CONSENT CALENDAR

Special Report 03.19, Appendix I
   Adopted Appendix I with the exception of Policy 165.980, (Government-run Health Plan) and Policy 380.999, (Balanced Billing)

Special Report 03.19, Appendix II
   There were no in Appendix II for sunset.

Special Report 03.19, Appendix III
   Adopted Report 03.19, Appendix III

REFERENCE COMMITTEE C&B

Committee 07.19, Recommendation 1, (MAG Governance Task Force)
   Adopted that the policy of the Medical Association of Georgia (MAG) is to allow balanced and equitable debate before a motion to end debate is in order, and no debate shall be ended prematurely.

Committee 07.19, Recommendation 2 (MAG Governance Task Force)
   Adopted as amended, that the policy of MAG is that the Speaker of the House shall establish equitable time constraints for debate, including time for both those for and against a resolution, for any resolution that is identified by the Speaker of the House or Executive Director to be an issue that may divide the members of MAG.

Committee 07.19, Recommendation 3 (MAG Governance Task Force)
   Adopted that the policy of MAG is that at the House of Delegates, one microphone shall be designated for those in favor of a resolution and one microphone shall be designated for those against a resolution.

Committee 07.19, Recommendation 4 (MAG Governance Task Force)
Committee 02.19, Recommendation 4 (Constitution and Bylaws Standing Committee)
Required Voting Percentage for a Policy Change
   Adopted as amended from the Floor that during the MAG House of Delegates, if a policy change receives not less than 50 percent and not more than 60 percent of the eligible voting members, the policy is referred to the MAG Board of Directors for further policy determination.
   Amendment to the Constitution and Bylaws shall be:

   
   
   CHAPTER V. HOUSE OF DELEGATES
   SECTION 6. PROCEDURE
(c) Majority Needed to Change MAG Policy. In order to be adopted, a policy change must obtain at least 60 percent of the eligible voting members. A proposed policy change receiving more than 50 percent but less than 60 percent, shall be referred to the MAG Board of Directors for further policy determination.

Committee 07.19, Recommendation 5 (MAG Governance Task Force)
Committee 02.19, Recommendation 5 (Constitution and Bylaws Standing Committee)
Resident Physician and Fellow Section
Adopted that the Resident Physician and Fellow Section be allocated one voting director and one alternate director on the MAG Board of Directors.
Amendment to the Constitution and Bylaws shall be:
CHAPTER VI. BOARD OF DIRECTORS
SECTION 2. COMPOSITION
(b) Directors and Alternate Directors are selected as follows:
(x) The Resident Physician and Fellow Section of the Association shall be entitled to a Director and an Alternate Director representative on the Board of Directors, said officers to be elected annually by the members of the Resident Physician and Fellow Section.

Committee 07.19, Recommendation 6 (Task Force on Governance)
Committee 02.19, Recommendation 6 (Constitution and Bylaws Standing Committee)
Organized Medical Staff Committee
Adopted as amended from the Floor that the Organized Medical Staff Section (OMSS) be allocated up to 8 voting directors on the MAG Board of Directors and those groups from which those directors are chosen must be (a) group members of MAG, and (b) group members of the county medical society (CMS), if a CMS is functioning in their geographic area of the state, and (c) represent diversity in size and geography.
Amendment to the Constitution and Bylaws shall be:
CHAPTER VI. BOARD OF DIRECTORS
SECTION 2. COMPOSITION.
(b) Directors and Alternate Directors are selected as follows:
(xi) The Organized Medical Staff Section of the Association shall be entitled to eight (8) Directors and eight (8) Alternate Directors on the Board of Directors, said officers to be elected annually by the members of the Organized Medical Staff Section. Those groups from which said directors are chosen must be (a) group members of MAG and (b) group members of the county medical society (CMS), if a CMS is functioning in their geographic area of the state, and (c) represent diversity in size and geography.

Committee 07.19, Recommendation 7 (Task Force on Governance)
Committee 02.19, Recommendation 7 (Constitution and Bylaws Standing Committee)
County and District Medical Societies
Adopted Recommendation 7, that MAG operate any county or district medical society that has failed to meet the requirements to maintain their charter. These societies shall be operated as subsidiaries of MAG.
Amendment to the Constitution and Bylaws shall be:
CHAPTER III. COMPONENT COUNTY SOCIETIES
SECTION 8. FAILURE TO MEET CHARTER REQUIREMENTS
Where a county or district medical society fails to meet the requirements outlined in Section 6 under this chapter, MAG will operate the society as a subsidiary.

REFERENCE COMMITTEE F

Officer 03.19, Treasurer
   Filed Officer 03.19, Treasurer Report

Officer 06.19, AMA Delegation
   Adopted that the MAG House of Delegates approves the actions of the MAG AMA Delegation.

Resolution 401F.19, MAG Sponsorship of Free AMA Membership for Medical Students
   Referred Resolution 401F.19 (MAG Sponsorship of free AMA membership for Medical Students) to the Board of Directors/Executive Committee for Decision.

REFERENCE COMMITTEE C

Resolution 301C.19, (Electronic Medical Records Cloud-based Data Storage)
   DID NOT ADOPT that the Medical Association of Georgia (MAG) will advocate for all EMR systems to use a common cloud-based data storage that is accessible by all patients on a mobile device and that patients should own their Medical Record Data.

Resolution 302C.19, (Increase Georgia’s Tobacco Excise Tax)
   Adopted as amended that the Medical Association of Georgia (MAG) urges the General Assembly to pass an increase in the state excise tax on tobacco products to the national average or above and implement a commensurate excise tax on tobacco vaping cartridges.

Resolution 303C.19 Resolves 1-4, (Vaping Ban for under 21 and Additional Resolutions)
   Adopted Resolve 1 that the Medical Association of Georgia (MAG) will advocate for legislation that will raise the age to legally purchase all tobacco products including e-cigarettes to 21.
   DID NOT ADOPT Resolve 2 calling on MAG to advocate for legislation that will eliminate and ban all flavored e-cigarette pods/e-juice.
   Adopted Resolve 3 as amended that MAG will work with legislators to help craft state policy to raise the legal age for purchase of tobacco products and ban all flavored tobacco products.
   Adopted Resolve 4 that the MAG Delegation to the American Medical Association (AMA) present a resolution to reaffirm AMA policy on tobacco sales and flavoring and make the above stated policies universal in all states in the union.
Resolution 304C.19, Resolves 1 & 2, (Certification of Youth Sports Coaches)

Adopted Resolve 1, that the Medical Association of Georgia (MAG) supports the concept of certification of youth sports coaches in and outside of school athletic programs with a focus on practices to minimize participation injuries, prevention of heat illness, and appropriate management of concussion.

Adopted Resolve 2, that MAG will work through its Council on Legislation and with other grassroots activities in the state of Georgia to introduce legislation in the next general assembly which will support and mandate such certifications in the state of Georgia.

Resolution 305C.19, Resolves 1-3, (Strengthening the Accountability of Health Care Reviewers)

Adopted as amended from the floor, Resolve 1 that the Medical Association of Georgia (MAG) develop legislation in 2020 to require that physicians contracted by pharmacy benefit managers (PBMs) or health insurance companies possess a Georgia Medical License, practice in the same area of expertise, actively see patients, be subject to Georgia’s Peer Review, be subject to the Georgia Composite Medical Board for complaints by patients or physicians, and be subject to Georgia rules and laws when making prior authorization determinations.

Adopted Resolve 2 That the MAG delegation to the American Medical Association (AMA) present a resolution that AMA advocate for legislation to require physicians contracted by health insurers or pharmacy benefit managers to possess an active license in the states where they review prior authorizations and be subject to the rules, statutes, medical board, and peer review of the state in which the prior authorization request is made.

Adopted Resolve 3 that the MAG delegation to the AMA present a resolution that the AMA advocate for the repeal of the Employee Retirement Income Security Act (ERISA) as it pertains to prior authorization decisions.

Resolution 306C.19, Resolves 1 & 2, (Increased Regulation of Pharmacy Benefit Managers in the State of Georgia)

Adopted as amended Resolve 1 that the Medical Association of Georgia (MAG) develop legislation to require pharmacy benefit managers (PBMs) who operate in Georgia, whether they have merged with a health insurance company or remain independent, be licensed and regulated by the Georgia Department of Insurance as a medical entity with rules promulgated to hold PBMs accountable and liable for their health care decisions.

Adopted as amended Resolve 2 that MAG include in the legislation that where the Georgia Composite Medical Board or an independent peer review finds a PBM negligent with their prior authorization, the Georgia Department of Insurance shall review the PBM to determine any further penalties and/or fines.

Resolution 307C.19, (Increased Points for Distracted Driving)

Adopted as amended that the Medical Association of Georgia (MAG) advocate for an increase in the points according to code section S40-5-57(c)(1)(A) for those in violation of S40-6-242.2.

Resolution 308C.19, (Noise-Induced Hearing Loss in Children Caused by Hand Dryers In Public Washrooms)

DID NOT ADOPT that the Medical Association of Georgia (MAG) works with the Georgia Society of Hearing Professionals (GSOHNS) and the Georgia Academy of Audiology to
support and help craft legislation to require warning labels to be placed on these devices explaining the possible effects of noise exposure on children.

Resolution 309C.19, (Parity in Retention of Medical Records)
Adopted as amended that the Medical Association of Georgia introduce legislation to create parity in record retention requirements for hospitals and physicians for the purposes of patient safety and continuity of care.

Resolution 310C.19, (Premature Refill Requests)
Adopted as amended that the Medical Association of Georgia create a multi-stakeholder group to determine what dangerous pharmacy practices currently exist, such as premature refill requests, and might be modified to protect patients from harm without requiring extraordinary vigilance on the part of physicians.

Resolution 311C.19, (K-12 Education on Health Civics and Law)
DID NOT ADOPT that the Medical Association of Georgia work with the appropriate government stakeholders to promote Georgia school systems to develop a curriculum on good health practices, civics and the law to be taught to students in K-12.

Resolution 312C.19, (Transportation for Patients)
DID NOT ADOPT that the Medical Association of Georgia advocate that the Georgia General Assembly explore all public (MARTA Mobility) and private means of transportation (Uber Health Transportation) with both public, private and charitable sources to provide transportation for patients to keep medical appointments.

Resolution 313C.19, (Georgia Composite Medical Board Website)
DID NOT ADOPT that the Medical Association of Georgia work with the Georgia Composite Medical Board to ensure that the following items are included on a physician’s public profile to the extent applicable and provided by the physician: education and training (medical school name, degree obtained, and dates of attendance), other health related degrees, professional and postgraduate training (program name, type, specialty area, city, state, and dates attended), specialty certification (certifying board and certification), hospital privileges, disciplinary actions, criminal offenses, medical malpractice judgements, professional organizations, awards, and physician’s comments.

Resolution 314C.19, Resolves 1 & 2, (Objective Data to Determine Relative Value Units)
DID NOT ADOPT that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution that AMA advocate for two changes to the RVU update process to make the RVU values used by CMS and private insurers more accurate and to reflect quality of care: (1) to use empirical data currently available from EHRs of the actual time it takes to perform procedures to determine RVU values and (2) to modify payment based on patient-specific complication rates.

DID NOT ADOPT that the MAG delegation to the AMA present a resolution that the AMA advocate for physician reimbursement to be based on empirical data rather than inaccurate, potentially biased, and outdated survey data.
Resolution 315C.19, Resolves 1-6, (Patients Right to Know)

Adopted Resolve 1, that the Medical Association of Georgia (MAG) provide information about the Medicare Plan Finder and GeorgiaCares with Georgia hospitals, physicians, and consumers.

Adopted Resolve 2, that MAG provide information on how physicians and staff can easily tell patients about these resources during an office visit (one example, EPIC smartphrases is detailed below).

Adopted Resolve 3, that MAG encourages physicians to provide information and literature about the Medicare Plan Finder at Medicare.gov and GeorgiaCares at http://www.mygeorgiacares.org/, which provides counseling in person or over the phone about Medicare options.

Adopted Resolve 4, that MAG supports legislation which would increase resources for GeorgiaCares which is staffed by volunteers and increase awareness of GeorgiaCares throughout the state, particularly in medical clinics and hospitals, nonprofit organizations which help people with various medical conditions, colleges and universities where students interested in careers in health care can learn about the health care system while counseling people about their health and insurance options, and organizations which help people with limited incomes.

Adopted Resolve 5, that the MAG delegation to the American Medical Association (AMA) submit a resolution that the AMA provide educational resources, both printed and online video, which health care systems could provide to patients and which consumers could access directly.

Adopted Resolved 6, that the MAG delegation to the AMA submit a resolution that the AMA advocate for increased resources for federal and state programs like GeorgiaCares and educate physicians, hospitals, and patients about the availability of these programs.

Resolution 316C.19, Resolves 1-3, (Ensuring Patient Access to Quality Healthcare)

Adopted Resolve 1, that the Medical Association of Georgia (MAG) lead a coalition of stakeholders to draft model state legislation that prohibits independent practice of physician extenders such as nurse practitioners (NPs) and physician assistants (PAs) without meaningful, real-time physician supervision to protect patients from receiving substandard and inadequate medical care.

Adopted Resolve 2, that MAG continue to work with legislators, including the House Special Committee On Access to Quality Health Care, to draft practice recommendations based on the best evidence available to establish minimum standards for the safe supervision of non-physicians and enact policies and legislation that support the concept of physician-led teams in the delivery of healthcare.

Adopted as amended Resolve 3, that MAG partner with other stakeholder advocacy groups, including specialty societies, to initiate an informational patient-oriented public relations (PR) campaign to highlight the educational differences among the practitioners on the healthcare team.

Special Report 03.19 extraction (Appendix I), Policy 165.980, Government-run Health Plan Sunset Policy 165.980 which reads: MAG opposes any health insurance reform that would include a public option (or a trigger mechanism that would enact a public option) that would establish a new or expand an existing government-run health care plan to compete with the private sector. (Officer 1.09, Rec. 10; Reaffirmed 10/2014)
Reaffirmed Policy 380.999 which reads: The Medical Association of Georgia opposes any legislative attempts to prohibit the balanced billing of patients by non-contracted physicians. (Res. 305C99; Reaffirmed 10/2014)

Reference Committee A

Resolution 101A.19, (Insurance Companies to Pay for Prior Approvals and Prior Authorization)  
Adopted as amended from the floor that the policy of the Medical Association of Georgia is that obtaining prior authorization is beyond the standard of care and is a true extra cost. Therefore, insurance companies should pay physicians for this extra time in performing relevant administrative activities and solely for obtaining prior authorization.

Resolution 102A.19 Resolves 1 & 2, (Reinstate Consultation Codes for Medicare, United Health Care, and Cigna)  
Adopted Resolve 1 that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution that AMA proactively engage and advocate with any commercial insurance company that discontinues payment for consultation codes or that is proposing to or considering eliminating payment for such codes, requesting that the company reconsider the policy change.  
DID NOT ADOPT Resolve 2, that AMA request that where an insurance company uses purported coding errors or abuses as a reason for discontinuing consultation code payment, the company offer coding education and outreach to physicians on consultation codes rather than discontinue payment for the codes, and call for release of de-identified data from the company related to purported coding issues in order to help facilitate potential education by physician societies.

Resolution 103A.19, (Resolving Noncompete Clauses)  
REFERRED to the Board of Directors for study and recommendation, that the Medical Association of Georgia explore legislation to resolve the issues presented by noncompete clauses.

Resolution 104A.19 Resolves 1 & 2, (Patient Ownership of Medical Record Data)  
DID NOT ADOPT Resolve 1 that the Medical Association of Georgia (MAG) will advocate for patients to legally own their medical record data.  
DID NOT ADOPT Resolve 2 that the MAG Delegation to the American Medical Association (AMA) present a resolution asking the AMA to advocate for patients to own their medical record data.

Resolution 105A.19 Resolves 1& 2, (Follow-up on Abnormal Radiology Findings)  
Adopted as amended Resolve 1, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution that the AMA supports the adoption of evidence-based guidelines on the process for communication and follow up of abnormal test findings to promote better patient outcomes.
Adopted as amended Resolve 2, that the AMA work with appropriate state and specialty medical societies to enhance opportunities for continuing education regarding professional guidelines and other clinical resources to enhance the process for communication and follow up of abnormal test findings to promote better patient outcomes.

TITLE CHANGE: Follow-up on Abnormal Test Findings

Resolution 106A.19, (Medicare Advantage Record Requests)
Adopted Original Resolution, that the Medical Association of Georgia delegation to the American Medical Association (AMA) provide a resolution to the AMA to work with the relevant agencies and stakeholders to prevent Medicare Advantage plans from requesting records from practices solely to data mine for more funds and limit requests to 2% of plan participants, otherwise the plan will reimburse the practices for their efforts in obtaining the requested information.

Resolution 107A.19, (Electronic Health Record Non-usage Penalties)
DID NOT ADOPT that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution that the AMA immediately lobby HHS and congress to stop the penalties and requirement for the use of electronic health records until the AMA completes their study of the electronic health records and implements an appropriate scientifically-based resolution.

Resolution 108A.19 Resolves 1 & 2, (Definition of New Patient)
DID NOT ADOPT Resolve 1, that the policy of the Medical Association of Georgia (MAG) be that when a patient has not been to the office before or not been there for a year or more, the patient should be treated as a new patient to facilitate the collection of the appropriate data.
Adopted as amended Resolve 2, that the MAG delegation to the American Medical Association (AMA) present a resolution asking for the AMA to advocate for the definition of a “new patient” to represent the multitude of factors and time needed to appropriately evaluate a patient’s health condition and in accordance with relevant payer guidelines.

Resolution 109A.19 Resolves 1-3, (Reaffirmation of an AMA Policy Does Not Mean Inaction)
DID NOT ADOPT Resolve 1, that the Medical Association (MAG) delegation to the American Medical Association (AMA) present a resolution that when a resolution is placed on the reaffirmation calendar, it should not be considered a policy for which no action should be taken
DID NOT ADOPT Resolve 2, that MAG request that when a policy is placed on the AMA reaffirmation calendar, it is not for inaction, but it is for action of the AMA to review that policy, and to decide what action should be taken.
DID NOT ADOPT Resolve 3, that MAG requests that AMA reaffirmation of a policy should not lead to inaction but should lead to action.

Resolution 110A.19, (Study of the “Medicare Are For All” Concept)
DID NOT ADOPT, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution that the AMA study all Presidential health coverage initiatives, including “Medicare for All,” to determine, without bias, the
positives and negatives associated with each proposal, with findings reported to all state medical societies and AMA members and a report back to the AMA HOD by A-20.

Resolution 111A.19 Resolves 1 & 2, (Medication Production Transparency)

Adopted as amended Resolve 1, that the Medical Association of Georgia (MAG) introduce legislation in Georgia that the pharmacist must include on the label of the bottle given to a patient the identity of the manufacturer and the country of origin.

Adopted as amended Resolve 2, that the MAG delegation to the American Medical Association (AMA) present a resolution asking for the AMA to encourage Congress to support national legislation to make it a requirement that the identity of the manufacturer and the country of origin be included on the label of the bottle given to a patient.

Resolution 112A.19, (Timely Filing by Insurance Companies of Requests for Refund)

Adopted as amended, that the policy of the Medical Association of Georgia is that insurers should be bound to the equivalent period as timely filing restriction for claims of overpayment and/or incorrect payment and that MAG investigate or craft possible legislation that would fine payers that don’t comply.

Resolution 113A.19, (Financial Responsibility of Fathers)

DID NOT ADOPT, that the Medical Association of Georgia promote legislation that the father shall be held equal to the mother for financial responsibility for the pregnancy, the delivery of the child, and child support until the child is 18.

Resolution 114A.19, (Sentencing Non-violent Offenders to Farming and Agricultural Alternatives to Prison)

DID NOT ADOPT, that the Medical Association of Georgia advocate for legislation to sentence non-violent offenders to farming and agricultural alternatives to prison.

Resolution 115A.19, Resolves 1-4, (Support of Quality LDCT Lung Cancer Screening and Elimination of Payer Steerage)

Adopted as amended from the Floor Resolve 1, that the Medical Association of Georgia (MAG) and its member organizations, including Cobb County Medical Society, endorse lung cancer screening by low-dose CT as the primary means by which to detect early stage lung cancer and contributes to reducing the mortality of lung cancer in Georgia.

Adopted as amended Resolve 2, that MAG support that all centers offering LDCT lung cancer screening programs utilize the Quality Triad of Safe Lung Screening: 1) navigation with prompt communication, 2) recognition by a CMS-approved Accrediting Organization, and 3) provide a virtual and/or on-site multi-disciplinary team to manage findings.

Adopted as amended Resolve 3, that MAG encourages all commercial payers to: 1) encourage their provider networks to refer to only those screening programs that practice the Quality Triad of Lung Screening and 2) avoid the practice of steering patients to CT scan facilities that are not CMS-accredited and which do not provide patient navigation.

Adopted as amended Resolve 4, that MAG recommends in the interest of population health, all relevant medical societies in primary care, family medicine, internal medicine, thoracic surgery, pulmonary medicine, radiology, and oncology encourage members to
participate in continuous education on lung screening, and provide tools on shared decision-making, patient identification, and criteria for quality in LDCT lung cancer screening.

Resolution 116A.19 Resolves 1-3, (Surveillance Management System for Organized Medicine Policies and Reports)

Adopted Resolve 1, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution asking the AMA to develop a prioritization matrix across both global and reference committee specific areas of interest.

Adopted Resolve 2, that MAG requests the AMA to develop a web-based surveillance management system, with pre-defined primary and/or secondary metrics, for resolutions and reports passed by their respective governance body.

Adopted Resolve 3, that MAG requests the AMA share previously approved metrics and results from the surveillance management system at intervals deemed most appropriate to the state and local membership of organized medicine, including where and when appropriate to their patients.

Officer 04.19, Chairman of the Board of Directors

Adopted to ratify Board of Directors reaffirmation approval on Policy 165.970 and 180.999 from a referral to the Board by the House of Delegates in 2018.