REFERENCE COMMITTEE C

All items of business referred to Reference Committee C
RESOLUTION

Resolution: 301C.12

SUBJECT:  Banning “All Product Clauses” for Physician Contracts with Insurance Companies

SUBMITTED BY:  Georgia Academy of Family Physicians

REFERRED TO:  Reference Committee C

Whereas, “All Product Clauses” in insurance programs can limit providers from negotiating with
insurance companies; and

Whereas, the American Academy of Family Physicians opposes “All Product Clauses;” and

Whereas, Georgia insurance companies, through a lawsuit agreement, agreed to refrain from “All Product
Clauses” for a period of five years which recently expired; now therefore be it

RESOLVED, that the Medical Association of Georgia lobby for legislation to make “All Product
Clauses” illegal in Georgia and thus excluded from any health insurance exchange product offered in the
state.

# # #
RESOLUTION

SUBJECT: Diversity Training

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, the population of Atlanta and the state of Georgia has changed dramatically; and

Whereas, Georgia physicians will be facing a patient who is different from them, be it gender, racial, ethnic, primary language; and

Whereas, the Georgia Department of Health and Human Services has developed Culturally and Linguistic Appropriate Standards (CLAS); and

Whereas, CLAS standards cover culturally competent care, language access services, organizational supports for cultural competence; and

Whereas, CLAS standards are primarily directed at health care organizations; and

Whereas, the principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served; and

Whereas, the physician-patient relationship is critical for quality care; and

Whereas, New Jersey has added CLAS training for license renewal; now therefore be it

RESOLVED, that the Medical Association of Georgia support continuing medical education training in diversity and cultural competence for all practicing physicians.

# # #
RESOLUTION

Resolution: 303C.12

SUBJECT: Support Physician Graduates Employment in the State of Georgia

SUBMITTED BY: Ogeechee River Medical Society

REFERRED TO: Reference Committee C

Whereas, only 46 percent of Georgia medical school graduates were employed in state in 2010; and
Whereas, Georgia has an increasing need for new physicians to care for its increasing population; and
Whereas, there are no significant programs at Georgia’s medical schools to facilitate placement of physician graduates in the state; now therefore be it
RESOLVED, that the Medical Association of Georgia support development of a program for physicians trained in Georgia to seek employment in the state.
RESOLVED, that MAG conveys this support to the Georgia Board for Physician Workforce.

# # #
RESOLUTION

Resolution: 304C.12

SUBJECT: Georgia Composite Medical Board Pain Management Regulations

SUBMITTED BY: Colquitt County Medical Society

REFERRED TO: Reference Committee C

Whereas, the Georgia Composite Medical Board (GCMB) recently established new regulations for physicians in relation to managing their patients with chronic pain (Rule 360-3-.06); and

Whereas, O.C.G.A 43-34-8 authorizes the GCMB to take disciplinary action against a physician's license for unprofessional conduct, which includes "failure to practice at recommended minimal standards;" and

Whereas, many geriatric patients still residing at home take one or less Schedule III Narcotics daily along with other medications for chronic pain management and would fall under this standard; and

Whereas, the standard requires monitoring for compliance (drug screens) every 90 days done at random separate from the required clinical visits done every three months or more often (eight visits or more a year in addition to other clinical visits to manage all their other multitude of health problems); and

Whereas, no "cost effective" method is available to confirm compliance of low dose narcotic use due to required minimal detection levels on urine drug screens; and

Whereas, this standard creates undue hardships for primary care physicians and their patients, increases the cost of health care, increases paperwork, and will probably force the referral of more patients to pain clinics which will also have difficulty complying with this standard; now therefore be it

RESOLVED, that the Medical Association of Georgia work with the GCMB to revise this standard to reduce the hardships it places on primary care physicians and their patients by reducing the frequency of unnecessary drug monitoring, better define "hardship exceptions," and allow more "clinical judgment" regarding patients at high risk of abuse and narcotic diversion.
RESOLUTION

RESOLUTION

Resolution: 305C.12

SUBJECT: Changes to Georgia’s Pharmacy Statute to Modify Changes in the 2011 Passage of Schedule II Security Paper

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, Georgia passed a bill in 2011 that requires physicians to only use Georgia’s approved security paper for Schedule II prescriptions; and

Whereas, this requirement is not only costly but is difficult to implement with existing computer software programs; and

Whereas, the Centers for Medicare and Medicaid Services (CMS) already has a process in place to provide for secure paper; and

Whereas, at the request of pharmacists and physicians, the Georgia Board of Pharmacy delayed implementation of this law so long as “emergency” was written on the prescription; and

Whereas, the Georgia Board of Pharmacy, Georgia Pharmacy Association, and the Medical Association of Georgia (MAG) agreed to a legislative change for the 2012 session, however the legislation failed to pass due to unrelated issues; now therefore be it

RESOLVED, that MAG should support legislation in the 2013 legislative session to allow for physicians to utilize the CMS-approved paper in addition to the current Georgia specifications.

# # #
RESOLUTION

Resolution: 306C.12

SUBJECT: International Board Certified Lactation Consultants (IBCLC)

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, the American Academy of Pediatrics (AAP) recommends that babies have the exclusive nourishment of breast milk for the first six months of life; and

Whereas, breast milk provides many health benefits to babies including reducing the risks of obesity, Type II diabetes, ear infections, SIDS, leukemia, asthma, gastrointestinal disorders such as inflammatory bowel disease and deadly necrotizing enterocolitis; and

Whereas, nationally Georgia is in the top 20 percent for infant mortality rate; and

Whereas, nationally Georgia is in the bottom 20 percent for its six-month breastfeeding rate; and

Whereas, 70 percent of Georgia’s moms are leaving the hospital breastfeeding their babies, but less than 10 percent are successful in meeting the AAP recommendation of providing exclusive breast milk for their babies for the first six months; and

Whereas, breastfeeding provides huge dollar savings for families, businesses and government with Georgia’s WIC Department reporting that for each month an infant is breastfed, the state saves $160 dollars in direct Medicaid and WIC costs; and

Whereas, research shows that mothers who have access to International Board Certified Lactation Consultants (IBCLCs) have much higher initiation and duration rates of breastfeeding; and

Whereas, IBCLCs are already certified by an international board with rigorous requirements of college-level health science courses, hundreds of hours of clinical training, certification testing and continuing education requirements; and

Whereas, although many hospitals employ IBCLCs to assist new mothers while in the hospital, most breastfeeding issues occur days and weeks after discharge; and

Whereas, state licensure of IBCLCs would provide avenues for physician practices to receive direct reimbursement for the services of employed IBCLCs in their offices and thus be able to offer in-house clinical assistance to help mothers and babies work through breastfeeding problems; and

Whereas, the U.S. Surgeon General Regina Benjamin, M.D., supports the state licensing of IBCLCs and she recognizes IBCLCs as the “only health care professionals certified in lactation care” and concludes that “better access to the care provided by IBCLCs can be achieved by accepting them as core members of the health care team…”; now therefore be it

RESOLVED, that the Medical Association of Georgia supports state legislation that would allow for the state licensure of International Board Certified Lactation Consultants.

See, note 1.


See, note 4.


RESOLUTION

Resolution: 307C.12

SUBJECT: Legislation Supporting Licensure of Lactation Consultants

SUBMITTED BY: Georgia Chapter, American Academy of Pediatrics
         Georgia Obstetrical and Gynecological Society
         Georgia Academy of Family Physicians

REFERRED TO: Reference Committee C

Whereas, extensive medical research has documented the many compelling health advantages breastfeeding confers on infants and their mothers, among them that breast milk contains immune factors and anti-infective properties that protect against several infections in infants, and is associated with the reduction of other chronic conditions, such that the American Academy of Pediatrics recommends that infants be fed exclusively with breast milk for the first six months of life; and

Whereas, lactation consultants are trained health professionals in the area of human lactation and provide assistance and guidance to mothers of newborns; and that the most highly qualified lactation consultants have achieved board certification conferred by the International Board of Lactation Consultant Examiners; and

Whereas, the state of Georgia does not currently license lactation consultants and this lack of licensure status impedes their ability and the pediatric practices they work with to receive appropriate payment for these services; and

Whereas, licensure of board certified lactation consultants would significantly help promote breastfeeding in our state; and further, provide avenues for physician practices to receive Medicaid or private insurance reimbursement for these important services provided by lactation consultants in their offices and thus be able to offer in-office clinical assistance to help mothers and their babies with breastfeeding issues, and

Whereas, such legislation on the licensure of board certified lactation consultants should describe their scope of practice as limited to providing lactation counseling or lactation related services, for which lactation consultants are uniquely qualified as a member of the health care team in caring for the newborn; now therefore be it

RESOLVED, that the Medical Association of Georgia support appropriate state legislation that would provide for the licensure of board certified lactation consultants.

# # #
RESOLUTION

Resolution: 308C.12

SUBJECT: Oppose Taxes on Health Care Providers as a Means to Fund Medicaid

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, in 2010, the state legislature passed a law that imposed a $650 million annual tax over three years on hospital revenues as a means to address a budget shortfall; and

Whereas, the leadership of the House and Senate agreed to a three-year tax with the promise that this tax would sunset in July 2013; and

Whereas, the tax borne by hospitals contributes to the cost of medical care and is absorbed by the hospital or is shifted onto the business community and patients through higher insurance and copayment costs; and

Whereas, while physicians are not directly impacted by the tax, the hospitals where they are employed or have privileges are financially harmed by the tax and as such the hospitals have fewer dollars that can be spent on patient care; and

Whereas, the burden of paying for the health care delivery system and Medicaid should be borne by the state through sound public policy that promotes healthier lives and lowers health care costs; and

Whereas, the state should find creative ways to increase funding for health care services but not by taxing the sick or health care providers; and

Whereas, Georgia’s annual health care expenditures due to tobacco use are $1.75 billion with Medicaid’s portion consuming $419 million; and lost productivity in Georgia due to smoking related deaths is estimated at $2.73 billion\(^1\); and

Whereas, Medicaid enrollees have nearly twice the smoking rates (37 percent) of the general adult population (21 percent), and smoking-related medical costs are responsible for 11 percent of Medicaid expenditures\(^2\); and

Whereas, it is proven that there is a direct correlation between the cost of cigarettes and its usage; and

Whereas, Georgia has one of the lowest tax rates on tobacco in the nation and the state should increase the tax on tobacco products by $1 per pack to bring in an estimated $600 million to the state\(^3\); now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) opposes hospital, physician or health care provider taxes as a solution to state budget deficits; and be it further

\(^1\) [Georgia Alliance for Tobacco Prevention, Resolution to Reduce Tobacco Use in Georgia](https://example.com/resolution1)

\(^2\) [Centers for Disease Control and Prevention, State Medicaid Coverage for Tobacco-Dependence Treatments](https://example.com/resolution2)

\(^3\) [UGA Today](https://example.com/resolution3)
RESOLVED, that MAG supports alternate revenue sources to offset the cost of state provided health care services, including a $1 per pack increase in tobacco taxes.

# # #
RESOLUTION

Resolution: 309C.12

SUBJECT: Opposing Expansion of CRNA Scope of Practice for Chronic Pain Management

SUBMITTED BY: Georgia Society of Anesthesiologists

REFERRERED TO: Reference Committee C

Whereas, the Centers for Medicare and Medicaid Services (CMS) has proposed to pay Certified Registered Nurse Anesthetists (CRNA) for providing certain pain management procedures on a nationwide basis; and

Whereas, the proposed rule would expand payment to CRNAs for services distinctively beyond the scope as partially defined as “anesthesia services and related care” as delineated in section 1861(bb)(1) of the Omnibus Budget Reconciliation Act (OBRA) of 1986; and

Whereas, CMS proposes to expand the statutory description of CRNA services by adding the following language: “Anesthesia and related care includes medical and surgical services that are related to anesthesia and a CRNA is legally authorized to perform by the State in which the services are furnished.”; and

Whereas, chronic pain management is a complicated symptom complex requiring extensive diagnostic skills to arrive at an often multi-modal treatment approach of physical therapy, behavioral therapy, and various and specifically targeted interventional and pharmacologic therapies; and

Whereas, such necessary medically complex decisions demonstrate that chronic pain management is the practice of medicine and is beyond CRNA scope of practice and training; and

Whereas, the state of Georgia description of CRNA scope of practice does not include chronic pain management; now therefore be it

RESOLVED, that the Medical Association of Georgia shall oppose any state legislation or regulatory board action to expand CRNA scope of practice to authorize the provision of chronic pain management.

# # #
RESOLUTION

Resolution: 310C.12

SUBJECT: Reducing the Projected 2020 Shortage of Georgia Physicians

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, Georgia is the 9th most populous state but ranks 40th in physicians per capita with approximately 18,500 physicians practicing in Georgia; and

Whereas, residents of rural counties in Georgia and poor Georgians suffer from a severe dearth of physicians, making the need for primary care physicians most pressing; and

Whereas, physician-patient communication is important for good patient care but 18 percent of U.S. certified physicians come from Asian medical schools (ECFMG), speaking English as either a second language or with an accent that is difficult for most Americans to understand; and

Whereas, Georgia is estimated to lack 2,500 physicians as of 2020 despite expansion of Georgia’s medical schools and the increase in Georgia post-graduate residencies (GA TREND, July 2008); and

Whereas, the cause of the physician shortage in Georgia includes the many out-of-state students in three of five Georgia medical schools (Emory University School of Medicine, Philadelphia College of Osteopathic Medicine - GA Campus, and Morehouse School of Medicine); and

Whereas, most medical students leave Georgia after graduation and 40 percent to 50 percent of those doing residencies in Georgia do not plan to stay in the state to practice (GA Board of Physicians Workforce 2006-2011) while the lack of physicians in Georgia is considered critical (Tripp Umbach Final Executive Report 2008); and

Whereas, none of the seven residents in the 2011 Year 1 family practice residents at an Atlanta family practice residency program plan to practice in Georgia (personal report); and

Whereas, non-U.S. citizens who apply for residency positions may have no commitment to the U.S. and may even be hostile to it, preparing the ground for terrorist acts by foreign physicians in training in the U.S. as the U.K. experienced in the 2007 bombings and as found in U.K.-trained doctors in Syria (2012); and

Whereas, the lack of physicians in Georgia has led to the use of nurse practitioner extenders as physician replacements, despite marked differences in the M.D./D.O. vs. N.P. training and qualifications; and

Whereas, the Georgia Composite Medical Board has recently made Caribbean graduates from “California List” schools equivalent to U.S. medical school graduates1; and

Whereas all Caribbean medical students must pass USMLE 1 to advance to their clinical training in the U.S. and must pass USMLE 2 within a year thereafter; and

1 Excepting those training US citizens, the California “Approval” of foreign medical schools is often unjustified as it is unverified, because of distance, cost and language barriers.
Whereas, all Caribbean students must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) to be considered for U.S. residency programs and the quality of these graduates is assessed when undergoing ECFMG certification; and

Whereas, almost all Georgia residents attending Caribbean medical schools want to return to Georgia to live and practice, specializing in primary care, chiefly family practice; and

Whereas, Georgia residents/Caribbean students number approximately 50 a year, which over eight years would alleviate 16 percent of the estimated physician shortage and provide Georgians with physicians familiar with their language, culture and needs; and

Whereas, these Georgia resident/Caribbean students who pass the USMLE 1 are consistently evaluated by U.S. physician/clerkship proctors to be as hard-working, motivated and able as U.S. students but the Caribbean students face discrimination with respect to clinical and residency clerkship opportunities; and

Whereas, Caribbean students who are not so capable either do not pass the USMLE Step 1 or have scores below those of U.S. medical school students and are not included in this RESOLUTION; and

Whereas, Georgia taxes fund residency training programs and also thereby indirectly fund all Georgia medical schools since approved medical student clerkships are in hospitals with relevant residencies; and

Whereas, “Georgia resident” is herein defined as an adult residing in Georgia for three or more years; now therefore be it

RESOLVED, that the Medical Association of Georgia support Georgia hospitals offering medical student clerkships and residency programs and that directly or indirectly benefit from state funding should give preference to Georgia residents who are U.S. citizens attending U.S. or Caribbean medical schools and who have passed USMLE 1 with a score of 200 (1 standard deviation of the U.S. mean score).
RESOLUTION

SUBJECT: Provision of Home Care Services for the Elderly through Medicaid

SUBMITTED BY: Bibb County Medical Society

REFERRED TO: Reference Committee C

Whereas, many seniors and others with chronic health conditions lack support to allow their continued independent living situation, leaving little option save admission to a skilled nursing facility; and

Whereas, significant numbers of these patients markedly prefer to maintain independence in their living situation; and

Whereas, the nation is currently at the beginning of a large increase in our elderly population as “Baby Boomers” age and further strain our state’s budget; and

Whereas, other states (e.g., Tennessee through TennCare) have shown increased patient satisfaction coupled with markedly diminished costs by establishing Medicaid programs to provide care at home for those patients who desire and are appropriate to continue to live independently; now therefore be it

RESOLVED, that the Medical Association of Georgia support legislative efforts on the state and federal levels to establish programs that allow appropriate Medicaid patients the support needed to maintain independence in their living situation.

# # #
RESOLUTION

Resolution: 312C.12

SUBJECT: Rule 360-3-.06. Pain Management

SUBMITTED BY: Bibb County Medical Society

REFERRED TO: Reference Committee C

Whereas, physicians realize the enormous Schedule II and III controlled substance abuses that exist among the daily delivery of acute and chronic care for painful conditions; and

Whereas, the Georgia Composite Medical Board (GCMB) and the Georgia Drugs and Narcotics Agency have struggled with implementation of needed changes regarding identification of inappropriate narcotic prescribing and usage; and

Whereas, GCMB Rule 360-3-.06 mandates “...a written treatment agreement with the patient and shall require the patient to have a clinical visit at least once every three (3) months…” and “Monitoring must include a urine, saliva, sweat, or serum test performed on a random basis”; and

Whereas, the Rule applies to non-terminal patients prescribed a narcotic for more than 90 days in one year; and

Whereas, subsequently required chart documentation of such actions or hardship exemption thereof on each patient represents undue additional administrative patient and physician legal requirements while doing little to identify either narcotic abuse or safety issues; now therefore be it

RESOLVED, that the Medical Association of Georgia work with the legislature and/or the GCMB and/or other appropriate state agencies to relax mandated pain management drug testing requirements rules on physicians and instead concentrate on improving pharmacy identification and reporting of controlled substance problems requiring possible investigation.

# # #
RESOLUTION

Resolution: 313C.12

SUBJECT:     Return Pseudoephedrine to Prescription Status

SUBMITTED BY:  Rutledge Forney, M.D., Delegate

REFERRED TO:  Reference Committee C

Whereas, methamphetamine is a drug that can be manufactured in home labs if pseudoephedrine is available; and

Whereas, methamphetamine is a terribly addictive and destructive drug; and

Whereas, an estimated $23 billion a year is spent on issues related to meth abuse; and

Whereas, home methamphetamine labs are highly flammable; and

Whereas, two-thirds of the patients in American burn units have been injured in methamphetamine related fires; and

Whereas, methamphetamine is a terrible public health problem in the U.S.; and

Whereas, putting pseudoephedrine “behind” the counter at pharmacies has made it modestly harder to obtain and has raised the street price of over-the-counter (otc) pseudoephedrine to $100 per package, making it highly profitable for those who are willing to buy it and then sell to methamphetamine producers; and

Whereas, Mississippi and Oregon have returned pseudoephedrine to prescription status; now therefore be it

RESOLVED that the Medical Association of Georgia support legislation in Georgia and ask the American Medical Association to support legislation at the federal level that would return pseudoephedrine to prescription status.
RESOLUTION

RESOLUTION: 314C.12

SUBJECT: Telehealth

SUBMITTED BY: Medical Association of Atlanta

REFERRED TO: Reference Committee C

Whereas, the Georgia Composite Medical Board (GCMB) has proposed defining treatment and/or consultation via electronic or other means; and

Whereas, advances in technology, the proliferation of electronic devices such as smart phones, the extensive implementation of Electronic Medical Records (EMRs), and advances in the availability, security, and reliability of audio and video communication methods; and

Whereas, physicians are using electronic means to report lab/imaging and other testing results, follow-up after procedures, evaluate and modify treatment plans, transmit orders to hospitals, pharmacies, offices and other care venues; and

Whereas, Telehealth is a continuation and expansion of this practice and acknowledges the advancement of technology in health care; and

Whereas, Telehealth offers the potential to improve quality of care, ease of care, access to care, and lower costs to patients; and

Whereas, Telehealth may provide additional avenues of delivering care in areas that are underserved by primary care and specialists, or areas where physicians require additional support for on-call coverage or coverage while away from their practice; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) urges the GCMB to develop rules that ensure that Georgia licensed practitioners can broadly, appropriately, easily, and effectively use Telehealth and other electronic means and devices to deliver care to their patients and consultation and support to other physicians; and be it further

RESOLVED, that MAG urges the GCMB to review its rules on an annual basis to ensure that such rules keep pace with the rapid use and implementation of Telehealth and other electronic means and devices used in the delivery of quality health care.

# # #
RESOLUTION

RESOLUTION: 315C.12

SUBJECT: Preservation of Women’s Health Care

SUBMITTED BY: Georgia Obstetrical and Gynecological Society

REFERRED TO: Reference Committee C

Whereas, the doctor-patient relationship is a critical component of quality health care; and

Whereas, women, just as all other patients, have the right to be counseled and made aware of the full range of options, prescriptions and treatments available for their condition; and

Whereas, infertility treatment to achieve pregnancy may create special circumstances pertaining to embryos where couples must be allowed to make decisions concerning embryos and the sanctity of the family unit; and

Whereas, quality women’s health care requires access to the full range of birth control products available in order to safely prescribe the appropriate method; and

Whereas, physicians should not be threatened with criminal prosecution for performing, prescribing, diagnosing and treating medical conditions within their scope of practice; and

Whereas, women and families should have the ability to participate in health care decisions pertaining to their families; now therefore be it

RESOLVED, that the Medical Association of Georgia (MAG) oppose legislation that violates the doctor-patient relationship; and be it further

RESOLVED, that MAG oppose legislation that threatens criminal prosecution of physicians who are diagnosing, prescribing and performing medical treatments within their scope of practice; and be it further

RESOLVED, that MAG oppose legislation that removes a woman’s and couples’ ability to seek and receive infertility treatment and make decisions concerning embryos created as part of that treatment; and be it further

RESOLVED, that MAG actively support policies and legislation that allow women and families to maintain access to quality health care in Georgia.

# # #