

## **REFERENCE COMMITTEE S**

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

- 1) CONTROLLED DRUG DISPOSAL FOR PHARMACIES (Resolution: 601S.16; Resolve 1)
- 2) SUBSTANCE ABUSE CURRICULUM AND CME OPPORTUNITIES (Resolution: 602S.16; Resolves 1 and 2)
- 3) EXPANSION OF PROJECT DAN (DEATHS AVOIDED BY NALOXONE) (Resolution: 603S.16; Resolves 1, 2 and 3)
- 4) PRESCRIPTION DRUG ABUSE EDUCATION IN MEDICAL SCHOOL (Resolution: 604S.16; Resolve 1)
- 5) POSITION ON CDC OPIOID PRESCRIPTION GUIDELINES (Resolution: 605S.16; Resolves 1, 2 and 3)
- 6) MANDATORY OPIOID PRESCRIBING CME (Resolution: 606S.16; Resolve 1)
- 7) OVER-THE-COUNTER NALOXONE (Resolution: 607S.16; Resolve 1)
- 8) HEPATITIS C REDUCTION (Resolution: 608S.16; Resolves 1 and 2)

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

**SUBJECT:** Report of Reference Committee S

**PRESENTED BY:** Martha Wilber, M.D., Chairman

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

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

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6 **1) CONTROLLED DRUG DISPOSAL FOR PHARMACIES (Resolution: 601S.16)**

7  
8 **Original Resolve(s)**

- 9  
10 1) “That the Medical Association of Georgia will work with the Georgia Board of Pharmacy to  
11 reduce barriers for placing drug collection boxes for unwanted/unused medications in retail  
12 pharmacies.”

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14 **Recommendation:**

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16 Mr. Speaker, your Committee recommends that Resolution 601S.16 be adopted as amended:

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18 1) “That the Medical Association of Georgia will work with the Georgia Board of Pharmacy to  
19 ~~reduce barriers~~ advocate for placing drug collection boxes for unwanted/unused medications in  
20 retail pharmacies.”

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22 **Rationale:**

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24 Your Reference Committee heard testimony regarding the difficulty of disposing unused drugs. The  
25 Committee heard no testimony against the resolution. Testimony was heard about a variety of barriers  
26 and challenges to safe drug disposal, but the Committee felt that the scope of this resolution was  
27 focused on working with the Georgia Board of Pharmacy to place collection boxes in retail  
28 pharmacies.

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30 **2) SUBSTANCE ABUSE CURRICULUM AND CME OPPORTUNITIES (Resolution: 602S.16)**

31  
32 **Original Resolve(s)**

- 33  
34 1) “That the Medical Association of Georgia (MAG) policy is to make continuing substance abuse  
35 education material readily available to its membership.”  
36  
37 2) “That MAG policy is to support the inclusion of Screening, Brief Intervention, and Referral to  
38 Treatment (SBIRT) diagnostic criteria into medical histories.”

39  
40 **Recommendation:**

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42 Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 602S.16 be adopted as amended:

- 1
- 2 1) “That the Medical Association of Georgia (MAG) policy is to make ~~continuing~~ substance abuse
- 3 continuing education material, including but not limited to Screening, Brief Intervention, and
- 4 Referral to Treatment (SBIRT) diagnostic criteria, readily available to its membership.”

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6 Mr. Speaker, Committee recommends that Resolve 2 of Resolution 602S.16 be NOT adopted.

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8 **Rationale:**

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10 Your Reference Committee heard testimony that continuing education on substance abuse and opioid  
11 prescribing is important. Additionally, while testimony regarding SBIRT was positive, concerns were  
12 shared that the original resolution could lead to unintended consequences with the potential for  
13 professional liability claims. In response to those concerns, the resolution was therefore amended.

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15 **3) EXPANSION OF PROJECT DAN (DEATHS AVOIDED BY NALOXONE (Resolution:**  
16 **603S.16)**

17  
18 **Original Resolve(s)**

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- 20 1) “That the Medical Association of Georgia (MAG) will expand the scope of this project to make
- 21 Naloxone/Narcan available to all remaining counties in Georgia.”
- 22
- 23 2) “That MAG will seek funding to help agencies obtain this life-saving medication.”
- 24
- 25 3) “That MAG will facilitate the training of first responders in the use of this medication.”
- 26

27 **Recommendation:**

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29 Mr. Speaker, your Committee recommends that Resolution 603S.16 be NOT adopted.

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31 **Rationale:**

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33 Based on testimony presented, your Reference Committee believes that Project DAN is a critical  
34 project to reduce the number of opioid overdose deaths in the state of Georgia. However, this  
35 important work is being aggressively pursued by the MAG Foundation. MAG will continue to offer  
36 guidance and leadership to the Foundation in its ongoing efforts with Project DAN.

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38 **4) PRESCRIPTION DRUG ABUSE EDUCATION IN MEDICAL SCHOOL (Resolution:**  
39 **604S.16)**

40  
41 **Original Resolve(s)**

- 42
- 43 1) “That the Medical Association of Georgia (MAG) supports the incorporation of Prescription Drug
- 44 Misuse education into medical school curriculums.”
- 45

46 **Recommendation:**

47  
48 Mr. Speaker, your Committee recommends that Resolution 604S.16 be adopted as amended:  
49

- 1) “That the Medical Association of Georgia (MAG) supports the incorporation of ~~Prescription Drug Misuse~~ education regarding the prevention and management of prescription drug misuse into medical school curriculums.”

**Rationale:**

Your Reference Committee heard no testimony in opposition to supporting the incorporation of this education into medical school curriculums. Improving the education of medical students on preventing and managing prescription drug misuse is especially important in light of the opioid epidemic and misuse of other prescription drugs. Incorporating this education will better prepare physicians to provide care to patients who are at risk of or who are currently misusing prescription drugs.

**5) POSITION ON CDC OPIOID PRESCRIPTION GUIDELINES (Resolution: 605S.16)**

**Original Resolve(s)**

- 1) “That the Medical Association of Georgia (MAG) supports the current version of the Centers for Disease Control and Prevention (CDC) Opioid Prescription Guidelines but, with the following exception:
  - 1. Primary care physicians may act outside of said guidelines if the physician deems it medically appropriate.”
- 2) “That MAG does 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 standard daily medical practice.”
- 3) “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.”

**Recommendation:**

Mr. Speaker, your Committee recommends that Resolves 1 and 2 of Resolution 605S.16 be NOT adopted.

Mr. Speaker, your Committee recommends that Resolve 3 of Resolution 605S.16 be adopted.

**Rationale:**

Your Reference Committee heard testimony primarily in favor of the CDC guidelines as written. The Committee believes that because the recommendations are guidelines, not standards, the carve outs specified in Resolves 1 and 2 are unnecessary. However, the Committee agrees the use of the guidelines for use by third party payers is inappropriate. Third party payers should not inhibit the ability of physicians to act outside of the guidelines when the physician deems it clinically appropriate. The Committee does not want to limit access to opioid therapy where it is medically appropriate.

**6) MANDATORY OPIOID PRESCRIBING (Resolution: 606S.16)**

**Original Resolve(s)**

- 1
- 2 1) “That the Medical Association of Georgia (MAG) supports mandatory continuing medical
- 3 education (CME) training for all physicians as it pertains to the prescribing of opioids for
- 4 therapeutic purposes, provided said-CME training program is approved by MAG.”

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6 **Recommendation:**

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8 Mr. Speaker, your Committee recommends that Resolution 606S.16 be adopted as amended:

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- 10 1) “That the Medical Association of Georgia (MAG) supports ~~mandatory~~ voluntary continuing
- 11 medical education (CME) training for all physicians as it pertains to the prescribing of
- 12 opioids ~~for therapeutic purposes, provided said-CME training program is approved by~~
- 13 MAG.”

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15 **Rationale:**

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17 Your Reference Committee does not recommend supporting mandatory continuing medical education  
18 on any individual topic. The Committee heard testimony that mandating CME on this topic could lead  
19 to mandates on other topics as well, which could create a significant burden for physicians.  
20 Additionally, no evidence was presented that mandatory CME on the prescribing of opioids for  
21 therapeutic purposes results in a change of prescribing practices. Finally, the Committee felt that the  
22 provider of such CME should be left open.

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24 **7) OVER-THE-COUNTER NALOXONE (Resolution: 607S.16)**

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26 **Original Resolve(s)**

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- 28 1) “That the Medical Association of Georgia supports over-the-counter dispensing of intranasal
- 29 naloxone for use in a manner consistent with state law.”

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31 **Recommendation:**

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33 Mr. Speaker, your Committee recommends that Resolution 607S.16 be adopted as amended:

- 34
- 35 1) “That the Medical Association of Georgia supports over-the-counter dispensing of intranasal
- 36 naloxone through standing orders or collaborative practice agreements for use in a manner
- 37 consistent with state law.”

38  
39 **Rationale:**

40  
41 Opioid abuse continues to present a public health crisis in Georgia and the nation, with the number of  
42 deaths attributable to opioid overdose increasing rapidly. Your Reference Committee believes that as  
43 physicians, we must work quickly to prevent opioid overdose deaths. The administration of intranasal  
44 naloxone has been shown to be safe and highly effective. Naloxone is not a controlled substance and  
45 there is no abuse potential. Therefore, the Committee believes that the risks associated with over-the-  
46 counter dispensing are outweighed by the benefits within the context of standing orders or  
47 collaborative practice agreements.

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49 **8) HEPATITIS C REDUCTION (Resolution: 608S.16)**

50  
51 **Original Resolve(s)**

1  
2 1) That the Medical Association of Georgia (MAG) encourages policymakers to take the  
3 following actions:

- 4  
5 1. Pursue an approach to the drug abuse problem, which would focus on preventing the  
6 initiation of drug use, aiding those who wish to cease drug use, and diminishing the  
7 adverse consequences of drug use;  
8  
9 2. Recognize the importance of screening for alcohol and other drug use in a variety of  
10 settings, and broaden the concept of addiction treatment to embrace a continuum of  
11 modalities and goals, including appropriate measures of harm reduction, which can be  
12 made available and accessible to enhance positive treatment outcomes for patients and  
13 society;  
14  
15 3. Encourage the expansion of opioid maintenance programs so that opioid maintenance  
16 therapy can be available for any individual who applies and for whom the treatment is  
17 suitable, allowing for training to be available so that an adequate number of physicians  
18 are prepared to provide treatment;  
19  
20 4. Encourage the extensive application of needle and syringe exchange and distribution  
21 programs and the modification of restrictive laws and regulations concerning the sale and  
22 possession of needles and syringes to maximize the availability of sterile syringes and  
23 needles, while ensuring continued reimbursement for medically necessary needles and  
24 syringes; and be it further

25  
26 2) That MAG strongly supports the ability of physicians to prescribe syringes and needles to  
27 patients with injection drug addiction in conjunction with addiction counseling in order to help  
28 prevent the transmission of contagious diseases.  
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30 **Recommendation:**

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32 Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 608S.16 be adopted as amended:

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34 1) That the Medical Association of Georgia (MAG) encourages policymakers to pursue ~~take the~~  
35 following actions:

- 36  
37 ~~1. Pursue an approach to the drug abuse problem, which would focus on preventing the~~  
38 ~~initiation of drug use, aiding those who wish to cease drug use, and diminishing the~~  
39 ~~adverse consequences of drug use;~~  
40  
41 ~~2. Recognize the importance of screening for alcohol and other drug use in a variety of~~  
42 ~~settings, and broaden the concept of addiction treatment to embrace a continuum of~~  
43 ~~modalities and goals, including appropriate measures of harm reduction, which can be~~  
44 ~~made available and accessible to enhance positive treatment outcomes for patients and~~  
45 ~~society;~~  
46  
47 ~~3. Encourage the expansion of opioid maintenance programs so that opioid maintenance~~  
48 ~~therapy can be available for any individual who applies and for whom the treatment is~~  
49 ~~suitable, allowing for training to be available so that an adequate number of physicians~~  
50 ~~are prepared to provide treatment;~~

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4. ~~Encourage~~ the extensive application of needle and syringe exchange and distribution programs and the modification 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; and be it further

Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 608S.16 be adopted.

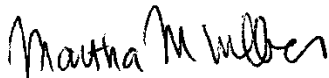
**Rationale:**

Your Reference Committee heard testimony regarding the spread of Hepatitis C among IV drug users. Additionally, testimony reflected research showing that the incidence of Hepatitis C decreases when syringe and needle exchange programs are in effect. Finally, the Committee heard testimony that research has not shown any increase in IV drug use in states in which syringe and needle exchange programs exist. There was no testimony in opposition; however, the committee believed that the resolution should focus on syringe and needle exchange programs over initiatives not directly related to syringe and needle exchange.

Mr. Speaker, this concludes the report of Reference Committee S. I wish to thank the members of the committee who are:

- Gurinder Doad, M.D., Vice Chairman, Dougherty CMS
- Tennent Slack, M.D., Hall CMS
- W. Robert Lane, M.D., Bibb CMS
- Jay Smith, M.D., GCEP
- Randy Rizor, M.D., MAA

Mr. Speaker, your Reference Committee wishes to also thank MAG staff members, Kate Boyenga and Bethany Sherrer for their very capable assistance to the committee.



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Martha Wilber, M.D., Chairman  
MAA