medical education (**residencies**), and undergraduate medical
248 education (**medical schools**) and against additional cuts to state funding.

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251 **ITEM 8 – Resolution H: Encourage Medical Schools in Georgia to graduate**
252 **more students from Georgia into Primary Care**

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254 Resolution H from the Floyd Family Medicine Residency Program entitled,
255 “Encourage Medical Schools in Georgia to graduate more students from Georgia
256 into Primary Care,” the resolved portion is printed below:

257
258 RESOLVED, That the GAFP be encouraged to exert pressure on the
259 medical schools in Georgia to embrace and matriculate more students from
260 Georgia to enter primary care, especially Family Medicine.

261
262 The reference committee noted that there is already a funding penalty clause if
263 Georgia medical schools do not graduate a certain number of students into
264 primary care programs. It is already GAFP policy to support funding for family
265 medicine residency programs.

266
267 **RECOMMENDATION:** The reference committee recommends not adopting
268 Resolution H.

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271 **ITEM 9 – Resolution I: Policy Statement - COD Progress Report to the Board**
272 **of Directors**

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274 Resolution I from GAFP Policy Group entitled, “COD Progress Report to the Board
275 of Directors,” the resolved portion is printed below:

2020 Report of the Reference Committee, cont'd

276
277 RESOLVED, That the Speaker of the Congress of Delegates must present to the
278 Board of Directors, at each regularly scheduled meeting, a progress report on the
279 directives given to the Academy as set forth by the approved resolutions.

280

281 The reference committee heard testimony from the Board Chair, representing the policy
282 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
283 policies annually. They recommend that this policy be re-adopted as written.

284

285 **RECOMMENDATION:** The reference committee recommends adopting
286 Resolution I as written.

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289 **ITEM 10 – Resolution J: POLICY STATEMENT - GAFP Supports the Georgia**
290 **Patient Centered Physician Coalition (GPCPC)**

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292 Resolution J from GAFP Policy Group entitled, “GAFP Supports the Georgia Patient
293 Centered Physician Coalition (GPCPC),” the resolved portion is printed below:

294

295 RESOLVED, THAT the Georgia Academy of Family Physicians proclaims its
296 support for the Georgia Patient Centered Physician Care Coalition
297 (GPCPCC). The Executive Director/Executive Vice President of GAFP is
298 charged with facilitating and attending meetings of the GPCPCC.
299 Additionally, two (2) members of the GAFP active membership will be
300 appointed by the President to attend each meeting of the GPCPCC.

301

302 The reference committee heard testimony from the Board Chair, representing the policy
303 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
304 policies annually. They recommend that this policy be re-adopted as edited.

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306

RESOLVED, That the Georgia Academy of Family Physicians proclaims its

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support for the Patient Centered Physician Coalition of Georgia Patient

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Centered Physician Care Coalition (PCPCC). The Executive

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Director/Executive Vice President of GAFP is charged with facilitating and

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attending meetings of the **PCPC**. Additionally, two (2) members of the GAFP

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active membership will be appointed by the President to attend each

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meeting – **typically the President and President Elect.**

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RECOMMENDATION: The reference committee recommends adopting

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Resolution J as edited.

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ITEM 11 – Resolution K: POLICY STATEMENT - Strategic Planning

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Resolution K from GAFP Policy Group entitled, “Strategic Planning,” the resolved

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portion is printed below:

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RESOLVED, THAT the GAFP complete a Strategic Plan at a minimum of

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every 3 years and the implementation and accomplishments of that plan be

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presented to the Board of Directors at each of their regularly scheduled

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meetings.

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The reference committee heard testimony from the Board Chair, representing the policy

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group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD

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policies annually. They recommend that this policy be re-adopted as edited.

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331

RESOLVED, THAT the GAFP complete a Strategic Plan at a minimum of

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every 3 years and the implementation and ~~the goal~~ accomplishments of

2020 Report of the Reference Committee, cont'd

333 that plan be presented to the Board of Directors at each of their regularly
334 scheduled meetings.

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336 **RECOMMENDATION:** The reference committee recommends adopting
337 Resolution K as edited.

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339 **ITEM 12 – Resolution L: POLICY STATEMENT - Establishment of the Dr.**
340 **Keith Ellis Award**

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342 Resolution L from GAFP Policy Group entitled, “Dr. Keith Ellis Award,” the resolved
343 portion is printed below:

344
345 RESOLVED, THAT on the eve of Dr. Keith Ellis’ retirement as Residency
346 Faculty and Program Director of Memorial Health Family Medicine
347 Residency in Savannah, a scholarship fund be developed that would be
348 awarded to send one (1) deserving resident per year to the GAFP Annual
349 Meeting. Criteria for choosing this resident would be developed and
350 maintained by the Membership Committee. The current policy is that the
351 Membership Committee reviews all named GAFP awards every ten years

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353

354 The reference committee heard testimony from the Board Chair, representing the policy
355 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
356 policies annually. They recommend that this policy be re-adopted as written.

357

358 **RECOMMENDATION:** The reference committee recommends adopting
359 Resolution L as written.

360

361 **ITEM 13 – Resolution M: POLICY STATEMENT - Research Poster**
362 **Publications**

363
364 Resolution M from GAFP Policy Group entitled, “Research Poster Publications” the
365 resolved portion is printed below:

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367 RESOLVED, THAT the GAFP has a research poster presentation and contest
368 at the Annual Meeting each year. As policy, the GAFP is to publicize the
369 winning posters in their publications

370
371 The reference committee heard testimony from the Board Chair, representing the policy
372 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
373 policies annually. They recommend that this policy be re-adopted as written.

374

375 **RECOMMENDATION:** The reference committee recommends adopting
376 Resolution M as written.

377

378 **ITEM 14 – Resolution N: POLICY STATEMENT - Adult Immunization**

379 **Requirements**

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381 Resolution N from GAFP Policy Group entitled, “Adult Immunization Requirements”
382 the resolved portion is printed below:

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384 Resolve that, under certain settings, the GAFP approves of Pharmacist
385 administered vaccines to adults, under a physician protocol, as long as:

386 1) that information is sent to the patient’s primary care physician if the
387 patient consents,

388 the specific vaccine is provided either under authority of prescription or
389 specific collaborative agreement with a physician located within the county
390 of the pharmacist’s place of registration with the vaccination registry or a
391 county contiguous thereto, and

392 2) the administering pharmacist has a valid certificate from the State
393 Pharmacy Board, and

2020 Report of the Reference Committee, cont'd

394 3)the pharmacist inputs the information into GRITS (Georgia Registry for
395 Immunization
396 Services) which will allow the primary care physician/medical home to have
397 access to the
398 information.

399
400 The reference committee heard testimony from the Board Chair, representing the policy
401 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
402 policies annually. In accordance with current Georgia law, the policy group
403 recommends this policy be edited as follows:

404

405 Resolve that, under certain settings, the GAFP approves of Pharmacist
406 administered vaccines to adults, under a physician protocol, as long as:

- 407 1) that information is sent to the patient's primary care physician if
408 the patient consents,
- 409 2) the specific vaccine is provided either under authority of
410 prescription or specific collaborative agreement with a Georgia
411 licensed physician, ~~physician located within the county of the~~
412 ~~pharmacist's place of registration with the vaccination registry~~
413 ~~or a county contiguous thereto, and~~
- 414 3) the administering pharmacist has a valid certificate from the
415 State Pharmacy Board, and
- 416 4) the pharmacist inputs the information into GRITS (Georgia Registry
417 for Immunization
418 Services) which will allow the primary care physician/medical home to have
419 access to the
420 information.

421

422 **RECOMMENDATION:** The reference committee recommends adopting
423 Resolution N as edited.

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425 **ITEM 15 – Resolution O: POLICY STATEMENT - Increase Funding for Family**
426 **Medicine and Payment**

427

428 Resolution O from GAFP Policy Group entitled, “Increase Funding for Family
429 Medicine and Payment” the resolved portion is printed below:

430

431 RESOLVED, THAT the GAFP continue to advocate strongly for increased funding
432 for family medicine GME and increased payment for family physicians at the state
433 and national levels in collaboration with AAFP.

434

435 The reference committee heard testimony from the Board Chair, representing the policy
436 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
437 policies annually. The policy group recommends that this policy be re-adopted as
438 written.

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440 **RECOMMENDATION:** The reference committee recommends re-adopting
441 Resolution O as written.

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443 **ITEM 16 – Resolution P: POLICY STATEMENT - GAFP’s Opposition Non-**
444 **Physician Prescribing Medications**

445

446 Resolution P from GAFP Policy Group entitled, “GAFP’s Opposition Non-Physician
447 Prescribing Medications” the resolved portion is printed below:

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2020 Report of the Reference Committee, cont'd

449 RESOLVED, THAT the GAFP is committed to opposing any expansion of a
450 scope of practice by any non-physician when we believe that it is not in the
451 best interest of our patients.

452

453 The reference committee heard testimony from the Board Chair, representing the policy
454 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
455 policies annually. The policy group recommends that this policy be re-adopted as
456 written.

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458 **RECOMMENDATION:** The reference committee recommends re-adopting
459 Resolution P as written.

460

461 **ITEM 17 – Resolution Q: POLICY STATEMENT - Medicaid Reimbursement**

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463 Resolution Q from GAFP Policy Group entitled, “Medicaid Reimbursement” the
464 resolved portion is printed below:

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466 RESOLVED, THAT the GAFP support increased Medicaid reimbursements
467 to be equal to 100% of Medicare reimbursements

468

469 The reference committee heard testimony from the Board Chair, representing the policy
470 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
471 policies annually. The policy group recommends that this policy be re-adopted as
472 written.

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474 **RECOMMENDATION:** The reference committee recommends re-adopting
475 Resolution Q as written.

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477 **ITEM 18 – Resolution R: POLICY STATEMENT - Scoliosis Screening**

2020 Report of the Reference Committee, cont'd

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Resolution R from GAFP Policy Group entitled, "Scoliosis Screening" the resolved portion is printed below:

RESOLVED, THAT the GAFP will work to eliminate routine screening for scoliosis. in accordance with USPSTF guidelines.

The reference committee heard testimony from the Board Chair, representing the policy group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD policies annually. The policy group recommends that this policy be re-adopted as edited:

RESOLVED, THAT the GAFP will work with the Medical Association of Georgia's House of Delegates to eliminate routine Screening for scoliosis in schools. in accordance with USPSTF guidelines

The reference committee also heard testimony from a public health district director that acknowledged very few children are found to have scoliosis due to school screenings and valuable resources could be redirected to other public health issues.

RECOMMENDATION: The reference committee recommends re-adopting Resolution R as edited.

ITEM 19 – Resolution S: POLICY STATEMENT - Support Increasing Legal Age to Purchase Tobacco to 21

Resolution S from GAFP Policy Group entitled, "Support Increasing Legal Age to Purchase Tobacco to 21" the resolved portion is printed below:

2020 Report of the Reference Committee, cont'd

507 RESOLVED, THAT the GAFP supports raising the legal age to purchase
508 tobacco to 21.

509

510 The reference committee heard testimony from the Board Chair, representing the policy
511 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD
512 policies annually. The policy group recommends that this policy be archived as the
513 GAFP was part of a successful coalition to get this legislation passed in Georgia in
514 2020.

515

516 **RECOMMENDATION:** The reference committee recommends archiving
517 Resolution S as completed.

518

519 Mr. Speaker, I wish to thank those who appeared before our reference committee
520 to give testimony and the committee members for their invaluable assistance and
521 to commend the headquarters staff for their help in the preparation of this report.

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Respectfully submitted

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525

Anne Todd, MD - Co-Chair

526

Michael Satchell, MD - Co-Chair

527

Alice House, MD - Secretary

528

Jody BahnMiller-Brasil, MD

529

Jiyo Shin, MD

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