ACTIONS TAKEN BY THE HOUSE OF DELEGATES
OCTOBER 16, 2016

(In the order specified by the Speaker of the House)

REFERENCE COMMITTEE F

Officer 04.16, Report of the Treasurer

Filed the report of Officer 04.16.

Officer 06.16, Report of the AMA Delegation

Filed the report of Officer 06.16

Special Report 07.16, Georgia Physicians Leadership Academy

Adopted with commendation resolve 1 of Special Report 07.16, that MAG endorse the GPLA as an integral program in training future and emerging leaders of medical societies in Georgia.

Adopted with commendation resolve 2 of Special Report 07.16, that MAG members who are not alumni of the GPLA are elected to the MAG Executive Committee, will be courage to join the upcoming class if at all possible.

Adopted with commendation resolve 3 of Special Report 07.16, that all MAG members who are considering future physician leadership positions with any of our county medical or state medical specialty societies should be encouraged to seek nominations from their societies to undergo GPLA training.

Resolution 401F.16, Charter Rome Area Medical Society

Adopted Resolution 401F.16, that the Medical Association of Georgia House of Delegates grant a charter to the combined counties of Floyd, Polk, Chattooga, and Bartow for a new multi-county medical society to be entitled the Rome Area Medical Society.

Resolution 402F.16, Charter North Georgia Mountains Medical Society

Adopted Resolution 402F.16, that the Medical Association of Georgia House of Delegates grant a charter to the combined counties of Stephens, Rabun, Habersham and Towns for a new multi-county medical society to be titled the North Georgia Mountains Medical Society.

Reference Committee S

Resolution 601S.16, Controlled Drug Disposal for Pharmacies

Adopted as amended Resolution 601S.16, that the Medical Association of Georgia will work with the Georgia Board of Pharmacy to advocate for placing drug collection boxes for unwanted/unused medications in retail pharmacies.

Resolution 602S.16, Substance Abuse Curriculum and CME Opportunities

Adopted as amended resolve 1 of Resolution 602S.16, that the Medical Association of Georgia (MAG) policy is to make substances abuse continuing education materials, including but not limited to screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria, readily available to its membership.

DID NOT ADOPT resolve 2 of Resolution 602S.16, that called for a MAG policy to support the inclusion of screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria into medical histories.

Resolution 603S.16, Expansion of Project Dan (Death Avoided by Naloxone

DID NOT ADOPT resolve 1 of Resolution 603S.16 that called for MAG to expand the scope of the project to make Naloxone/Narcan available to all remaining counties in Georgia

DID NOT ADOPT resolve 2 of Resolution 603S.16, that MAG seek funding to help agencies obtain the life-saving medication.

DID NOT ADOPT resolve 3 of Resolution 603S.16, that MAG facilitate the training of first responders to the use of Naloxone.

Resolution 604S.16, Prescription Drug Abuse Education in Medical Schools.

Adopted as amended, Resolution 604S.16, that the Medical Association of Georgia (MAG) support the incorporation of education regarding the prevention and management of prescription drug misuse into medical school curriculums.

Resolution 605S.16, Position on CDC Opioid Prescription Guidelines

DID NOT ADOPT resolves 1 of Resolution 605S.16 that called for MAG to support the current version of the Centers for Disease Control and Prevention (CDC) Opioid Prescription Guideline but with the following exception, primary care physicians may act outside of said guidelines if the physician deems it medically appropriate.

DID NOT ADOPT resolve 2 of Resolution 605S.16 that MAG not support the application of the CDC Opioid Prescription guidelines to specialties, which include but are not limited to surgery and all its subspecialties, pain medicine, oncology, and rheumatology, which deploy opioid therapy as part of their standards daily medical practice.

Adopted resolve 3 of Resolution 605S.16, that MAG does not support the use of the CDC Opioid Prescription Guidelines by third party payers as a basis for restricting or obstructing access to opioid therapy.

Resolution 606S.16, Mandatory Opioid Prescribing

Adopted as amended Resolution 606S.16, that the Medical Association of Georgia (MAG) supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids.

Resolution 607S.16, Over-the-Counter Naloxone

Adopted as amended Resolution 607S.16, that the Medical Association of Georgia supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.

Resolution 608S.16, Hepatitis C Reduction

Adopted as amended resolve 1 of Resolution 608S.16, that the Medical Association of Georgia (MAG) encourages policymakers to pursue the extensive application of needle and syringe exchange and distribution programs and the modifications of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes.

Adopted resolve 2 of Resolution 608S.16, that MAG strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases.

Reference Committee C

Resolution 301C.16, MAG Alignment with the Medical Practice Act

Adopted Resolution 301C, that the Medical Association of Georgia (MAG) adopt policy and correct all existing policies such that these policies will align with the Medical Practice Act and other laws and rules and regulations such that they include the following:

1. Only a physician may enter a medical diagnosis for a patient;
2. A physician licensed in the state of Georgia may delegate certain specific medical acts to an APRN, with whom the physician has entered into an agreement in accordance with state law;
3. Written clinical nurse protocols for the delegation of medical acts will contain at a minimum: a) recognizable signs and symptoms and other data supported by the APRN's observation, b) the delegating physician's medical diagnosis pertinent to the observations and c) treatments appropriate to the diagnosis; and
4. Treatments ordered, including prescriptions under protocol, will be limited to those contained in the written protocol for the certain medical act delegated.

Resolution 302C.16, Network Transparency and Network Management to Benefit Patients

Adopted as amended, Resolution 302C.16, that the Medical Association of Georgia (MAG) supports legislation that would have insurers do the following:

1. Provide information that allows patients and physicians to evaluate network adequacy within their hospitals, which include publishing an accurate and timely provider in-network ratio and list of in-network physicians by medical specialty and medical groups within the hospital.
2. In cases involving non-emergency care: a) patients will be given statements that services may be provided by out-of-network providers, b) hospitals will have to post names and

links of all contracted insurers for the benefits of both consumers and medical staff, and c) insurers must create and support a system for network navigation to provide in-network consumer protection and to inform consumers as to whether a physician is in-network and the consequences of using an out-of-network provider.

Resolution 303C.16, Maintenance of Certificate (MOC)
Resolution 310C.16 Protect Physician Practices from MOC

Adopted as amended Resolution 303C.16 in lieu of Resolution 310C.16, that the Medical Association of Georgia supports the introduction and adoption of legislation that prohibits the use of Maintenance of Certification (MOC) as a condition of medical licensure or as a prerequisite for hospital or staff privileges, employment in state medical facilities, reimbursement from third parties or insurance of malpractice insurance.

Resolution 304C.16, Advertisement of Board Certification in Georgia

Referred resolve 1 of Resolution 304C.16 to the Board of Directors, that the Medical Association of Georgia (MAG) update the Policy Compendium to state that a licensed physician in Georgia may lawfully declare certification by a medical board if such physician meets the stated qualifications of such board, and earn certification by an ABMS or AOA board of the same or related specialty at least once.

Referred resolve 2 of Resolution 304C to the Board of Directors, that MAG introduce a bill in the Georgia General Assembly that substitutes language in H.B. 1043, which would provide that a licensed physician in Georgia may lawfully declare certification by a medical board if such physician meets the stated qualifications of such board, and earned certification by an ABMS or AOA board of the same or related specialty at least once.

Resolution 305C.16, Protection for Visiting Athletes and Team Physicians

Adopted as amended Resolution 305C.16, that the Medical Association of Georgia supports the passage of legislation that will protect visiting athletes by providing for limited exemption of licensure for visiting team physicians who are licensed in their home state, to care for visiting athletes, coaches, and support staff while participating in sporting events within the state of Georgia.

Resolution 306C.16, Nurse Protocol Agreement

DID NOT ADOPT resolve 1 of Resolution 306C.16, that the Medical Association of Georgia (MAG) encourages the degree granting advance practice registered nurse (APRN) programs in Georgia to teach by commonly accepted protocols similar to those that may be used in practice under their delegating physician who may delegate certain selected medical acts to the APRN.

DID NOT ADOPT resolve 2 of Resolution 306C.16, that MAG reports to the Georgia Composite Medical Board the discrepancy in education and illegal nursing practice by performance of physician delegated medical acts under the laws of Georgia that may be easily corrected by this modification of using selected common clinical nurse protocols for delegation of certain medical acts.

DID NOT ADOPT resolve 3 of Resolution 306C.16 that MAG advises the Georgia Board of Nursing that such a state of disparity exists where the mechanism of delegation of medical acts, that is the written clinical nurse protocol from delegating physician to the agreement bound APRN, is not being commonly used, thereby putting the delegating physician at risk of discipline for failure to comply with these provisions of the Medical Practice Act.

Resolution 307C.16, Review of Delegated Medical Acts

Adopted resolve 1 of Resolution 307C.16 as amended by the HOD, that the Medical Association of Georgia (MAG) encourages the Georgia Composite Medical Board (GCMB) to rewrite the instruction

to Form C similar to the pre-December 14 revision to address these [medical practice acts]requirements of the law and periodically monitor those mechanisms of delegation of medical acts which included, 1) written protocols with acknowledgement of updates; 2) annual nurse protocol agreement review and renewal; 3) pharmacological training by the delegating physician for the APRN; and 4) chart review/patient examination by the delegating physician sufficient to ensure compliance with the law.

Adopted resolve 2 of Resolution 307C.16, that MAG supports a process that may be performed by a simple check-off on a license renewal form like other questions to the physicians acknowledging compliance with the law by use of written protocols, education and oversight of APRN performance of physician delegated medical acts.

Adopted resolve 3 of Resolution 307C.16, that MAG supports legislative funding sufficient for periodic assessment of compliance with the law governing the delegation of medical acts for the assurance of patient safety and the standard of practice.

Adopted new resolve 4 of Resolution 307C.16 that MAG support legislation to bring the APRNs or others who may perform delegated medical acts under the jurisdiction of the Georgia Composite Medical Board.

Resolution 308C.16, Health Care Insurer Contracts

Adopted as amended Resolution 308C.16, that the Medical Association of Georgia supports providers having the opportunity to discuss insurance contracts during the time of year that grants patients sufficient notice prior to open enrollment and only end coverage for the patient at the end of open enrollment.

Resolution 309C.16, Step Therapy Protocols with First Fail Protocols

Adopted as amended Resolution 309C.16, that the Medical Association of Georgia (MAG) works in concert with the Specialty Tiers Coalition of Georgia (STCGA) to develop Step Therapy legislation in Georgia that accomplishes as many of the following as possible:

1. Permits a prescriber to override the step therapy when patients are stable on a prescribed medication;
2. Permits a physician to override the step therapy if the physician expects the treatment to be ineffective based on the known relevant physical characteristics of the patient and the known characteristics of the drug regimen; will cause or will likely cause an adverse reaction by or physical harm to the patient; or is not in the best interest of the patient, based on medical necessity;
3. Requires health insurance plans to incorporate step therapy approval and override processes in their preauthorization applications;
4. Prohibits insurers from requiring insured patients from having to fail a prescription medication more than once;
5. Limits any single step therapy protocol to a maximum of 60 days;
6. Prohibits a previously insured patient from having to repeat step therapy for a condition they are undergoing treatment for when they are in the process of changing insurers;
7. Prohibits plans from limiting or excluding coverage for a drug, if it has been previously approved when plans make formulary design changes; and
8. Supports a single standardized prior authorization form, in paper or electronic format, on all insurance formulary websites to be utilized by patients during the provision of medical services.

Resolution 311C.16, Physician Control of Admissions to Hospitals

Adopted resolve 1 of Resolution 311C.16, that the Medical Association of Georgia (MAG) updates its policy compendium to state that the surgeon, and not the insurance company, shall determine

the need for hospitalization for a post-surgical complication, for the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.

Adopted resolve 2 of Resolution 311C.16, that MAG supports legislation requiring insurance companies to defer to the surgeon regarding the need for hospitalization for post-operative complications for the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.

Resolution 312C.16, Improving Access to Health Care in Georgia

Adopted Resolution 312C.16, that the Medical Association of Georgia supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and providers which includes, but is not limited to the following:

1. That patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing.
2. That such a waiver eliminates regulatory barriers to providing proven, cost-effective care; and seek parity for all physician services with the Medicare fee schedule.

Reference Committee A

Resolution 101A.16, Georgia Medical License for International Medical School Graduates

Adopted Resolution 101A.16, that the Medical Association of Georgia advocates to allow international medical school graduates not included in the current statutes of the Georgia Composite Medical Board to apply for an unrestricted medical license following completion of the second year of their residency program.

Resolution 102A.16, Improving Communications among Health Care Clinicians

Adopted resolve 1 of Resolution 102A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) that it, in association with the American Hospital Association, assess the national impact of communication barriers and their negative impact on direct patient care in the hospital and after discharge between physician-physician in the hospital, in-hospital and after discharge care, and physician-patients and report to the AMA HOD by I-17.

Adopted resolve 2 of Resolution 102A.15, that MAG submits a resolution to the AMA to research and develop guidelines that physicians can initiate in their communities to improve communication between physician-physician in the hospital, hospital and after discharge care, and physician-patients and report to the AMA HOD by I-17.

Resolution 103A.16, Signing of Death Certificates

Referred to the Board of Directors Resolution 103A.16, that the Medical Association of Georgia's policy is the physician who declares a patient deceased be the physician responsible for signing the death certificate at the time of death.

Resolution 104A.16, Physician Shortage

Adopted as amended resolve 1 of Resolution 104A.16, that the Medical Association of Georgia (MAG) work with the American Medical Association (AMA) and the Georgia legislature to accomplish the following: 1) increase the physician workforce in Georgia; 2) develop a legacy program which would facilitate physicians who are 60 years and above to continue to practice and be licensed in the state of Georgia, and decrease the regulatory burdens to retain the physicians while in practice.

Resolution 105A.16, MACRA

Adopted as amended from the floor of the House resolve 1 of Resolution 105A.16, that the Medical Association of Georgia (MAG) continues to support the AMA in its advocacy efforts on behalf of physicians related to MACRA with the Center for Medicare & Medicaid Services.

Adopted as amended from the floor of the House new resolve 2 of Resolution 105A.16, that MAG continue to convey information, education, educational and technical support opportunities to its members in a timely and regular fashion.

Resolution 106A.16, Distracted Driver Reductions

Adopted as amended resolve 1 of Resolution 106A.16, that MAG will encourage the American Medical Association (AMA) to develop model legislation to limit cell phone use to hands-free only while driving.

Adopted by substitution resolve 2 of Resolution 106A.16, that MAG will establish a public safety awareness initiative and enter into partnerships with community organizations to better educate the public on the pitfalls of distracted driving.

Resolution 107A.16, Control Cost of Brand and Generic Medications

Adopted Resolution 107A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) that advocates for it:

1. To investigate the purchasing of medications from outside the country with FDA guidance, on a temporary basis until availability in the U.S. improves;
2. To advocate to permit temporary compounding with FDA's guidance until medications are available;
3. To advocate to allow increased competition in the marketing of medications;
4. To advocate for participative pricing;
5. To advocate for accountability for outcomes; and
6. To advocate for increased regulation of the generic drug market.

Resolution 108A.16, Access to Cosmetic Product Ingredients

Adopted as amended from the floor of the House resolve 1 of Resolution 108A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) to encourage the Food and Drug Administration to mandate that all manufacturers of cosmetics, skincare products, nail polish, sunscreen, as well as products used in medical settings (glue, cement, implants, etc.) and when possible, make their full ingredient lists available on the package and online to consumers.

Adopted as amended from the floor of the House resolve 2 of Resolution 108A.16, that MAG submit a resolution the AMA asking that the AMA Council on Science & Public Health prepare a report to increase awareness of acrylate exposure in medical settings (i.e., orthopedic cement, medical glue, materials for orthodontic molds and mouth guards, lens implants), and the best ways and barrier methods to avoid acrylate exposure by susceptible individuals with a report back to the AMA HOD at or before A-2018.

Resolution 109A.16, Electronic Health Records

DID NOT ADOPT resolve 1 of Resolution 109A.16, that the Medical Association of Georgia (MAG) sends a resolution to the American Medical Association (AMA) encouraging a partnership with the Centers for Medicare & Medicaid Services (CMS) to develop workable Certified Electronic Records.

DID NOT ADOPT resolve 2 of Resolution 109A.16, that MAG submits a resolution to the AMA work with the federal government to develop evidence-based, certified, workable, and streamlined electronic health records.

DID NOT ADOPT new resolve 3 of Resolution 109A.16, that if workable and affordable, streamlined electronic records cannot be developed at present, then they should not be required until they are developed.

Resolution 110A.16, Physician Practice Bill or Rights

DID NOT ADOPT Resolution 110A.16, that the Medical Association of Georgia (MAG) continues to work with the American Medical Association (AMA) to properly assist and educate physicians on rules and regulations affecting the practice of medicine to ensure compliance and the ability to provide quality service to patients.

Resolution 111A.16, Nonpayment for Unspecified Codes by Third Party Payers

Adopted Resolution 111A.16, that the Medical Association of Georgia House of Delegates submits a resolution to the American Medical Association to push for insurance reform that would not penalize physicians and other health care practitioners financially or otherwise from using unspecified codes when appropriate.

Resolution 112A.16, Electronic Medical Records Recovery Fees

Adopted Resolution 112A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) urging the proposal of legislation that would eliminate the costs to physicians associated with recovering patient health care records from a previous EMR vendor.