

## **REFERENCE COMMITTEE C**

- 1) ELIMINATION OF MENTHOL PRODUCTS (Resolution: 301C.20; Resolves 1, 2, and 3)
- 2) NURSE PROTOCOL GUIDELINES (Resolution: 302C.20; Resolve 1)
- 3) NURSING HOME BILL OF RIGHTS (Resolution: 303C.20; Resolve 1)
- 4) PHARMACIST ADMINISTRATION OF VACCINES (Resolution: 304C.20; Resolve 1)
- 5) TELEHEALTH REIMBURSEMENT (Resolution: 305C.20; Resolves 1 and 2)
- 6) UPDATED MEDICAL RECORD POLICY REGARDING SUSPENDED OR REVOKED PHYSICIANS (Resolution: 306C.20; Resolves 1 and 2)
- 7) MAG POLICY 165.966 - PRINCIPLES OF HEALTH CARE

**MEDICAL ASSOCIATION OF GEORGIA HOUSE OF DELEGATES (C-20)**

**SUBJECT:** Report of Reference Committee C

**PRESENTED BY:** Antonio Rios, M.D., Chair

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

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

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6 **1) ELIMINATION OF MENTHOL PRODUCTS (Resolution: 301C.20; Resolves 1, 2,  
7 and 3)**

8  
9 **Original Resolves**

10  
11 1) “That the Medical Association of Georgia (MAG) will advocate for legislation that will eliminate  
12 the sale of all nicotine-containing products with menthol within the State of Georgia.”

13  
14 2) “That MAG will advocate that enforcement of this legislation be directed exclusively at the retail  
15 sale of such products and not at possession of the same.”

16  
17 3) “That the MAG delegation to the American Medical Association (AMA) present a resolution to  
18 the AMA to reaffirm policy on tobacco sales and flavoring, with the goal of making the sale of  
19 nicotine-containing products with menthol illegal in all states.”

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21 **Recommendation:**

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23 Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 301C.20 be adopted.

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25 Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 301C.20 be adopted.

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27 Mr. Speaker, your Committee recommends that Resolve 3 of Resolution 301C.20 be adopted.

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29 **Rationale:**

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31 Your Reference Committee supports these resolutions to further enhance AMA policy that already  
32 exists on the issue of menthol and other flavored tobacco products. The elimination of nicotine  
33 products that contain menthol will help prevent health disparities that already exist, in addition to  
34 helping to combat the tobacco issue for all of Georgia’s young and vulnerable patients.

35  
36 **2) NURSE PROTOCOL GUIDELINES (Resolution: 302C.20; Resolve 1)**

37  
38 **Original Resolve**

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40 1) “That the Medical Association of Georgia (MAG) advocate for the Georgia Composite Medical  
41 Board to adopt a definition of “guidelines” that states, “Written clinical protocols describing the  
42 use of the accumulation of signs and symptoms based on nursing history, evaluation and  
43 assessment supported by supportive laboratory and/or radiologic/radiographic evidence which

1 allows the entry of the Delegating Physician's medical diagnosis into the medical record. From  
2 this, the treatment protocol may be followed as described in the reference source, in its latest and  
3 most current edition as may be delegated by the Delegating Physician.” A copy of these  
4 guidelines should be required to be maintained at each practice site where patients are seen.”  
5

6 **Recommendation:**  
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8 Mr. Speaker, your Committee recommends that Resolution 302C.20 be adopted as amended.  
9

- 10 1) “That the Medical Association of Georgia (MAG) advocate for the Georgia Composite Medical  
11 Board to adopt a definition of “guidelines” that states, “Written clinical protocols ~~describing the use~~  
12 ~~of the accumulation of signs and symptoms based on nursing history, evaluation and assessment~~  
13 ~~supported by supportive laboratory and/or radiologic/radiographic evidence~~ which allows the entry  
14 of the Delegating Physician's medical diagnosis into the medical record. From this, the treatment  
15 protocol may be followed as described in the reference source, in its latest and most current edition  
16 as may be delegated by the Delegating Physician.” A copy of these guidelines should be required to  
17 be maintained at each practice site where patients are seen.”  
18

19 **Rationale:**  
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21 Your Reference Committee recognizes the importance of language that will clearly define the  
22 relationship and agreement between a delegating physician and an APRN. This clarification will help  
23 avoid misinterpretation about independent practice by nurse practitioners. This resolution will make  
24 sure there is adequate supervision by the delegating physician to ensure patient safety. These  
25 guidelines are in nurse protocol agreements and “evidence-based guidelines,” but they are currently  
26 undefined by the Georgia Composite Medical Board, which the Committee believes is addressed by  
27 this resolution. However, your Committee heard testimony that the proposed definition was confusing  
28 and overly complex. The Committee believes the amendment addresses this by deleting language  
29 inherent in the use of “written clinical protocols.”  
30

31 **3) NURSING HOME BILL OF RIGHTS (Resolution: 303C.20; Resolve 1)**  
32

33 **Original Resolve**  
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- 35 1) “That the Medical Association of Georgia advocate for legislation establishing a nursing home bill  
36 of rights to be implemented during the COVID-19 pandemic that includes the following provisions:  
37 1. Facilities should allow safe outdoor visitation by family members, close friends, and essential  
38 caregivers, and  
39 2. Facilities should allow indoor visitation by family members, essential caregivers, and close  
40 friends where the visitor wears a full protective "surgical type" gown, gloves, an approved  
41 mask, and face shield, and  
42 3. Facilities should allow these visits to be at convenient times both to the facility and to the  
43 loved ones including weekend visitation and duration on not less than 1 hour, and  
44 4. Outdoor visits shall be conducted safely with residents and family members wearing  
45 approved masks and maintaining at least six (6) feet of social distancing, and  
46 5. Facilities may screen visitors for illness and require rapid COVID testing if available at the  
47 facility, and  
48 6. Facilities must provide telephone and video communication if requested by residents (or their  
49 power of attorney) between residents and essential care givers, and  
50 7. Nursing facilities must answer phone calls and emails within 24 hours or by the end of the  
51 next business day whichever is later, and

8. Facilities must provide an emergency phone number that is staffed 24 hours per day, and
9. Facilities must establish an oversight task force consisting of residents, where appropriate, and family members as well as facility administration.

**Recommendation:**

Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 303C.20 be adopted as amended.

1) ~~“That the Medical Association of Georgia work with appropriate stakeholders to develop and advocate for legislation establishing a policies pertaining to for nursing homes operating procedures consistent with public health guidelines bill of rights to be implemented during public health emergencies the COVID-19 pandemic that will simultaneously maximize patient and staff safety and the quality of life of patients, family members, close friends, and essential caregivers. includes the following provisions:~~

- ~~1. Facilities should allow safe outdoor visitation by family members, close friends, and essential caregivers, and~~
- ~~2. Facilities should allow indoor visitation by family members, essential caregivers, and close friends where the visitor wears a full protective "surgical type" gown, gloves, an approved mask, and face shield, and~~
- ~~3. Facilities should allow these visits to be at convenient times both to the facility and to the loved ones including weekend visitation and duration on not less than 1 hour, and~~
- ~~4. Outdoor visits shall be conducted safely with residents and family members wearing approved masks and maintaining at least six (6) feet of social distancing, and~~
- ~~5. Facilities may screen visitors for illness and require rapid COVID testing if available at the facility, and~~
- ~~6. Facilities must provide telephone and video communication if requested by residents (or their power of attorney) between residents and essential care givers, and~~
- ~~7. Nursing facilities must answer phone calls and emails within 24 hours or by the end of the next business day whichever is later, and~~
- ~~8. Facilities must provide an emergency phone number that is staffed 24 hours per day, and~~
- ~~9. Facilities must establish an oversight task force consisting of residents, where appropriate, and family members as well as facility administration.”~~

**Rationale:**

Your Reference Committee heard testimony underlining the comorbidities of isolation during the current pandemic that have been extreme, particularly for those living in nursing homes and has affected patients and residents of nursing homes as well as their families. This resolution addresses this quality of life issue by allowing MAG to work in conjunction with various stakeholders (e.g., patient advocacy groups, public health organizations, nursing home organizations), to produce a good outcome in the spirit of the resolution, while also adhering to the recommended CDC and public health guidelines. The amendment to the original resolve allows a broader approach to make this a fluid and ongoing collaboration with stakeholders and useful in the future for other public health emergencies, and not just applicable to COVID-19.

**4) PHARMACIST ADMINISTRATION OF VACCINES (Resolution: 304C.20; Resolve 1)**

**Original Resolve**

1) “That the Medical Association of Georgia (MAG) support legislation permitting the administration

1 by pharmacists under a protocol agreement with a Georgia licensed physician of all Advisory  
2 Committee for Immunization Practices (ACIP) recommended or U.S. Food and Drug Administration  
3 (FDA) approved vaccines for patients 18 years of age and older without the need for a prescription  
4 with the requirement that GRITS be checked prior to administration and the vaccination be recorded  
5 in GRITS after administration.”  
6

7 **Recommendation:**  
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9 Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 304C.20 be adopted as amended.  
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11 1) “That the Medical Association of Georgia (MAG) support legislation permitting the  
12 Administration by pharmacists under a protocol agreement with a Georgia licensed physician of all  
13 Immunizations consistent with the most recent edition of the Advisory Committee for Immunization  
14 Practices (ACIP) adult immunization schedule recommended or U.S. Food and Drug Administration  
15 ~~(FDA) approved vaccines~~ for patients 18 years of age and older without the need for a prescription  
16 with the requirement that GRITS must be checked prior to administration and the vaccination must  
17 be recorded in GRITS by the pharmacist or designee within 72 hours after administration.”  
18

19 **Rationale:**  
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21 Your Reference Committee agrees that broader access to vaccines through pharmacist administration  
22 to adults under a protocol agreement with a physician will improve the health and welfare of  
23 Georgia’s patients, however it is of the utmost importance protect patient safety. Your Committee  
24 wanted to ensure a mechanism is in place to require pharmacists to enter all administered vaccines  
25 into GRITS (Georgia Registry of Immunization Transactions and Services), and within a specified  
26 time frame and to require pharmacists to verify that the vaccine is not duplicative by checking GRITS  
27 prior to administration. The ability for pharmacists to administer vaccines must be consistent with the  
28 most recent edition of the ACIP immunization schedule, which changes periodically. If the  
29 immunization is recorded, this will help to eliminate issues of duplicate immunizations in a  
30 physicians’ office or pharmacy. This resolution gives pharmacists the ability to assist physicians with  
31 increasing vaccine rates for adult patients, while also protecting the patients by holding the  
32 pharmacists accountable.  
33

34 **5) TELEHEALTH REIMBURSEMENT (Resolution: 305C.20; Resolves 1 and 2)**  
35

36 **Original Resolves**  
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- 38 1) “That the Medical Association of Georgia (MAG) work with governmental agencies and private  
39 insurers to maintain and expand reimbursement for Telehealth services in Georgia.”  
40  
41 2) “That MAG make continuation and expansion of Telehealth services for Georgians after  
42 expiration of the CMS 1135 waiver a legislative priority.”  
43

44 **Recommendation:**  
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46 Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 305C.20 be adopted.  
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48 Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 305C.20 be adopted.  
49

50 **Rationale:**  
51

1 Your Reference Committee agrees that telehealth patient care is now a vital physician practice, and it  
2 is important that MAG move from a passive to an active role in telehealth advocacy to continue to  
3 maintain the reimbursement mechanisms established in this current pandemic for telehealth. This will  
4 also encourage MAG to push telehealth forward after the expiration of the CMS 1135 waiver that is  
5 currently in place. There are many positive benefits to telehealth for all of Georgia’s patients, and it is  
6 important that this practice, accessibility, and resource continues beyond the pandemic and into the  
7 future.  
8

9 **6) UPDATED MEDICAL RECORD POLICY REGARDING SUSPENDED OR**  
10 **REVOKED PHYSICIANS (Resolution: 306C.20; Resolves 1 and 2)**

11 **Original Resolve(s)**

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13  
14 1) “That the Medical Association of Georgia (MAG) will craft legislation for the Georgia General  
15 Assembly requiring suspended or revoked physicians to immediately (at the time of board action)  
16 designate a custodian approved by the Georgia Composite Medical Board who will contact that  
17 physician’s patients and make arrangements for them to receive their medical records within 30  
18 days.”

19  
20 2) “That the MAG delegation to the American Medical Association (AMA) present a resolution  
21 asking for the AMA to include in AMA policy 3.31 that physicians whose license has been  
22 suspended or revoked should immediately (at the time of board action) designate a State Medical  
23 Board-approved custodian who will contact that physician’s patients and make arrangements for  
24 them to receive their medical records within 30 days.”

25  
26 **Recommendation:**

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28 Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 306C.20 be adopted as amended.

29  
30 1) “That the Medical Association of Georgia (MAG) will craft legislation for the Georgia General  
31 Assembly requiring suspended or revoked physicians to immediately (at the time of board action)  
32 designate a custodian approved by the Georgia Composite Medical Board who will ~~contact that~~ notify  
33 the physician’s patients and make arrangements for them to receive their medical records within 390  
34 days.”

35  
36 Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 306C.20 be adopted as amended.

37  
38 2) “That the MAG delegation to the American Medical Association (AMA) present a resolution  
39 asking for the AMA to include in AMA policy 3.31 that physicians whose license has been suspended  
40 or revoked should immediately (at the time of board action) designate a State Medical Board-  
41 approved custodian who will ~~contact that~~ notify the physician’s patients and make arrangements for  
42 them to receive their medical records within 390 days.”

43  
44 **Rationale:**

45  
46 Your Reference Committee heard testimony that there are currently no regulations or requirements  
47 governing patient records when a physician has had their license suspended or revoked. Rules do  
48 exist for when a physician retires, but neither MAG nor the AMA has a policy that addresses this  
49 issue for suspended or revoked physicians. While the committee sees the need for such rules and a  
50 policy to support it, there were concerns about the responsibility being put on the custodian to contact  
51 the former physicians’ patients, which is why the verbiage was changed to “notify” and then length of

1 time was lengthened to 90 days. This gives more flexibility and time for the custodian to inform  
2 patients of how to receive their records and gives more time for the patients to make arrangements to  
3 acquire them.  
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## 5 **7) MAG POLICY 165.966 - PRINCIPLES OF HEALTH CARE**

### 6 **Original Recommendation**

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9 **165.966 Principles of Health Care 47 HD 10/17/2015** Physicians are united in our efforts to  
10 preserve our profession, as well as to promote and protect the patient-physician relationship. MAG  
11 believes that health care reform in American is founded on three core principles: 1) The right of  
12 patients and physicians to privately contract without third party interference or penalty is a touchstone  
13 of American freedom and liberty and is integral to the patient physician relationship; 2) Patients are  
14 best served when the determination of quality of medical care is made by the profession of  
15 medicine—not by the government or other third party payers; 3) Enacting medical liability reform  
16 based on proven policies is essential if we hope to restrain rising costs without restricting our  
17 patients’ access to quality health care. We believe that the health reform law enacted in 2010 fails to  
18 adhere to these fundamental principles, despite the fact that they may significantly lower our federal  
19 government’s expenditures for medical care. As one considers the financial “costs” of the new health  
20 reform law, one must also consider the “costs” to patients in terms of their access to care and the  
21 quality of care they can expect to receive in the future; In addition to the several positive elements of  
22 the Patient Protection and Affordable Care Act that we support--expanded health insurance coverage,  
23 insurance market reforms, coverage for prevention and wellness initiatives--we believe that the  
24 following elements are essential to arriving at an acceptable form of health care reform legislation and  
25 should replace all other provisions: 1) In general, the U.S. health care system should be based on  
26 principles which support a private, free market economic system without mandatory participation by  
27 government. Funding for expanded government health care (i.e., Medicaid) should only occur based  
28 on a sound, financially stable and sustainable funding source which is not based on reductions in  
29 Medicare or other programs or further contributes to the U.S. National Debt; 2) The replacement of  
30 Medicare’s sustainable growth rate (SGR) should be monitored for appropriate criteria for quality  
31 care; 3) Proven medical liability reform measures should be constitutionally protected, including a  
32 cap on non-economic damages; 4) Anti-trust relief, which allow independent groups of physicians to  
33 collaborate on cost, quality, care coordination, and other ways to improve their practices, should be  
34 enacted; 5) Employers should not be required to provide health insurance, but should do so  
35 voluntarily; 6) Medicare, Medicaid and other payment advisory boards should not be given  
36 unprecedented authority to make sweeping changes; such changes should be decided by Congress  
37 only; 7) Patients should have the right to choose their physician; 8) Patients should have the right to  
38 choose their own form of health insurance; 9) All quality determinations which are made of medical  
39 care should be made by physicians; 10) Physician should have the right to have ownership in a  
40 specialty hospital, as long as it is fully disclosed to patients or other effected people; 11) Medicaid’s  
41 eligibility requirements should not be open to additional categories of recipients unless the federal  
42 government can do so with a balanced budget; the fee schedule is calibrated to the actual cost of care;  
43 and the additional cost does not add to the national debt; 12) Employees should be allowed the same  
44 tax deduction for health insurance premiums as their employers; 13) The method of including  
45 consumer copayments as a part of health insurance coverage should be continued in order to allow  
46 some level of responsibility to the consumer; 14) The government should consider the use of tax-free  
47 vouchers as a method of payment for the indigent; 15) The government should consider allowing  
48 “Means Testing” as a method for determining Medicare patient coverage or use of a stratified tax  
49 deduction/voucher system for the elderly population, in place of Medicare; 16) All patients,  
50 regardless of the presence of any third party payer, including Medicare recipients, should be able to  
51 privately contract with their doctor for medical care, without penalty to either party; 17) Physicians

1 should be allowed to participate in health plan quality reporting mechanisms, including Medicare and  
2 Medicaid, voluntarily, without penalty; 18) Health plans, including government health plans should  
3 be allowed to establish quality/cost payment bonuses for physicians, without penalty to other  
4 participating physicians; 19) Health plans should eliminate the use of physician performance and  
5 “Profiling Episode Grouper” systems and other public reporting of physicians’ claims data, as they  
6 are presently designed, due to their widespread inaccuracies and lack of scientific validity; 20)  
7 Federal payment system reform pilot projects should include strong representation from the private  
8 physician community and include direct Congressional oversight; 21) The federal government and  
9 private health plans should narrow the scope of their audit and payment recoupment programs to true  
10 fraud and abuse violators, not to personnel committing innocent administrative errors; 22)  
11 Government and other Relative Value Current Procedural Terminology (CPT) Coding system  
12 committees should be predominately 2 composed of private practice physicians, who most often  
13 perform those procedures, i.e., members 3 of organized medicine and medical specialty societies.  
14 (Special Report 04.15, Appendix III).

15  
16 **Recommendation:**

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18 Mr. Speaker, your Committee recommends that MAG Policy 165.996 be sunset.

19  
20 **Rationale:**

21  
22 Mr. Speaker, Your Reference Committee heard testimony that many of the items addressed in this policy  
23 are repeated or addressed elsewhere in other MAG policy. For most policies where these issues are not  
24 specifically and identically addressed, the spirit and intent of policy echoes that which is in this policy.  
25 Your Reference Committee also believes that MAG’s Policy Compendium is best used and suited in the  
26 form of policies that address finite and individual issues, therefore the redundancy and verbose nature of  
27 this policy is not necessary. If members are passionate about a particular issue in this policy that is not  
28 covered elsewhere in MAG’s current policies, it would be beneficial for them to submit a resolution  
29 concerning the issue at next year’s House of Delegates.

30  
31 Mr. Speaker, this concludes the report of Reference Committee C. I wish to thank the members of the  
32 committee who are:

33  
34 Patrick Blohm, M.D., Georgia Medical Society  
35 Ben Cheek, M.D., Muscogee County Medical Society  
36 Joanne Zhu, M.D., Cobb County Medical Society  
37

38 Mr. Speaker, your Reference Committee wishes to also thank MAG staff members Derek Norton,  
39 Christiana Craddock, and Bethany Sherrer for their very capable assistance to the committee, and to  
40 Mandi Milligan and Ryan Larosa for their conducting the logistics of the webinar meeting.

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44 \_\_\_\_\_  
45 Antonio Rios, M.D., Chairman  
46 Hall County Medical Society