

## **REFERENCE COMMITTEE A**

**Items referred to Reference Committee A will be taken in the following order:**

- 1) GEORGIA MEDICAL LICENSE FOR INTERNATIONAL MEDICAL SCHOOL GRADUATES (Resolution: 101A.16; Resolve 1)
- 2) IMPROVING COMMUNICATIONS AMONG HEALTH CARE CLINICIANS (Resolution: 102A.16; Resolves 1 and 2)
- 3) SIGNING OF DEATH CERTIFICATES (Resolution: 103A.16; Resolve 1)
- 4) PHYSICIAN SHORTAGE (Resolution 104A.16; Resolve 1)
- 5) MACRA (Resolution 105A.16; Resolve 1)
- 6) DISTRACTED DRIVER REDUCTION: (Resolution: 106A.16; Resolves 1 and 2)
- 7) CONTROL COST OF BRAND AND GENERIC MEDICATIONS (Resolution: 107A.16; Resolve 1)
- 8) ACCESS TO COSMETIC PRODUCT INGREDIENTS (Resolution: 108A.16; Resolves 1 and 2)
- 9) ELECTRONIC HEALTH RECORDS (Resolution: 109A.16; Resolves 1 and 2)
- 10) PHYSICIAN PRACTICE BILL OF RIGHTS (Resolution 110A.16; Resolve 1)
- 11) NONPAYMENT FOR UNSPECIFIED CODES BY THIRD PARTY PAYERS (Resolution: 111A.16; Resolve 1)
- 12) ELECTRONIC MEDICAL RECORDS RECOVERY FEES (Resolution:112A.16; Resolve 1)

**MEDICAL ASSOCIATION OF GEORGIA HOUSE OF DELEGATES (A-16)**

**SUBJECT:** Report of Reference Committee A

**PRESENTED BY:** Kelly Michelle DeGraffenreid, M.D., Chairman

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1 Mr. Speaker and members of the House of Delegates:

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3 Reference Committee A gave careful consideration to the several items referred to it and submits the  
4 following report:

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6 **1) GEORGIA MEDICAL LICENSE FOR INTERNATIONAL MEDICAL SCHOOL**  
7 **GRADUATES (Resolution: 101A.16)**

8  
9 **Original Resolve(s)**

- 10  
11 1) “That the Medical Association of Georgia advocates to allow international medical school  
12 graduates not included in the current statutes of the Georgia Composite Medical Board to apply  
13 for an unrestricted medical license following completion of the second year of their residency  
14 program.”

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16 **Recommendation:**

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18 Mr. Speaker, your Committee recommends that Resolution 101A.16 be adopted.

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20 **Rationale:**

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22 The Reference Committee entertained comments from various interested parties in favor of changing  
23 the current licensing standards for internationally trained graduates. The committee believes that this  
24 resolution serves to address the current physician shortage and will assist those that have received  
25 their training from approved international medical programs by eliminating the challenge of having to  
26 wait additional months or years to apply for an unrestricted license to practice. Additionally, this will  
27 increase competition with neighboring states by preventing those same graduates from leaving  
28 Georgia in pursuit of jobs in other areas that will allow them to obtain a license without any  
29 encumbrances.

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32 **2) IMPROVING COMMUNICATIONS AMONG HEALTH CARE CLINICIANS (Resolution:**  
33 **102A.16)**

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35 **Original Resolve(s)**

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37 1) “That the Medical Association of Georgia (MAG) submits a resolution to the American Medical  
38 Association (AMA) that it, in association with the American Hospital Association, assess the national  
39 impact of communication barriers and their negative impact on direct patient care in the hospital and  
40 after discharge between physician-physician in the hospital, in-hospital and after discharge care, and  
41 physician-patients and report to the AMA HOD by I-17.”

42

- 1) “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.”

**Recommendation:**

Mr. Speaker, your Committee recommends that Resolution 102A.16 be adopted.

**Rationale:**

Resolution 102A.16 addresses the complexities of the practice of medicine in today’s health care delivery environment and the impact of these complexities, including technology, on the quality of communication among the health care team, including patients. Communication, once the cornerstone of the patient-physician relationship, has been so compromised that harm can be a potential outcome. Your Reference Committee heard positive testimony by representatives across several specialties and practice settings, each stressing the importance of ensuring that mechanisms for communication are physician-friendly.

**3) SIGNING OF DEATH CERTIFICATES (Resolution: 103A.16)**

**Original Resolve(s)**

- 1) “That the Medical Association of Georgia’s (MAG) policy is the physician who declares a patient deceased be the physician responsible for signing the death certificate at the time of death.”

**Recommendation:**

Mr. Speaker, your Committee recommends that Resolution 103A.16 be referred to the Board of Directors.

**Rationale:**

Current Georgia law provides physicians 72 hours to complete a death certificate, unless an investigation is needed. However, the law does not specify which physician shall make the final assessment. The Reference Committee listened to spirited discussions from several physicians with varying outlooks on the matter. In the time allotted to vet the resolution, a consensus was not reached as to who has the best knowledge of the patient’s history to determine the actual cause of death. However, the Committee did agree that current procedures are antiquated. To better understand the process and provide an amicable solution, more information is needed.

**4) PHYSICIAN SHORTAGE (Resolution 104A.16)**

**Original Resolve(s)**

- 1) “That the Medical Association of Georgia (MAG) works with the American Medical Association (AMA) and the Georgia legislature to accomplish the following:
  - 1) Increase the physician workforce in Georgia; and

- 2) Develop a legacy program allowing physicians who are 60 years and above to continue to practice.”

**Recommendation:**

Mr. Speaker, your Committee recommends that Resolution 104A.16 be NOT adopted.

**Rationale:**

After carefully listening to the testimonies of several physicians for and against the resolution and reviewing current MAG policy, your committee believes that MAG policy on Government Resources for Physicians (200.995) will address stated concerns. It further believes that physicians are already able to practice well beyond the age of 60 as long as they possess the requisite mental and physical capabilities needed to provide quality care to their patients, but thinks going forward a well-developed legacy program could potentially be a great idea to address physician shortages in the near future.

**5) MACRA (Resolution 105A.16)**

**Original Resolve(s)**

- 1) “That the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) to continue to work with the with the Center for Medicare & Medicaid Services (CMS) to provide timely updates regarding MACRA.”

**Recommendation:**

Mr. Speaker, your Reference Committee recommends that Resolution 105A.16 be adopted as amended.

- 1) “That the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) to continue to work with the with the Center for Medicare & Medicaid Services (CMS) to provide timely updates regarding MACRA to support the AMA in its advocacy efforts on behalf of physicians related to MACRA with the Center for Medicare & Medicaid Services.”
- 2) “That MAG continue to convey information, education, educational and technical support opportunities to its members in a timely and regular fashion.”

**Rationale:**

Resolution 105A.16 highlights a collection of concerns regarding MACRA and its readiness for implementation in view of the delay in the Final Rule, and therefore, the preparedness of physician practices, especially small, independent practices, to be successful in this new payment environment. The Reference Committee heard testimony in support of these concerns but also heard about the many free educational and technical support initiatives that are available to assist practices across Georgia.

**6) DISTRACTED DRIVER REDUCTION: (Resolution: 106A.16)**

**Original Resolve(s)**

- 1) “That the Medical Association of Georgia (MAG) will support legislation that limits cell phone use to hands-free use only.”

- 2) “That MAG will encourage the American Medical Association (AMA) to develop model legislation to limit cell phone use to hands-free use only across the country.”

**Recommendation:**

Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 106A.16 be adopted as amended.

- 1) “That MAG will encourage the American Medical Association (AMA) to develop model legislation to limit cell phone use to hands-free use only while driving.”

Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 106A.16 be adopted as substituted.

- 2) “That MAG will establish a public health safety awareness initiative and enter into partnerships with community organizations to better educate the public on the pitfalls of distracted driving.”

**Rationale:**

The Reference Committee received favorable opinions and acknowledged the dangers associated with driving and utilizing any device that takes one’s attention away from the road. It is well aware of the fact that distracted driving on Georgia roads remains a problem and we feel that the AMA has the necessary tools to further study and provide model legislation on the matter. The committee also believes that MAG engagement would enhance existing policy by establishing a public campaign.

**7) CONTROL COST OF BRAND AND GENERIC MEDICATIONS (Resolution: 107A.16)**

**Original Resolve(s)**

- 1) 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.

**Recommendation:**

Mr. Speaker, your Committee recommends that Resolution 107A.16 be adopted.

**Rationale:**

1  
2 The committee heard compelling testimony as to the current drug pricing trends and agreed that both  
3 physicians and patients are at a loss when it comes to prescribing proper medications that meet the  
4 needs of patients and is affordable at the same time. The committee believes that this resolution  
5 touches on many of the concerns raised by physicians.  
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7 **8) ACCESS TO COSMETIC PRODUCT INGREDIENTS (Resolution: 108A.16)**

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9 **Original Resolve(s)**

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- 11 1) “That the Medical Association of Georgia (MAG) submits a resolution to the American Medical
- 12 Association (AMA) to encourage the Food and Drug Administration to mandate that all
- 13 manufacturers of cosmetics, skincare products, nail polish, and sunscreens make their full
- 14 ingredient lists available on the package and online to consumers.”
- 15
- 16 2) “That MAG submits a resolution to the AMA to prepare a report to increase awareness of acrylate
- 17 allergy, update potential sources of occupational and non-occupational exposure, and provide an
- 18 update as to the best ways and barrier methods to avoid acrylate exposure by susceptible
- 19 individuals, with a report back to the AMA HOD at A-2017.”
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21 **Recommendation:**

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23 Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 108A.16 be adopted as amended.

- 24
- 25 1) “That the Medical Association of Georgia (MAG) submits a resolution to the American Medical
- 26 Association (AMA) to encourage the Food and Drug Administration to mandate that all
- 27 manufacturers of cosmetics, skincare products, nail polish, and sunscreens make their full
- 28 ingredient lists available on the package ~~and~~ or online to consumers.”
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30 Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 108A.16 be NOT adopted.

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32 **Rationale:**

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34 The committee heard favorable testimony from speakers that are often wrought with the task of  
35 identifying agents that cause allergic reactions, but have no real place to begin their search. Providing  
36 access to product ingredients would not only address patient safety concerns, but would also assist  
37 physicians in their daily practice. The committee did not adopt Resolve 2 as it did not want to single  
38 out one agent over another.  
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41 **9) ELECTRONIC HEALTH RECORDS (Resolution: 109A.16)**

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43 **Original Resolve(s):**

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- 45 1) “That the Medical Association of Georgia (MAG) sends a resolution to the American Medical
- 46 Association (AMA) encouraging a partnership with the Centers for Medicare & Medicaid
- 47 Services (CMS) to develop workable Certified Electronic Records.”
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- 49 2) “That MAG submits a resolution to the AMA to work with the federal government to develop
- 50 evidence-based, certified, workable, and streamlined electronic health records.”
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1 **Recommendation:**

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3 Mr. Speaker, your Reference Committee recommends that Resolves 1 & 2 Resolution 109A.16 be NOT  
4 adopted.

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6 **Rationale:**

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8 Resolution 109A.16 addresses the burden of electronic health record selection, implementation,  
9 management and ongoing daily usage and impact on good medical practice, as well as frustration over  
10 what seems to be little impact by the efforts of the AMA and others. While the Reference Committee  
11 acknowledges these concerns, it recognizes the ongoing efforts of the AMA, local medical societies  
12 and others in voicing its advocacy with relevant national stakeholders and therefore, recommends the  
13 continuing support of existing national (D 478.972) policy and MAG policies on EMR Usability  
14 (315.994) and Improving EHR Technology (315.995)  
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16 **10) PHYSICIAN PRACTICE BILL OF RIGHTS (Resolution 110A.16)**

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18 **Original Resolve(s)**

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20 1) “That Medical Association of Georgia (MAG) continues to work with the American Medical  
21 Association (AMA) to properly assist and educate physicians on rules and regulations affecting  
22 the practice of medicine to ensure compliance and the ability to provide quality service to  
23 patients.”  
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25 **Recommendation:**

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27 Mr. Speaker, your Committee recommends that Resolution 110A.16 be NOT adopted.  
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29 **Rationale:**

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31 The committee heard lively testimony from several speakers with very interesting points of view. The  
32 committee believes that having an official physician practice bill of rights would serve physicians  
33 greatly going forward. However, the committee also feels that the AMA already provides timely  
34 notifications to its members - asking them to increase the rate at which they disseminate information  
35 wouldn’t fully address the issue of physician burnout.  
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37 **11) NONPAYMENT FOR UNSPECIFIED CODES BY THIRD PARTY PAYERS (Resolution:**  
38 **111A.16)**

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40 **Original Resolve(s)**

- 41  
42 1) “That the Medical Association of Georgia House of Delegates submits a resolution to the  
43 American Medical Association to push for insurance reform that would not penalize physicians  
44 and other health care practitioners financially or otherwise from using unspecified codes when  
45 appropriate.”  
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47 **Recommendation:**

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49 Mr. Speaker, your Reference Committee recommends that Resolution 111A.16 be adopted.  
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51 **Rationale:**

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2 Resolution 111A.16 seeks to direct attention to the dilemma faced by physicians when reporting an  
3 unspecified code if it is the correct and accurate choice rather than reporting an inappropriate, specified  
4 code or worse, conducting medically unnecessary diagnostic testing to report a more specific code.  
5 Physicians should code each health care encounter to the level of certainty known for that encounter  
6 without the fear of financial penalty for truthful coding. The Reference Committee heard only favorable  
7 testimony on this resolution.  
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9 **12) ELECTRONIC MEDICAL RECORDS RECOVERY FEES (Resolution:112A.16)**

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11 **Original Resolve(s)**

- 12  
13 1) "That the Medical Association of Georgia (MAG) submits a resolution to the American Medical  
14 Association (AMA) urging the proposal of legislation that would eliminate the costs associated  
15 with recovering patient health care records from a previous EMR vendor."  
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17 **Recommendation:**

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19 Mr. Speaker, your Committee recommends that Resolution 112A.16 be NOT adopted.  
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21 **Rationale:**

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23 Resolution 112A.16 addresses the administrative inefficiencies and cost burden associated with the  
24 recovery of patient health information from previous EMR vendor. While the Reference Committee  
25 acknowledges these concern, it recognizes the ongoing efforts of the AMA, the Office of the National  
26 Coordinator for Health Information Technology and other relevant national stakeholders and therefore,  
27 recommends the continuing support of existing national and state policy and national and local  
28 advocacy efforts that voice the concerns of the physician practice community. Mr. Speaker, your  
29 Reference Committee references AMA policy on EHR Interoperability (D 478.972) and MAG policies  
30 on EMR Usability (315.994) and Improving EHR Technology (315.995).  
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33 Mr. Speaker, this concludes the report of Reference Committee A. I wish to thank the members of the  
34 committee who are:  
35

- 36 Benjamin Spitalnick, M.D., Vice Chairman, Pediatrics  
37 Loy Dekle Cowart III M.D., GAFP  
38 Carmen Michelle Kavali, M.D., MAA  
39 Karl Daniel Schultz Jr., M.D., Hall  
40 Joseph Sealy Wilson, Jr., M.D., Cardiology  
41 Nikki Hughes, M.D., MAA

42 Mr. Speaker, your Reference Committee wishes to also thank MAG staff members, Susan W. Moore  
43 and Kimberly Ramseur for their very capable assistance to the committee.  
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Kelly Michelle DeGraffenreid, M.D., Chairman  
48 MAA