



# 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 13, 2021**

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

**ITEM 1 – Resolution A: Prior Authorization Law**

**Submitted by: Mike Busman – Americus**

**Resolution A from Mike Busman, MD of Americus entitled “Prior Authorization Law”, with the resolved portion is printed below:**

RESOLVED that, there needs to be a simple and expeditious process available to address denials and prior authorizations: and

RESOLVE THAT, the Georgia Legislature pass a law dealing with prior authorizations and denials for medications; and

RESOLVE THAT, the law would mandate all insurance companies to list similar medications that would be covered on their plan if a prescribed medication is denied or sent for prior authorization.

There were several members who spoke about the need to support this resolution. The resolution writer did acknowledge the staff background noted many of these issues would be eased with a state law that will be enacted on January 1 to require all state contracted insurance companies to allow for clinical criteria to be provided upon denial of a prior authorization and statistics will be reported back to

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33 percentages of approvals and denials on the insurers website. The Reference  
34 committee agreed that the AAFP and the GAFP has done a lot in this area, but there  
35 is an ongoing need for advocacy by the Georgia Academy.

36  
37 **RECOMMENDATION:** The reference committee recommends that Resolution A be  
38 adopted by substitute:

39  
40 Resolve that the GAFP continue to advocate for policies and procedures that  
41 streamline prior authorization processes, including but not limited to providing  
42 covered same-class alternatives via expeditious electronic communication that  
43 decreases response time.

44 **ITEM 2 – Resolution B: CME Credit for Primary Care Physicians who invest**  
45 **in underrepresented medical students providing shadowing, mentorship, or**  
46 **sponsorship to those students.**

47 **Submitted by: Terry Liefde, Medical Student, American University of**  
48 **Antigua**

49 Resolution B from Terry Liefde, Medical Students entitled, “CME Credit for Primary  
50 Care Physicians who invest in underrepresented medical students providing  
51 shadowing, mentorship, or sponsorship to those students,” the resolved portion is  
52 printed below:

53  
54 RESOLVE THAT, The Georgia Academy of Family Physicians can help to  
55 remove the barriers to medical school entrance and retention for  
56 underrepresented in medicine students by decreasing the burden to  
57 physicians who help to cultivate these students.

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59 RESOLVE THAT, the Georgia Academy of Family Physicians will propose  
60 to the AMA that physicians serving in Georgia, who document providing  
61 shadowing, mentorship or sponsorship to underrepresented in medicine  
62 Georgia students for medical training or guidance, outside of normal  
63 professorial/preceptor duties, received continuing medical education  
64 credits according to the amount of time or hours spent providing  
65 shadowing, mentorship or sponsorship to those underrepresented in  
66 medicine Georgia Students.

67  
68 RESOLVE THAT, approval of this resolution is subject to approval by the  
69 Georgia Academy of Family Physicians.

70  
71 Testimony by the resolution writer was given about how the Georgia Academy  
72 needs to continue to look for ways to support Georgia medical students (who are  
73 currently underrepresented) to receive additional venues to receive mentorship and  
74 preceptorships by family physicians in rural and underserved communities. There  
75 were several members who supported the spirit of the resolution but a lot of  
76 questions about the actual request from the resolution writer, as well as,  
77 acknowledging that there is CME provided by both AMA and the AAFP for members  
78 precepting medical students. The Reference committee noted the merit of the spirit  
79 of the resolution, but that the current resolution is not actionable, and the writer  
80 should work perhaps work with a leader on the Student and Resident Recruitment  
81 Committee to rework the resolution and submit it in the future.

82  
83 **RECOMMENDATION:** The reference committee recommends to not adopt  
84 Resolution B.

85  
86 **ITEM 3 – Resolution C: The GAFP PAC to support, not attack, family**  
87 **physicians**

88 **Submitted by Angeline Ti, MD – Atlanta**

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## **2021 Report of the Reference Committee, cont'd**

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90 Resolution C from Angeline Ti, MD of Atlanta entitled “The GAFP PAC to Support,  
91 Not Attack, Family Physicians” the resolved portion is printed below:

92  
93 RESOLVE THAT, the GAFP PAC stop providing financial contributions to  
94 politicians who sponsor legislation that restricts or criminalizes physicians  
95 for providing medical care

96  
97 The reference committee heard testimony both in support and opposition to this  
98 resolution. Many of those that opposed the resolution noted that the GAFP PAC  
99 Board should not be limited to giving donations to state elected officials based on  
100 one vote. Those that spoke in favor of this resolution noted that the GAFP PAC  
101 should not be giving any donations to elected officials who support legislation that  
102 could criminalize a physician’s scope of practice. There was a review of the newly  
103 revised criteria that the AAFP FAM MED PAC Board approved following the attack  
104 on the United States Capitol in January 2020 focusing on Integrity, Character,  
105 and Bipartisanship  
106 (<https://www.aafp.org/dam/AAFP/documents/advocacy/fammedpac/restricted/Fam>  
107 [MedPACContributionCriteria.pdf](https://www.aafp.org/dam/AAFP/documents/advocacy/fammedpac/restricted/Fam)) It was noted that the GAFP gives to state  
108 officials who support family medicine. And the GAFP PAC does have PAC Board  
109 approved criteria for candidates in open seats to complete an application but does  
110 not have a document as comprehensive as what the AAFP Fam Med PAC has  
111 developed.

112  
113 **RECOMMENDATION:** The reference committee recommends that Resolution C  
114 be adopted as substitute:

115  
116 RESOLVED, the Congress of Delegates directs the GAFP PAC Board to  
117 create a GAFP contribution criteria, similar to AAFP FAMMEDPAC and  
118 report back to the Congress of Delegates no later than the 2022  
119 Congress of Delegates.

120

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**ITEM 4 – Resolution D: Hospital Operative and Non-Operative Obstetric**

125 **Privileges for Family Physicians – Uncompleted Struggle!!!**

126 **Submitted by: Omoniyi Yakubu Adebisi, MBChB, MD, CCFP(OSS) -**  
127 **Douglasville**

128  
129 Resolution D from Omoniyi Yakubu Adebisi, MBChB, MD, CCFP(OSS) of  
130 Douglasville, entitled “Hospital Operative and Non-Operative Obstetric  
131 Privileges for Family Physicians – Uncompleted Struggle!!!,” the resolved  
132 portion is printed below:

133

134 RESOLVED that, the GAFP, plausibly in conjunction with the AAFP, should  
135 defend the interests of the specialty of Family Medicine against this injustice  
136 by taking all necessary actions as an entity to ensure that the future of the  
137 specialty of Family Medicine is not jeopardized by this unjust decision; and  
138 be it further

139

140 RESOLVED that, the actions of the GAFP and or the AAFP should start with  
141 revisiting this matter through dialogue with this company and with the GHA  
142 and hospitals across the State of Georgia, and if the new dialogue efforts fail,  
143 should embark on all other legitimate actions to ensure that this powerful  
144 company reconsiders its decision and produce hospital privileges forms in all  
145 its hospitals that clearly state the criteria for non-surgical and surgical  
146 obstetric privileges for qualified Family  
147 Physicians as already done by the same company and hospitals for  
148 physicians with specialty in Gynecology and Obstetrics.

149

150 The reference committee heard testimony from the resolution writer about his  
151 ongoing issue attempting to gain surgical OB privileges with a hospital system.  
152 There was little testimony on this issue, other than referencing how much both the  
153 AAFP and the GAFP has done in this area and GAFP’s ongoing commitment to

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154 support members and their full scope of practice. The reference committee did note  
155 that there is a need for ongoing discussion and communications about this issue  
156 with health systems throughout the state.

157

158 **RECOMMENDATION:** The reference committee recommends that Resolution D be  
159 **filed for information.**

160

161 **ITEM 5 – Resolution E: Practice Management Committee Continue to Provide**  
162 **Pandemic-Related Resources**

163 **Submitted by: The Practice Management Committee**

164

165

166 **Resolution E from the Practice Management Committee, entitled “Practice**  
167 **Management Committee Continue to Provide Pandemic-Related Resources,”**  
168 **with the resolved portion is printed below:**

169 ***Submitted by: GAFP Practice Management Committee***

170

171 RESOLVED, With the ongoing COVID-19 pandemic, it is highly  
172 recommended that the Congress of Delegates instructs the Practice  
173 Management Committee to continue to provide pandemic-related resources  
174 for our members. The fluidity of uncertainty and changes in the healthcare  
175 system as it responds to the current COVID-19 pandemic mandates support  
176 and guidance from the committee.

177

178 The Resolution Writer, speaking on behalf of the Committee, mentioned that much  
179 had been done to keep GAFP members informed, but there is a desire by the  
180 committee to ensure that information related to pandemic-related resources  
181 continues to be a priority of a standing committee.

182

183 The Reference committee heard little additional testimony on this issue and  
184 reviewed the background material about how much information and resources

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185 was provided to our members. It was noted that many of the various leadership  
186 committees, board and the Georgia Healthy Family Alliance had all contributed in  
187 different areas to support our members during the pandemic.

188

189 **RECOMMENDATION:** The reference committee recommends that Resolution E  
190 be adopted as amended:

191

192 Resolved, With the ongoing COVID-19 pandemic, the Congress of  
193 Delegates instructs the **Georgia Academy leadership** to continue to provide  
194 pandemic-related resources for our members.

195

196 **ITEM 6 – Resolution F: Family Physicians remain at the forefront of the**

197 **COVID Vaccination Campaign**

198 **Submitted by GAFP Resident Board Members**

199 **Resolution F from the GAFP Resident Board Members entitled “Family Physicians**  
200 **remain at the forefront of the COVID Vaccination Campaign:**

201

202 RESOLVED, That family medicine physicians in the state of Georgia stay at  
203 the forefront of the COVID vaccination campaign by having access to  
204 enough vaccines for community use along with resources to provide patient  
205 education on the vaccines.

206

207 The reference committee heard testimony from one of the resident board  
208 members noting that family physicians need to be at the forefront of the COVID  
209 vaccination campaign, at both the state and federal level. The committee reviewed  
210 the background and what the GAFP had done working with the local, state, and  
211 federal agencies on this issue.

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212 The reference committee agrees with the resolution and recommends to file for  
213 information.

214  
215 **RECOMMENDATION:** The reference committee recommends that Resolution F be  
216 filed for information:

217  
218 **ITEM 7 – Resolution G: Advocate for Better Funding for Telemedicine and In-**  
219 **Person Primary Care Visits**

220  
221 **Submitted by: GAFP Resident Board Members**

222  
223  
224 **Resolution G from the GAFP Resident Board Members entitled, “Advocate for**  
225 **Better Funding for Telemedicine and In-Person Primary Care Visits,” the resolved**  
226 **portions are printed below:**

227  
228 **Advocate for better funding for telemedicine and in-person primary**  
229 **care visits**

230 ***Submitted by GAFP Resident Board Members***

231  
232 RESOLVED, That telemedicine and in person primary care visits in our state  
233 be better funded and compensated so that our patients have better access  
234 to quality healthcare.

235  
236 The Reference committee heard testimony from one of the Resident Board  
237 Members that ongoing efforts need to continue on telemedicine and increasing  
238 primary care payment for in-person visits. There was no other testimony on this  
239 topic.

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241 The reference committee agreed that this continues to be a top priority of the  
242 GAFP leadership and led by the Legislative Committee to advocate for continued  
243 state funding for increasing payments to primary care physicians.

244

245 **RECOMMENDATION:** The reference committee recommends that Resolution G be  
246 filed for information:

247

248 **ITEM 8 – Resolution H: Board Seating for Student Board Members**  
249 **Submitted by: GAFP Student Board Members**

250

251 Resolution H from the Student Board Members entitled, Board Seating for Student  
252 Board Members,” the resolved portion is printed below:

253

254 **RESOLVED, That the GAFP continue seating Medical Student Board**  
255 **members amongst Physician Board members**

256

257 **The reference committee heard testimony from a student board member**  
258 **asking this policy to be continued. The reference committee noted that this**  
259 **is already policy, as adopted by a prior Congress of Delegates.**

260

261 **RECOMMENDATION:** The reference committee recommends filing Resolution H  
262 for information.

263

264

265 **ITEM 9 – Resolution I: Advocating for State Funding for residencies, graduate,**  
266 **and undergraduate medical education**  
267 **Submitted by: GAFP Student Board Members**

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## **2021 Report of the Reference Committee, cont'd**

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269 Resolution I from GAFP Student Board Members entitled, “Advocating for State  
270 Funding for residencies, graduate and undergraduate medical education,” the  
271 resolved portion is printed below:

272  
273 **RESOLVED, THAT regarding the COVID-19 budget cuts from the state**  
274 **legislature, the GAFP should advocate for state funding for**  
275 **residencies, graduate medical education, and undergraduate medical**  
276 **education**

277 **The reference committee heard testimony on the need for continuous**  
278 **support for funding related to medical education, and concern over cuts due**  
279 **to COVID. It was noted that there were no cuts related to COVID at the State**  
280 **level of medical education and prior cuts had been restored. It was also**  
281 **noted that GAFP has as policy that an ongoing legislative priority be to**  
282 **support state funding for graduate medical education.**

283

284 **RECOMMENDATION:** The reference committee recommends filing Resolution I  
285 for information.

286

### 287 **ITEM 10 – Resolution J: Annual Medical Student Meeting** 288 **Submitted by: GAFP Student Board Members**

289

290 Resolution J from GAFP Student Board Members entitled, “Annual Medical Student  
291 Meeting,” the resolved portion is printed below:

292 **RESOLVED, That the GAFP continues to host the Medical Student**  
293 **Meeting for medical students annually with the goal of extending this**  
294 **opportunity to a greater number of students each year, especially in an**  
295 **in-person setting, if possible.**

296

297

298

299 **The reference committee heard testimony on the importance of the GAFP**  
300 **hosting an annual Medical Student Meeting to connect GAFP leaders and**  
301 **medical students who are considering family medicine as a career. It was**

302 noted that the 2020 in-person medical student meeting was moved to a  
303 virtual format and there were four evening meetings connecting leaders,  
304 family medicine residency programs and medical students from around the  
305 state. The Resident and Student Recruitment Committee oversaw the virtual  
306 forums, as the in-person meeting was unable to have a “live” component  
307 due to COVID. The reference committee noted that is already a part of the  
308 GAFP’s annual outreach activities and the Student and Resident  
309 Recruitment Committee should continue to explore the best ways to make  
310 meaningful connections with students.

311  
312 **RECOMMENDATION:** The reference committee recommends not adopting  
313 Resolution J.  
314

315  
316 **ITEM 11 – Resolution K: POLICY STATEMENT - Policy for Reviewing GAFP**  
317 **Policy Manual**

318  
319 Resolution K from GAFP Policy Group entitled, “Policy for Reviewing GAFP Policy  
320 Manual,” the resolved portion is printed below:

321 Each year the Speaker, Vice Speaker, and the Board Chair (or the Board Chair’s  
322 designee from the Executive Committee) will meet no later than June to review  
323 one- third of the active GAFP Policies as compiled in the GAFP Policy Manual.  
324 The Policy Manual is a compilation of Congress of Delegates and Board of  
325 Directors' approved policies.  
326

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

- 328 1. Archived (no longer enforced)
- 329 2. Re-adopted (as written)
- 330 3. Re-adopted (as edited)

331 All active policies will be reviewed on a rotating basis but no later than every 3  
332 years.  
333

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

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

340

341 **RECOMMENDATION:** The reference committee recommends adopting  
342 Resolution K as presented.

343

### 344 **ITEM 12 – Resolution L: POLICY STATEMENT - Support of the Pathway to** 345 **Med School Program**

346

347 Resolution L from GAFP Policy Group entitled, "Support of the Pathway to Med  
348 School Program," the resolved portion is printed below:

349

350 Continue to endorse the Pathway to Med School program and help facilitate  
351 collaboration among interested family medicine residencies and AHECs in  
352 other regions of Georgia to expand and grow this upstream recruitment effort  
353 for family medicine and primary care at the pre-med level.

354

355 The reference committee heard testimony from the Board Chair, representing the policy  
356 group of the Board Chair, Speaker, and Vice Speaker that with more than one program,  
357 this policy needed slight editing. They recommend that this policy be re-adopted as  
358 edited.

359

360 The Georgia Academy continue to endorse the Pathway to Med School  
361 **programs** and help facilitate collaboration among interested family medicine  
362 residencies and AHECs in other regions of Georgia to expand and grow this

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363 upstream recruitment effort for family medicine and primary care at the pre-  
364 med level.

365  
366 **RECOMMENDATION:** The reference committee recommends adopting  
367 Resolution L as edited.

368  
369 **ITEM 13 – Resolution M: POLICY STATEMENT - Scope of Practice by Non-**  
370 **Physicians**

371  
372 Resolution M from GAFP Policy Group entitled, “Scope of Practice by Non-  
373 Physicians ,” the resolved portion is printed below:

374  
375 The Georgia Academy of Family Physicians is committed to opposing any  
376 expansion of a scope of practice by any non-physician that is not in the best  
377 interest of our patients.

378  
379 The reference committee heard testimony from the Board Chair, representing the policy  
380 group of the Board Chair, Speaker, and Vice Speaker that policy continues to be an  
381 important priority of all GAFP members. They recommend that this policy be re-adopted  
382 as written.

383  
384 **RECOMMENDATION:** The reference committee recommends adopting  
385 Resolution M as written.

386  
387 **ITEM 14 – Resolution N: POLICY STATEMENT - Tort Reform**

388  
389 Resolution N from GAFP Policy Group entitled, “Tort Reform” the resolved portion  
390 is printed below:

391  
392 The GAFP continue to make tort reform a top legislative issue

393

## **2021 Report of the Reference Committee, cont'd**

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

397

398 **RECOMMENDATION:** The reference committee recommends adopting  
399 Resolution N as written.

400

### **ITEM 15 – Resolution O: POLICY STATEMENT - Annual Dilated Retinal**

#### **Exam**

403

404 Resolution O from GAFP Policy Group entitled, “Annual Dilated Retinal Exam” the  
405 resolved portion is printed below:

406

407 Be it resolved that the recommendation be made requesting the Executive  
408 Board of the GAFP open discussion with the Executive Boards of the  
409 Ophthalmologists and Optometrists to facilitate the standard of care practice  
410 that proper documentation must be sent to the patient’s primary care  
411 physicians after each visit.

412

413 The reference committee heard testimony from the Board Chair, representing the policy  
414 group of the Board Chair, Speaker, and Vice Speaker that review one-third of COD  
415 policies annually. The policy group believes that this is a bigger issue than just related to  
416 family physicians and clinicians who treat the eye, and believes a larger group, such as  
417 the House of Medicine should work on this ongoing issue. They recommend that the  
418 policy be adopted as edited:

419

420 The GAFP to develop and support a resolution to the Medical Association of  
421 Georgia’s House of Delegates that encourages Georgia’s Ophthalmologists  
422 and Optometrists to facilitate the standard of care practice with proper

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423 documentation be sent to the patient's primary care physicians after each  
424 visit in a timely fashion.  
425

426 The reference committee discussed nuances related to moving this policy to the  
427 Medical Association of Georgia's House of Delegates and agreed there should be  
428 slight changes.  
429

430 **RECOMMENDATION:** The reference committee recommends adopting  
431 Resolution O as edited by the reference committee.  
432

433 The GAFP to develop and support a resolution to the Medical Association of  
434 Georgia's House of Delegates that encourages Georgia's Ophthalmologists  
435 and Optometrists to facilitate the standard of care practice with proper  
436 documentation be sent to the patient's primary care physicians after each  
437 visit **where a retinal exam occurs.**  
438

439  
440 Mr. Speaker, I want to thank those who appeared before our reference committee  
441 to give testimony and the committee members for their invaluable assistance and  
442 to commend the Georgia Academy staff for their help in the preparation of this  
443 report.  
444

445 Respectfully submitted  
446

447 Michael Satchell, MD - Chair  
448 Anne Todd, MD – Vice Chair  
449 Harry Strothers, MD - Secretary  
450 Alice House, MD  
451 Tom Fausett, MD  
452  
453