ACTIONS TAKEN BY THE HOUSE OF DELEGATES
OCTOBER 21, 2018

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

CONSENT CALENDAR

Appendix I, MAG Policies for Reaffirmation
Adopted as amended

Appendix II, MAG Policies for Sunset
Adopted as amended

Appendix III, MAG Policies for Sunset with New Language
Adopted as amended

REFERENCE COMMITTEE F

Officer 03.18, Treasurer Annual Report
Filed Officer 03.18, Treasurer's Annual Report

Officer 06.18, AMA Delegation Annual Report
Adopted the recommendation to approve the actions of the MAG AMA Delegation.

Resolution 401F.18, Task Force on the Governance of the Medical Association of Georgia
Adopted Resolve 1 of Resolution 401F.18, that the Medical Association of Georgia (MAG) Board of Directors convene a task force to review and make recommendations on changes to the current governance of MAG.
Adopted Resolve 2 of Resolution 401F.18, that the task force on MAG Governance include at least two members of the MAG Resident Physician and Fellow Section.

REFERENCE COMMITTEE C

Resolution 301C.18, Short Form for Health Care Agent Selection
Adopted Resolve 1, that the Medical Association of Georgia (MAG) advocate for legislation creating a short version of the already-approved advance directive that includes only the parts necessary to designate a health care agent. Concerted effort should be made to keep the form concise and simple so as to make it easy to complete both inside and outside of healthcare facilities and for people of varying educational levels; and be it further.
Adopted Resolve 2 as amended, that this short version should not remove or change the already approved combined healthcare agent and living will form.
Adopted Resolve 3, that the short version healthcare agent form should modify the requirements for who may witness the execution of the short form to be less stringent than those required for the "full-form" advance directive.
Adopted new Resolve 4, that MAG will confirm the legality of this short form prior to advocating for it.

Resolution 302C.18, Restoration of Comprehensive Treatment Including Bariatric Surgery and Prevention of Obesity in Georgia's State Health Benefit Plan

Adopted Resolve 1 as amended, that the Medical Association of Georgia (MAG) recognizes that steps should be taken to eliminate the stigma of obesity.

DID NOT Adopt Resolve 2, that the MAG petition the Georgia Department of Community Health and the State Health Benefit Plan (SHBP) to restore the bariatric surgery benefit to the existing SHBP benefits to enrollees to and fully cover surgery of bariatric procedures, in keeping with the 2014 SHBP Pilot enacted the GA General Assembly.

Adopted Resolve 3 as amended, that MAG recognizes that Georgia can take a leading role in addressing this growing epidemic by providing adequate access to treatment options for Georgians.

Resolution 303C.18, Documentation of the Patient's Preferred Central Laboratory

Adopted as amended Resolution 303C.18, that MAG advocate for legislation requiring the insurance company's preferred medical laboratory be placed on the patient's insurance identification card and the insurance company issue a new patient insurance identification card when the information changes.

Resolution 304C.18, Educating Physicians About the Education and Clinical Training of Nurse Practitioners

Adopted Resolve 1 as amended, that the Medical Association of Georgia (MAG) research nurse practitioner programs (in particular, the newer online for-profit programs) to educate Georgia physicians and the public regarding the education and training of these nurse practitioners to include recent online graduates.

Adopted Resolve 2 by substitution, that MAG provide an education session at the 2019 MAG HOD meeting regarding physicians' responsibilities and medico-legal risks presented by the utilization of nurse practitioners by physicians.

Adopted Resolve 3 as amended, that MAG educate Georgia physicians about (1) their specific medical and legal responsibilities regarding delegation of responsibilities and on-the-job clinical training of nurse practitioners as well as (2) areas of rising medico-legal risk to physicians who agree to train and to delegate responsibilities to nurse practitioners.

Adopted Resolve 4 as amended, that MAG advocate for a rigorous analysis of current nurse practitioner education and training.

Resolution 305C.18, Access to HIV Treatments

DID NOT Adopt Resolve 1, that the Medical Association of Georgia (MAG) develops policy in support of broad and open access to HIV drug treatment options for people living with HIV.

DID NOT Adopt Resolve 2, that MAG develop policy in support of making all FDA approved HIV medications accessible without prior authorization to HIV patients in terms of formulary and benefit design if a provider believes these treatments are the most effective for their patients

DID NOT Adopt Resolve 3, that MAG develop policy in support of making scientific innovations in HIV, including novel and innovative treatments, immediately accessible - without prior authorization to those who can benefit from them particularly when they can improve adherence.

DID NOT Adopt Resolve 4, that MAG develop policy in support of allowing Georgia's providers the ability to prescribe the most appropriate treatments for their patients without prior authorization or other utilization management that limits access to patients.

Resolution 306C.18, PDMP and EHR Interoperability Funding

Adopted Resolution 306C.18 as amended from the floor, that the Medical Association of Georgia advocate for Prescription Drug Monitoring Program and electronic health record interoperability and seek appropriate sources of funding to facilities adoption of relevant EHR technologies.

Resolution 307C.18, Call for Action to Combat Physician burnout and its consequences
Resolution 308C.18, Physician Wellness Initiative

Adopted Combined Resolution 307C.18 and Resolution 308C.18 by substitution, that 1) MAG form a diverse Physician Wellness Initiative Committee to research the root causes of physician burnout, to recommend initiatives to educate physicians regarding the signs and symptoms of physician burnout and recommend tools or resources to facilitate timely treatment for physicians suffering from physician burnout; 2) that MAG educate legislators regarding physician burnout and propose regulatory or legislative solutions to obtain additional funding for the Georgia Professionals Health Program (PHP); 3) that MAG request the Georgia Composite Medical Board to consider the role of physician burnout in evaluating physicians being investigated by the Board for alleged violations of the Medical Practice Act; and 3) that MAG promote available resources to combat physician burnout including but not limited to dissemination of contact information for the Georgia PHP through MAG's website and social media platforms.

Resolution 309C.18, Undergraduate Medical Education

Adopted Resolution 309C.18 by substitution, that the Medical Association of Georgia work with medical students to identify innovative mechanisms to reduce medical student dept, especially through service to underserved patients.

Resolution 310C.18, Restricting Minors' Access to Cough Medicine Containing Dextromethorphan

Adopted Resolution 310C.18, that the Medical Association of Georgia strongly supports state-level legislation to restrict minors' access to medicine containing dextromethorphan (DXM) and encourage the Georgia legislature to adopt such restrictions in the 2019 legislative session.

Resolution 311C.18, Purchase of Medical Marijuana

REFERRED Resolution 311C.18 to the Board of Directors for study calling for MAG to 1) support legislation that will allow those who are included in the Low THC Oil Patient Registry to purchase both actual marijuana as well as marijuana-derived products from specially licensed Palliative Care physicians, and 2) that MAG support legislation that allow Pharmacies to dispense marijuana leaf and 5% THC oil in Georgia.

Resolution 312C.18, Continuity of Care

Adopted Resolve 1, that the Medical Association of Georgia (MAG) work with the Georgia Insurance Commissioner and the Georgia General Assembly to have legislation to

address that insurance companies cannot cancel a physician's contract within the contract period unless the Composite Board of Georgia removes the physician's license.

Adopted Resolve 2, that the Medical Association of Georgia (MAG) work with the Georgia Insurance Commissioner and the Georgia General Assembly to have legislation to address that insurance companies must notify their customers (the insured), the physician, and post on their website 90 days prior to the non-renewal of a physician's contract.

Adopted Resolve 3, that the Medical Association of Georgia (MAG) work with the Georgia Insurance Commissioner and the Georgia General Assembly to have legislation to address that insurance companies cannot reduce the physician's reimbursement during the contract period.

Adopted Resolve 4, that the Medical Association of Georgia (MAG) work with the Georgia Insurance Commissioner and the Georgia General Assembly to have legislation to address that insurance companies must publish the physician-approved list both in writing and on their website 90 days prior to issuances of new policies.

DID NOT Adopt Resolve 5, that the Medical Association of Georgia (MAG) work with the Georgia Insurance Commissioner and the Georgia General Assembly to have legislation to address that when a physician's contract is not renewed, the insurance company must replace the physician with another like-kind (Board Certifications) physician.

DID NOT Adopt Resolve 6, that patients must have a continuity of care with their physician and that the Medical Association of Georgia work with the Georgia Insurance Commissioner and the Georgia General Assembly to have legislation, which will provide the patients the ability to continue with the same physician during the patient's contract period.

Resolution 313C.18, Role of the Physician

DID NOT Adopt Resolve 1 calling for MAG to take this resolution to Georgia General Assembly and the Office of Insurance Commissioner to insure the physician's treatment plan will take precedence over the patient's health insurance company's determinations.

DID NOT Adopt Resolve 2 calling for MAG to take this resolution to the Georgia General Assembly to provide that should an insurance company or patient not approve the physician's treatment plan then the insurance company or patient will assume all responsibility and liability for bad outcomes.

Resolution 314C.18, Narcotic Dependency

DID NOT Adopt Resolve 1 calling for MAG to take to the National Center for Health Statistics a recommendation to add an ICD-10 code for "Multi-modal therapy for the treatment of acute pain" which will include patients with acute pain as well as surgical patients.

Adopted as amended Resolve 2, that the Medical Association of Georgia Legislative Council make a priority the issue of health insurance companies' approval of non-narcotic alternatives and therapies when "an evidence-based documentation" exist, and/or the physician is attempting to reduce or prevent the need for narcotic use.

REFERENCE COMMITTEE A

Resolution 101A.18, Bone Density Reimbursement

Adopted Resolution 101A.18 as amended, that the Medical Association of Georgia (MAG) work with the American Medical Association (AMA) to correct the underpayment by Medicare, Medicaid, and third party payers to medical practices for office-based DXA tests.

Resolution 102A.18, Full Information on Generic Drugs

Adopted as amended Resolution 102A.18, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution asking the AMA to advocate that generic drugs have an FDA-approved package insert available when dispensed that discloses active and inactive ingredients, and clear language with bio-equivalent data as compared to parent branded drug.

Adopted as amended new Resolve, that the Medical Association of Georgia (MAG) adopt policy to advocate that generic drugs have an FDA-approved package insert available when dispensed that discloses active and inactive ingredients, and clear language with bio-equivalent data as compared to parent branded drugs.

Resolution 103A.18, Medicare Hearing Coverage

REFERRED to the Board of Directors for a report to the HOD 2019 calling for the Medical Association (MAG) Delegation to the American Medical Association (AMA) request the AMA to urge Medicare to cover some or all of the costs of a "reasonable" device for both ears if a patient has had an audiological exam that identifies the need, and for Medicare to identify a vendor, or vendors of hearing devices that produce a quality product without an exorbitant retail price.

Resolution 104A.18, Initial Assessment and Treatment Recommendations by Specialists

Adopted by substitution, that it shall be MAG policy that the best practice of patient care continues to be the responsibility of the physicians to develop the diagnosis and treatment in the new evaluation of a patient, while it is recognized under limited circumstances initial evaluation may be accomplished by the advanced practitioner.

Resolution 105A.18, Resolves 1 & 2, Medicare Cuts to Radiology Imaging

Adopted Resolve 1, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution asking the AMA to advocate for elimination of the Medicare differential imaging payments for small practices versus facility payments.

Adopted Resolve 2, that the MAG delegation to the AMA should ask the AMA to advocate for elimination of the Medicare CR payment reductions.

Resolution 106.18 Resolves 1 & 2, Medication Assisted Therapy

Adopted Resolve 1 by substitution, that the Medical Association of Georgia (MAG) adopt as policy existing AMA policies D-95.968, and D-95.972: which include Supporting the Elimination of Barriers to Medication-Assisted Treatment for Substance Use Disorder and Expanding Access to Buprenorphine for the Treatment of Opioid Use Disorder.

Adopted Resolve 2 as amended on the Floor, that MAG requests the AMA to support efforts to ensure that all insurance plans (public and private payers) provide coverage for medication assisted treatment of opioid use disorder by all qualified physicians**.**

Resolution 107A.18, Resolves 1-3), Amending the Balanced Budget Act of 1997, Endorsing the Addition of GME "Cap-Flexibility"

REFERRED Resolve 1 to the Board of Directors for study and report to HOD 2019 calling for the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) submit a resolution to the AMA to advocate for CMS to:

1. Adopt the concept of "Cap-Flexibility" and allow new GME teaching institutions located in areas of need, to extend their cap-building window for up to an additional five years beyond the current window (for a total of up to ten years), including GME programs currently in their cap- building window;
2. Extend "Cap-Flexibility" to existing GME teaching institutions, located in areas of need, that have reached their "cap", to allow an "unlock" period beyond the current "cap", and add up to an additional five years for GME growth (for a total of up to ten years);
3. Provide funding to hospitals and/or universities prior to the arrival of any residents, removing the clause where "Medicare funding does not begin until the first resident is 'on-duty' at the hospital.

DID NOT Adopt Resolve 2, that MAG, under the "Cap-Flexibility" program, advocate for Georgia's distribution of CMS funds to be proportional to the degree of underserved populations.

Adopted as amended Resolve 3, that MAG work with appropriate organizations and advocacy groups to encourage hospitals to research alternative funding for graduate medical education which can include, but not limited to obtaining grants through research initiatives, performing revenue-generating procedures, and obtaining sponsors and community support.

Resolution 108A.18, Physician-Performed Microscopy

REFERRED to the Board of Directors for decision, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution asking the AMA to advocate that physician performed microscopy be a CLIA-waived test.

Resolution 109A.18, Scoring of Medication Pills

Adopted Resolution 109A.18, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution asking the AMA to advocate that the FDA require scoring of all tablets and pills depending on their composition, so that the patient may be able to dose adjust their medication number requirement as prescribed by their physician at a lower cost to the patient.

Resolution 110A.18, 2015 ATS Official Policy Statement Responding to Requests for Potential Inappropriate Treatments

REFERRED to the Board of Directors for Decision calling for the Medical Association of Georgia (MAG) to support and encourage use of the American Thoracic Society Official Policy on Responding to Potentially Medically Inappropriate Treatments so that institutions can support the creation of institutional guidelines for how providers and facilities should respond to potentially inappropriate treatments.

Resolution 111A.18, Utilizing Blood from "Therapeutic" Donations

Adopted as amended, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) submit a resolution to the AMA for CMS to engage in

dialogue with Red Cross to reanalyze their criteria of donor eligibility criteria, to accept blood from a broader category of individuals, including but not limited to hereditary hemochromatosis.

REFERENCE COMMITTEE R

Committee 07.18, CON Task Force

DID NOT Adopt Original Recommendations, calling for MAG to amend Policy 205.989 (Certificate of Need), as follows:

a) at minimum, any changes to existing CON laws in Georgia should be undertaken only after careful study by the legislature to ensure that such changes conform to the following requisites:

- The changes promote an environment favorable to those who would desire to provide ambulatory services in Georgia so long as such changes:
    1. Do not create an environment for the provision of ambulatory care that is less favorable than that which currently exists
    2. Do not have a negative effect on the provision of inpatient services, particularly to Medicaid and Indigent patients, that would create an access crisis for the citizens of Georgia
    3. Give due consideration to the *verifiable* effects on rural and metropolitan hospitals and the footprint for the provision of these services across the state

b) Any changes to Georgia CON laws should maintain a focus on the patient as the pivotal consideration for all decisions and weigh value in the delivery of health care. Such considerations should include the preservation of medical organizations (such as MAG) whose mission is targeted at the optimization of the delivery of healthcare to the citizens of Georgia.

c) MAG supports legislative solutions that would encourage experimentation or innovation in providing cost effective, quality health care to the citizens of Georgia that would also respect the ability of our health care systems to provide for their mission in providing care for populations including government sponsored, trauma, and indigent patients.

Resolution 601R.18, Establishing a Committee for Rural Georgia Physicians Recruitment

Adopted as amended, that the Medical Association of Georgia (MAG) will create a committee of physicians who practice in rural and underserved Georgia to advise MAG on options to consider for recruiting and retaining physicians to practice in rural and underserved Georgia.

Resolution 602R.18, Establishing Hospital Districts for Rural Georgia

DID NOT Adopt calling for MAG to advocate that the General Assembly of the State of Georgia create hospital districts of about 150,000 populations in rural Georgia to build regional hospitals."

Resolution 603R.18, Health Insurance Contracts for Georgia State Health Benefit Plan

Adopted that the Medical Association of Georgia advocate that any company which obtains a contract to provide health insurance to Georgia State Health Benefit Plan beneficiaries in one or more Georgia counties must provide ACA compliant individual health insurance in the same counties in Georgia.

Resolution 604R.18, Funding Rural Health Care

DID NOT Adopt, that the Medical Association of Georgia (MAG) submit a request to the General Assembly of the State of Georgia to transfer the funds received from the tobacco

settlement each year to the Department of Public Health to fund a new rural healthcare initiative in Georgia to build rural hospitals and recruit physicians to practice in rural Georgia. The health benefits from this resolution should in the long term reduce Medicaid expenditures for rural Georgia.

Resolution 605R.18, Tax Credits for Uncompensated Care

Adopted as amended, that MAG advocate for legislation in Georgia for a tax credit for physicians who provide uncompensated care delivered within the state of Georgia whether at community clinics or in their own practices.

Resolution 606R.18, Support Telehealth in Georgia

Adopted Resolve 1, that the Medical Association of Georgia coordinate and advocate to improve access to primary care physicians and specialty physicians care for all citizens in Georgia by promoting and advocating for the use of state and federal rural development funds to expand broadband and internet services (Achieving Connectivity Everywhere) to rural and remote areas of the state.

Adopted Resolve 2 as amended from the floor, that the Medical Association of Georgia continues to advocate for the removal of barriers to the provision of telemedicine and telehealth services for physicians who are licensed in the State of Georgia.

Special Report 03.18, Attachment III, MAG Policy 35.974 (Physical Therapists – Direct Access)

Adopted as amended, that MAG opposes allowing any expansion of current law limiting physical therapists direct access to patients by a physical therapist.

Special Report 03.18, Attachment III, MAG Policy 140.976 (Physician Billing Practices)

REFERRED to the Board of Directors for Decision, the recommendation to amend the policy as follows:

MAG will take no legislative advocacy position contrary to the following AMA Ethics policies:

11.3.1 Fees for Medical Services

Physicians are expected to conduct themselves as honest, responsible professionals. They should be knowledgeable about and conform to relevant laws and should adhere to professional ethical standards and sound business practice. Physicians should not recommend, provide, or charge for unnecessary medical services. Nor should they make intentional misrepresentations to increase the level of payment they receive or to secure noncovered health benefits for their patients. With regard to fees for medical services, physicians should: (a) Charge reasonable fees based on the: (i) kind of service(s); (ii) difficulty or uniqueness of the service(s) performed; (iii) time required to perform the service(s); (iv) skill required to perform the service(s); (v) experience of the physician; (vi) quality of the physician's performance. (b) Charge only for the service(s) that are personally rendered or for services performed under the physician’s direct personal observation, direction, or supervision. If possible, when services are provided by more than one physician, each physician should submit his or her own bill to the patient and be compensated separately. When physicians have professional colleagues assist in the performance of a service, the physician may pay a reasonable amount for such assistance and recoup that amount through fees charged to the patient, provided the patient is notified in advance of the financial arrangement. (c) Itemize separately charges for diagnostic, laboratory, or clinical services provided by other

health care professionals and indicate who provided the service when fees for others' services cannot be billed directly to the patient, in addition to charges for the physician's own professional services. (d) Not charge excessive fees, contingent fees, or fees solely to facilitate hospital admission. Physicians must not charge a markup or commission, or profit on services rendered by other health care professionals. (e) Extend professional courtesy at their discretion, recognizing that it is not an ethical requirement and is prohibited in many jurisdictions.

11.3.2 Fees for Nonclinical & Administrative Services

Physicians individually and collectively should promote access to care for individual patients, in part through being prudent stewards of resources. Thus, physicians have a responsibility to balance patients' needs and expectations with responsible business practices. With respect to fees for nonclinical or administrative services provided in conjunction with patient care, physicians should: (a) Clearly notify patients in advance of fees charged by the practice (if any) for nonclinical or administrative services. (b) Base fees (if any) on reasonable costs to the practice for: (i) providing special documentation on patient request for such purposes as insurance reimbursement to the patient, certification of immunization or fitness, or similar nonclinical services; (ii) missed appointments or appointments not cancelled in advance in keeping with the published policy of the practice; (iii) acquisition or processing charges in relation to diagnostic, laboratory, or clinical services, copies of medical records, or similar nonclinical services.

11.3.3 Interest & Finance Charges

Financial obstacles to medical care can directly affect patients' well-being and may diminish physicians' ability to use their knowledge and skills on patients' behalf. Physicians should not be expected to risk the viability of their practices or compromise quality of care by routinely providing care without compensation. Patients should make reasonable efforts to meet their financial responsibilities or to discuss financial hardships with their physicians. To preserve patients' dignity and help sustain the patient-physician relationship, physicians should be candid about financial matters and: (a) Clearly notify patients in advance about policy and practice with respect to delinquent accounts, including under what circumstances: (i) payment will be requested at the time of service; (ii) interest or finance charges may be levied; (iii) a past due account will be sent to a collection agency. (b) Ensure that no bills are sent to collection without the physician's knowledge. (c) Use discretion and compassion in hardship cases, in keeping with ethics guidance regarding financial barriers to health care access.

11.3.4 Fee Splitting

Patients must be able to trust that their physicians will be honest with them and will make treatment recommendations, including referrals, based on medical need, the skill of other health care professionals or facilities to whom the patient is referred, and the quality of products or services provided. Payment by or to a physician or health care institution solely for referral of a patient is fee splitting and is unethical. Physicians may not accept: (a) Any payment of any kind, from any source for referring a patient other than distributions of a health care organization's revenues as permitted by law. (b) Any payment of any kind, from any source for prescribing a specific drug, product, or service. (c) Payment for services relating to the care of a patient from any health care facility/organization to which the physician has referred the patient. (d) Payment referring a patient to a research study. Physicians in a capitated primary care practice may not refer patients based on whether the referring physician has negotiated a discount for specialty services.

Special Report 03.18, Attachment III, Policy 140.978, (Gifts to Physicians)

Adopted the recommendation to amend the policy as follows: that MAG urges physicians to comply with the following American Medical Association (AMA) policy on gifts to physicians from the industry.

Gifts to Physicians from Industry: The AMA has adopted the following guidelines for gifts from industry to physicians:

Code of Medical Ethics Opinion 9.6.2

Relationships among physicians and professional medical organizations and pharmaceutical, biotechnology, and medical device companies help drive innovation in patient care and contribute to the economic well-being of the community to the ultimate benefit of patients and the public. However, an increasingly urgent challenge for both medicine and industry is to devise ways to preserve strong, productive collaborations at the same time that they take clear effective action to prevent relationships that damage public trust and tarnish the reputation of both parties. Gifts to physicians from industry create conditions that carry the risk of subtly biasing—or being perceived to bias—professional judgment in the care of patients. To preserve the trust that is fundamental to the patient-physician relationship and public confidence in the profession, physicians should: (a) decline cash gifts in any amount from an entity that has a direct interest in physicians' treatment recommendations; (b) decline any gifts for which reciprocity is expected or implied and (c) accept an in-kind gift for the physician's practice only when the gift: 1) Will directly benefit patients, including patient education 2) Is of minimal value. (d) Academic institutions and residency and fellowship programs may accept special funding on behalf of trainees to support medical students', residents', and fellows' participation in professional meetings, including educational meetings, provided: 1) The program identifies recipients based on independent institutional criteria and 2) Funds are distributed to recipients without specific attribution to sponsors.

Special Report 03.18, Attachment III, MAG Policy 360.983, (APRN – radiographic Imaging)

Adopted as amended Report recommendation, that MAG oppose legislation that would allow an APRN to order or interpret radiographic imaging unless delegated under a written clinical nurse protocol.

Special Report 03.18, Attachment III, MAG Policy 530.925 (Advocacy Activities)

Reaffirmed current policy 530.925 that MAG continues to place its greatest emphasis on advocacy activities for patients and physicians. These activities should include an emphasis on issues related to quality of care, reimbursements and costs of practice (Committee 18F.03) (Reaffirmed 10/5/2008; 10/20/2013; 10/21/2018)

Special Report 03.18, Attachment I, MAG Policy 120.983, (Prescribing by Physicians & Supervised Personnel)

Adopted Report recommendation as amended, that MAG supports the following Prescribing Principles: 1) Only physicians, physician assistants (under physician delegation) and advanced practice nurses (under protocol with a supervising physician), dentists, veterinarians or podiatrists are qualified to prescribe drugs under Georgia law, the Georgia Legislature should not authorize unqualified practitioners to prescribe drugs; 2) Physicians should write prescriptions for a specified length of time and pharmacists are urged not to fill prescriptions past the time marked; and 3) MAG believes in the education of physicians and pharmacists regarding

all phases in the prescription of medications, including prescribing, writing, signing, sampling and distribution of all drugs as covered in the Georgia Pharmacy Act; 4) Advance Practice Nurses should continue to perform medical acts under the written clinical nurse protocol of physician and not as independent agents; and 5) Medical acts performed by advance practice nurses on orders/written clinical nurse protocol of the physician, should be billed by the physician (medical acts as distinguished from nursing acts).

Special Report 03.18, Attachment I, MAG Policy 165.970, (Principles of Health System Reform)

REFERRED Report Recommendation to the Board of Directors for a report to the House of Delegates as follows:

MAG endorses the following Core Principles on Health System Reform: 1) All Americans should have defined health care coverage that includes access to a fully licensed physician (MD/DO) when such persons believe that they have a health problem; 2) Universal access to health care should be provided through a private sector/public sector partnership that builds upon the strengths of our current health care system; 3) Government programs should enhance our current employment- based system and provide coverage or assistance to those outside that system who are unable to provide coverage for themselves and their families; 4) Greater reliance on market forces, with patients empowered with understandable fee/price information and incentives to make prudent choices, and with the medical profession empowered to enforce ethical and clinical standards which continue to place patients' interests first, is clearly a more effective and preferable approach to cost containment than is a government-run, budget driven, centrally controlled health care system; 5) Individuals should have freedom of choice of physician and/or system of health care delivery. Where the system of care places restrictions on patient choice, such restrictions must be clearly identified to the individuals prior to their selection of that system; 6) Physicians' clinical judgments should be subject to professional peer review to maintain and enhance the quality of care delivered to patients. When in conformance with standards and practice parameters developed by and acceptable to the profession, such clinical judgments should not be subject to third party payer challenges. Medical societies should be empowered to operate programs for the review of patient complaints about fees, services, etc.; 7) A pluralistic delivery system is essential. Such a system should be enhanced through governmental action to apply the same rules of competition to all competitors, including insurance carriers and self-insureds; 8) Physicians should retain the freedom to choose their method of earning a living (fee-for-service, salary, capitation, etc.); 9) Physicians should retain the right to charge their patients their usual fee that is fair, irrespective of insurance/coverage arrangements between the patient and the insurers. (This right may be limited by contractual agreement.)

An accompanying responsibility of the physician is to provide to the patient adequate fee information prior to the provision of service. In circumstances where it is not feasible to provide fee information ahead of time, fairness in application of market-based principles demands such fees be subject, upon complaint, to expedited professional review as to appropriateness; 10) Health insurance market reform is essential, particularly for the small business market, and community rating, elimination of pre-existing conditions, guaranteed renewability, limits on premium increases, portability, and continuity are

critical elements to assuring universal coverage; 11) MAG should achieve the right to negotiate for physicians' program payment and the other conditions in government health entitlement programs, where legislation and/or administrative restrictions are unilaterally applied to physicians' freedom to set their own fees. Any such fee restrictions should be limited to those patients who cannot reasonably afford to pay the difference between the physician fees and government reimbursement levels. In the private sector, where insurance arrangements for thousands of patients are increasingly controlled by single third-party payers, physicians should have the ability to negotiate collectively on behalf of their patients and themselves; 12) Single-payer systems are not in the best interest of the public, physicians or the health care of this nation and should be strenuously resisted. (Special Report 04/13, Attachment III)

Special Report 03.18, Attachment 1, MAG Policy 180.999, (National Health Insurance)

REFERRED Report recommendation to the Board of Directors for a report back to the House of Delegates, that MAG takes a firm stand against government-sponsored national health insurance for all individuals. (Reaffirmed 05/2000; 10/5/2008; 10/20/2013)

Special Report 03.18, Attachment 1, MAG Policy 360.986, (APRN Prescriptive Authority)

Adopted as amended Report recommendation, that MAG opposes an APRN's ability to order Schedule II drugs.

Special Report 03.18, Attachment 1, MAG Policy 360.987, (APRN Requirements)

Adopted as amended Report recommendation, that MAG supports the current requirement that APRNs work under a written clinical nurse protocol agreement with physicians.

Special Report 03.18, Attachment 1, MAG Policy 360.989, (Doctor of Nursing Practitioners)

Adopted as amended Report recommendation, that MAG opposes the National Board of Medical Examiners participation in any credentialing procedures for Doctors of Nursing Practitioners (DNP) and believes that the Board should also refrain from producing test questions to certify these DNP candidates. MAG supports the position that nurses who are Doctors of Nursing Practice must practice by delegation of certain medical acts by a written clinical nurse protocol agreement of a physician and as a part of a medical team with the final authority and responsibility for the patient under the written clinical nurse protocol agreement of a licensed physician.

Special Report 03.18, Attachment 1, MAG Policy 360.999, (Supervision of Nurses Definition)

Reaffirmed Policy 360.999, that Physician supervision of a nurse means that the physician is responsible for the medical acts performed by the nurse, acting in accordance with his prescription or instruction. The supervising physician or his physician designee must be available daily to examine his patient and must regularly and systematically review the medical care. (Reaffirmed 05/2000; 10/5/2008; 10/20/2013; 10/21/2018)