REFERENCE COMMITTEE A

1) BONE DENSITY REIMBURSEMENT (Resolution 101A.18)

2) FULL INFORMATION ON GENERIC DRUGS (Resolution 102A.18)

3) MEDICARE HEARING AID COVERAGE (Resolution 103A.18)

4) INITIAL ASSESSMENT AND TREATMENT RECOMMENDATIONS BY SPECIALISTS (Resolution 104A.18)

5) MEDICARE CUTS TO RADIOLOGY IMAGING (Resolution 105A.18, Resolves 1 & 2)

6) MEDICATION ASSISTED THERAPY (Resolution 106A.18, Resolves 1 & 2)


8) PHYSICIAN-PERFORMED MICROSCOPY (Resolution 108A.18)

9) SCORING OF MEDICATION PILLS (Resolution 109A.18)

10) 2015 ATS OFFICIAL POLICY STATEMENT: RESPONDING TO REQUESTS FOR POTENTIALLY INAPPROPRIATE TREATMENTS (Resolution 110A.18)

11) UTILIZING BLOOD FROM “THERAPEUTIC” DONATIONS (Resolution 111A.18)
Mr. Speaker and members of the House of Delegates:

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

1) BONE DENSITY REIMBURSEMENT (Resolution 101A.18)

Original Resolve

RESOLVED, that the Medical Association of Georgia (MAG) work with the American Medical Association (AMA) to correct the underpayment to small medical practices for office-based DXA tests.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 101A.18 be adopted as amended:

"RESOLVED, 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 small medical practices for office-based DXA tests."

Rationale:

Your Reference Committee heard limited testimony, but all testimony given was very supportive of Resolution 101A.18. It was suggested that underpayment exists through public and private insurance payers and the original resolution did not acknowledge these insurance discrepancies in medical practices settings. AMA has current policy, but it does not address the intent of Resolution 101A. Your Reference Committee felt that AMA policy should be expanded to include the reimbursement issue.

2) FULL INFORMATION ON GENERIC DRUGS (Resolution 102A.18)

Original Resolve

RESOLVED, 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 a package insert available when dispensed that discloses inactive ingredients and bio-equivalent data in laymen’s language.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 102A.18 be adopted as amended:
“RESOLVED, 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, in laymen’s language.”

Mr. Speaker, your Committee recommends that Resolution 102A.18 be adopted as amended to insert a new resolve.

“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.”

Rationale:

Your Reference Committee heard testimony that specialties would benefit from this information - such as GI and dermatology - including the ability to determine adverse reactions. Your Reference Committee heard testimony that AMA which has current policy on this issue would be more likely to amend its policy to include the issues raised regarding generic drugs and possible bio-equivalent variances. Also, it was strongly felt that MAG should also have a policy to advocate at the state and federal levels.

3) MEDICARE HEARING AID COVERAGE (Resolution 103A.18)

Original Resolve

RESOLVED, that 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.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 103A.18 be referred to the Board of Directors for a report to the HOD 2019.

Rationale:

Your Reference Committee commends the author of the resolution and agrees with the intent of it. However, the issue is complex. More data and information is necessary to fully assess all elements of the hearing aid devices, including but not limited to, reasonable costs, criteria for hearing aid types, populations served, private and public provider coverage. It is anticipated that the Board will include these elements when the study is initiated.

4) INITIAL ASSESSMENT AND TREATMENT RECOMMENDATIONS BY SPECIALISTS (Resolution 104A.18)
**Original Resolve**

RESOLVED, that the Medical Association of Georgia (MAG) work with the American Medical Association (AMA) and relevant specialty societies and boards to develop appropriate clinical guidelines to ensure that patients referred to specialist physicians have their initial assessment, diagnostic evaluation, and formulation of a treatment plan performed by the specialty physician rather than a non-physician provider.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 104A.18 be adopted by substitution:

“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”.

Rationale:

Your Reference Committee heard must testimony regarding the expectations of physicians when referring patients to specialty practices and not having the ability to consult with the actual specialty physician. It is widely practiced for advanced practitioners to conduct the initial assessment, but your reference committee felt that the specialty physician should actively engage in the initial assessment of the patient. AMA current policy was referenced but no MAG policy on this issue has been established and your reference committee felt that MAG should address this issue in Georgia.

5) MEDICARE CUTS TO RADIOLOGY IMAGING (Resolution 105A.18, Resolves 1-2)

Original Resolve(s)

1. RESOLVED, 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; and be it further

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

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 105A.18, Resolve 1 & 2 be adopted.

Rationale:

There was support provided through testimony. Patient care was discussed. It was felt that this resolution was more efficient for small medical practices and good for the patient. It was also noted that AMA did not cover this issue in either its policy or directive.

6) MEDICATION ASSISTED THERAPY (Resolution 106.18, Resolves 1-2)
Original Resolve(s)

1. RESOLVED, that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) requests that the AMA explore and support efforts to promote broader prescribing of medication assisted therapy by primary care and emergency room physicians and other interested providers; and be it further

2. RESOLVED, that MAG requests the AMA to support efforts to ensure that all insurance plans provide coverage for medication assisted therapy of opioid addiction.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 106A.18, Resolve 1 be adopted by substitution:

RESOLVED, 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.

Mr. Speaker, your Committee recommends that Resolution 106A.18, Resolve 2 be adopted as amended.

RESOLVED, that MAG requests the AMA to support efforts to ensure that all insurance plans (public and private payers) provide coverage for medication assisted therapy treatment of opioid use disorder addiction by all DEA-waivered physicians.

Rationale:

Your Reference Committee heard testimony in support of this issue. It was determined that the issue may affect physicians in many specialties, but that the DEA waiver requirement language should appropriately address the same for all.

7) AMENDING THE BALANCED BUDGET ACT OF 1997, ENDORSING THE ADDITION OF GME “CAP-FLEXIBILITY” (Resolution 107A, 18, Resolves 1-3)

Original Resolve(s)

1. RESOLVED, that 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”; and be it further
2. RESOLVED, that MAG, under the “Cap-Flexibility” program, advocate for Georgia’s distribution of CMS funds to be proportional to the degree of underserved populations; and be it further

3. RESOLVED, that MAG work with appropriate organizations and advocacy groups to encourage hospitals to research alternatives to match the funding they receive dollar-for-dollar with the focus on primary care and general surgery programs, which can include, but not limited to obtaining grants through research initiatives, performing revenue-generating procedures, and obtaining sponsors and community support.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 107A.18, Resolve 1 be referred to the Board of Directors for study and report to HOD A-19

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 107A.18, Resolve 2 be not adopted.

RESOLVED, that MAG, under the “Cap-Flexibility” program, advocate for Georgia’s distribution of CMS funds to be proportional to the degree of underserved populations; and be it further

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 107A.18, Resolve 3 be adopted as amended.

RESOLVED, that MAG work with appropriate organizations and advocacy groups to encourage hospitals to research alternatives to match the funding they receive dollar-for-dollar with the focus on primary care and general surgery programs, which can include, but not limited to obtaining grants through research initiatives, performing revenue-generating procedures, and obtaining sponsors and community support.

Rationale:

There was much discussion on Resolve 1 and the complexity of cap-flexibility in GME teaching institutions. Your Reference Committee determined that a study of the concept and impact would be beneficial to establish policy and/or directives to cap-flexibility programs in the State of Georgia. Depending upon the study, extension of cap-flexibility, including areas of need can then be evaluated. It was decided that Resolve 2 could not move forward until the completion of the study therefore it will be based upon the result of the study conducted on Resolve 1. Your Reference Committee felt that Resolve 3 should implemented immediately so as to begin working with others in the research of alternative funding.

8) PHYSICIAN-PERFORMED MICROSCOPY (Resolution 108A.18)

Original Resolve
RESOLVED, 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.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 108A.18 be referred to the Board for decision.

Rationale:

Your Reference Committee heard testimony regarding AMA current policy. An AMA resolution (705-A18) addressing the issue of modifying the Clinical Laboratory Improvement Amendment of 1988 was addressed in Reference Committee G at the AMA June Annual Meeting. The AMA Reference Committee recommended that AMA Resolution 705 be referred for decision. The AMA House of Delegates agreed with Reference Committee G and referred the resolution for decision. MAG is awaiting final notification on the outcome of the referral. It was determined that another resolution would be duplicative at this time as the issue will be soon be addressed by the AMA. Once the outcome is determined the matter can then move forward from the MAG Board of Directors process.

9) SCORING OF MEDICATION PILLS (Resolution 109A.18)

Original Resolve

RESOLVED, 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.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 109A.18 be adopted.

Rationale:

Testimony in the reference committee was supportive. AMA policy did not address FDA requiring scoring of all tablets and pills while this resolution would do so. Testimony focused on patient care and costs saving to the patient.

10) 2015 ATS OFFICIAL POLICY STATEMENT RESPONDING TO REQUESTS FOR POTENTIALLY INAPPRIPRIATE TREATMENTS (Resolution 110A.18)

Original Resolve

RESOLVED, that the Medical Association of Georgia (MAG) 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.

Recommendation:
Mr. Speaker, your Committee recommends that Resolution 110A.18 be referred to the Board.

Rationale:

There was testimony in support of the resolution. While the committee is general in favor of the Intent it was unclear of the actual policy of the American Thoracic Society. Your Reference Committee reviewed the ATS news article highlight the policies and recommendations pertaining to them, but it was also felt that clarification of the elements was necessary before adopting a general concept policy from any national organization including a national specialty society.

11. UTILIZING BLOOD FROM “THERAPEUTIC” DONATIONS (Resolution 111A.18)

Original Resolve

RESOLVED, 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. Copays should still be required to prevent the “financial incentive”, but instead paid to non-profit organizations or non-profit programs supporting Graduate Medical Education programs.

Recommendation:

Mr. Speaker, your Committee recommends that Resolution 111A.18 be adopted as amended.

“RESOLVED, 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. Copays should still be required to prevent the “financial Incentive”, but instead paid to non-profit organizations or non-profit programs supporting Graduate Medical Education programs.

Rationale:

Your Reference Committee heard testimony in support of the utilization of blood from therapeutic donations. There were some concerns about the details of the co-payment requirements and how the disbursements would be made by the Red Cross. It was discussed that MAG could work locally to support increased donor criteria for blood banks. Because AMA current policy does not address heredity in its criteria, there is an expected favorable outcome from submitted this resolution to AMA for consideration.

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

Heather Dozier, M.D., Vice Chairman, Georgia Society of Anesthesiologists
Glen Fussell, M.D., Muscogee CMS
Darl Rantz, M.D., Bibb CMS
John Johnson, M.D., MAA
Mr. Speaker, your Reference Committee wishes to also thank Beth Boone at the law firm of Hall Booth Smith and Donna Glass for their very capable assistance to the committee.

Michael E. Greene M.D., Chairman
Muscogee CMS