COMMITTEE ON ANNUAL SESSION

Special: 03.20

SUBJECT: Policy Sunset and Reaffirmation Report

SUBMITTED BY: Edmund R. Donoghue, M.D., Speaker of the House of Delegates

REFERRED TO: Consent Calendar

The House of Delegates (HOD) adopted policy that established a sunset mechanism for Medical Association of Georgia (MAG) policy. Under the sunset mechanism, policies adopted are systematically reviewed after adoption to assess their continuing timeliness and relevance. The MAG Board of Directors shall annually submit to the HOD, a list of MAG policy statements, which in the opinion of the Board no longer serve the best interests of the association.

At the MAG annual session, the Annual Session Committee will present a list of MAG policies five years old that were reviewed by relevant committees and recommendations made for: 1) retention and reaffirmation; 2) rescission and sunset; and 3) sunset with replacement by a new or revised policy.

The sunset mechanism for MAG policy was established to:

- Promote efficiency in HOD deliberations;
- Identify and rescind outmoded, duplicative, or inconsistent policies;
- Update and/or modify policies which are still pertinent but for which change has occurred; and
- Facilitate development and maintenance of a MAG policy information base and policy compendium.

A complete copy of the 2020 *MAG Policy Compendium* is posted on the MAG website. Of the 104 policies that were reviewed, 96 are being recommended for retention/reaffirmation, 2 are being recommended for sunset and 6 are being recommended for replacement by a new or revised policy. Policies that have been recommended for sunset will be retained in MAG's historical records.

The Annual Session Committee expresses its appreciation to the MAG Board of Directors, councils, committees and MAG staff for their continued assistance and cooperation in this activity, as well as MAG Office of the Executive Director, which is in charge of maintaining the *MAG Policy Compendium* and organizes the five-year reviews. The contributions and collective expertise of the councils and committees have ensured the continued success of this project.

RECOMMENDATIONS:

1. That the policies set forth in Appendix I, be reaffirmed.
2. That the policies set forth in Appendix II, be sunset.
3. That the policies set forth in Appendix III, be sunset and replaced with new policy.

# # #

2020 MAG House of Delegate

Appendix I
MAG Policies for Reaffirmation

The policies below received a thorough review by MAG's committees and/or or of its task forces. Each policy was recommended for reaffirmation because the reviewing body agreed that each policy herein continues to be a relevant policy statement.

15.987 Vehicle Injury Prevention
HD 10/17/2010

MAG supports the sale and use of helmets and protective gear for recreational ATVs, and supports the industry in developing technology to improve safety. (Resolution 104A.10) (Reaffirmed 10/17/2015)

15.991 Child Restraints
HD 10/16/2010

MAG strongly supports the use of child restraint devices in automobiles and the irrefutable scientific evidence concerning the efficacy of such devices. (Special Report 04.10, III) (Reaffirmed 10/17/2015)

35.985 Physical Therapy
HD 5/1/2000

MAG opposes allowing physical therapists to practice without the benefit of a physician's examination of the patient and referral to the physical therapist for therapy. (Comm: 10-00, Appendix B) (Reaffirmed 10/2005) (Reaffirmed 10/16/2010; 10/17/2015)

35.987 Midwives
HD 5/1/2000

MAG believes that lay midwifery should be prohibited, and that Certified Nurse Midwives or licensed physicians are the proper professionals to provide the delivery of prenatal services. (Comm:10-00, Appendix B) (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

35.988 Blood Test Authorization
HD 10/16/2010

MAG opposes pharmacists having the legal authority to perform capillary blood tests. Special Report 04.10, III (Reaffirmed 10/17/2015)

35.990 Physician Assistant DEA Number
EC 1/1/1998

MAG opposes independent DEA numbers for physician assistants. (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

55.995 Access to Palliative Care
HD 10/18/2015

MAG supports all efforts including those of the Georgia Cancer Control Consortium and other health care organizations, including legislation to create a palliative care network that offers access to palliative care for both inpatient and outpatient treatment in each region of the state. (Resolution 103A.15)

1 100.998 Drug Endorsements
2 HD 10/15/2005
3 MAG will not engage in any endorsement of a drug or drugs for commercial purposes. (Comm.
4 01-05 Appendix III) (Reaffirmed 10/16/2010; 10/17/2015)
5
6 120.974 Drug Formulary Transparency
7 HD 10/18/2015
8 MAG support drug formulary transparency for patients to help improve the quality of care
9 provided by physicians. (Res. 307C.15, resolve 2)
10
11 120.975 APRN Prescribing Under Protocol
12 BD 10/16/2015
13 MAG believes that APRNs: 1) should not prescribe drugs for a treatment of an unconfirmed
14 medical diagnosis; 2) are trained only to enter a nursing diagnosis for a patient and should not
15 enter an non- established medical diagnosis for a patient; and 3) should be governed by the
16 Georgia Composite Medical Board.
17
18 120.985 Physician Prescribing
19 HD 10/16/2010
20 MAG supports the physician's right to prescribe individual drugs which are appropriate for the
21 medical condition in question, Committee 4.10: Appendix III (Reaffirmed 10/17/2015)
22
23 120.992 Pharmacists Modifying Drug Therapy
24 HD 10/16/2010
25 MAG supports the ability of pharmacists to modify drug therapy in an institutional setting
26 pursuant to the order of a physician or a protocol established by the medical staff, or under the
27 following circumstances: 1) Patient specific; 2) Pursuant to a physician's diagnosis; 3) Physician
28 set parameters (no therapeutic substitution); 4) Specifics on types and categories of medication as
29 well as minimum and maximum dosage levels within types and categories; 5) Mandatory
30 reporting back to physicians; 6) Patient notified that pharmacists is authorized to modify drug
31 therapy; 7) Physician readily available for consultation and direction; and 8) A one-time
32 modification, (Special Report 04.10 III (Reaffirmed 10/17/2015
33
34 120.994 Misuse of DEA Number
35 HD 5/1/1998
36 MAG supports the proper use of the DEA number, which is only used for the
37 prescribing of controlled substances. (Res: 315C-98) (Reaffirmed 10/2005;
38 10/16/2010l; 10/17/2015)
39
40 120.995 Prescribing Practices
41 HD 5/1/1998
42 MAG opposes the practice of permitting pharmaceutical manufacturers access to specific
43 physician prescribing practices, Res: 101-A-98 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)
44
45 125.994 Substitutions
46 HD 10/16/2010
47 MAG opposes therapeutic substitution and the requirements that "Brand Necessary" be
48 handwritten on hardcopy prescriptions to prevent generic substitution. MAG supports
49 authorizing physicians to orally designate a prescription as "Brand Necessary" via the telephone,
50 and reversion to the "double line" hardcopy prescription on which the physician signs the
51 appropriate line related to generic substitutions, Appendix III (Reaffirmed 10/17/2015)

130.973 State Trauma System
HD 10/16/2010

MAG supports a fully funded and staffed statewide coordinated trauma system for Georgia in which highly specialized services are concentrated in designate regional trauma centers and that provides for the direct referral of patients to the nearest appropriate regional center. MAG promotes the retention of a physician Director for the Department of community Health's (DCH) EMS and Trauma Services Office. MAG supports annual incentive payments to designated trauma centers that meet the DCH/EMS and American College of Surgeons standards. Such payments should be from a dedicated source that is not subject to being appropriated elsewhere, should assist physicians and other health care providers defray the costs of uncompensated care, and should be made through the EMS and Trauma Services Office. MAG supports the development of a statewide trauma registry to be used for quality assurance, improved patient care and for research on the overall impact of trauma on the state's healthcare system, citizens and economy, Special Report 04.10, III (Reaffirmed 10/17/2015)

130.988 Call Coverage
HD 5/1/2000

MAG supports retraction of onerous provisions of EMTALA and OIG opinions concerning emergency room call coverage by physicians, Res: 209B-00 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

150.997 Health Outcomes -- FNS Intervention
HD 10/18/2015

MAG supports legislation that include medically tailored Food and Nutrition Services for individuals living with severe illnesses for which there is disease-specific evidence that demonstrates the cost effectiveness and improved health outcomes that result from FNS as an intervention. (Res.309C.15, Resolve 2)

150.998 Community Service -- Intervention
HD 10/18/2015

MAG supports the Food and Nutrition Service (FNS) agencies that provide a vital service in the community by providing high quality, low cost health intervention. (Res. 309C.15, Resolve 1)

155.975 Tobacco -- State Excise Tax
HD 10/18/2015

MAG supports legislation that increases the state’s tobacco excise tax to an amount which will improve the health of Georgia residents. (Res. 310C.15)

160.975 Patients Treatment Decisions
HD 10/18/2015

MAG believes that insurers and payers should eliminate complex barriers and reinstate physicians as the primary authorities for patient treatment decisions including providing coverage transparency and protecting patient access to timely, affordable and medically appropriate care in Georgia. (Res.307C.15)

165.966 Principles of Health Care
HD 10/17/2015

Physicians are united in our efforts to preserve our profession, as well as to promote and protect the patient-physician relationship. MAG believes that health care reform in American is founded on three core principles: 1) The right of patients and physicians to privately contract without third party interference or penalty is a touchstone of American freedom and liberty and is integral to

the patient physician relationship; 2) Patients are best served when the determination of quality of medical care is made by the profession of medicine—not by the government or other third party payers; 3) Enacting medical liability reform based on proven policies is essential if we hope to restrain rising costs without restricting our patients' access to quality health care. We believe that the health reform law enacted in 2010 fails to adhere to these fundamental principles, despite the fact that they may significantly lower our federal government's expenditures for medical care. As one considers the financial "costs" of the new health reform law, one must also consider the "costs" to patients in terms of their access to care and the quality of care they can expect to receive in the future; In addition to the several positive elements of the Patient Protection and Affordable Care Act that we support--expanded health insurance coverage, insurance market reforms, coverage for prevention and wellness initiatives--we believe that the following elements are essential to arriving at an acceptable form of health care reform legislation and should replace all other provisions: 1) In general, the U.S. health care system should be based on principles which support a private, free market economic system without mandatory participation by government. Funding for expanded government health care (i.e., Medicaid) should only occur based on a sound, financially stable and sustainable funding source which is not based on reductions in Medicare or other programs or further contributes to the U.S. National Debt; 2) The replacement of Medicare's sustainable growth rate (SGR) should be monitored for appropriate criteria for quality care; 3) Proven medical liability reform measures should be constitutionally protected, including a cap on non-economic damages; 4) Anti-trust relief, which allow independent groups of physicians to collaborate on cost, quality, care coordination, and other ways to improve their practices, should be enacted; 5) Employers should not be required to provide health insurance, but should do so voluntarily; 6) Medicare, Medicaid and other payment advisory boards should not be given unprecedented authority to make sweeping changes; such changes should be decided by Congress only; 7)Patients should have the right to choose their physician; 8) Patients should have the right to choose their own form of health insurance; 9) All quality determinations which are made of medical care should be made by physicians; 10) Physician should have the right to have ownership in a specialty hospital, as long as it is fully disclosed to patients or other effected people; 11) Medicaid's eligibility requirements should not be open to additional categories of recipients unless the federal government can do so with a balanced budget; the fee schedule is calibrated to \the actual cost of care; and the additional cost does not add to the national debt; 12) Employees should be allowed the same tax deduction for health insurance premiums as their employers; 13) The method of including consumer co-payments as a part of health insurance coverage should be continued in order to allow some level of responsibility to the consumer; 14) The government should consider the use of tax-free vouchers as a method of payment for the indigent; 15) The government should consider allowing "Means Testing" as a method for determining Medicare patient coverage or use of a stratified tax deduction/voucher system for the elderly population, in place of Medicare; 16) All patients, regardless of the presence of any third party payer, including Medicare recipients, should be able to privately contract with their doctor for medical care, without penalty to either party; 17)Physicians should be allowed to participate in health plan quality reporting mechanisms, including Medicare and Medicaid, voluntarily, without penalty; 18) Health plans, including government health plans should be allowed to establish quality/cost payment bonuses for physicians, without penalty to other participating physicians; 19) Health plans should eliminate the use of physician performance and "Profiling Episode Grouper" systems and other public reporting of physicians' claims data, as they are presently designed, due to their widespread inaccuracies and lack of scientific validity; 20) Federal payment system reform pilot projects should include strong representation from the private physician community and include direct Congressional oversight; 21) The federal government and private health plans should narrow the scope of their audit and payment recoupment programs to true fraud and abuse violators, not to personnel committing innocent administrative errors; 22) Government and other Relative Value

Current Procedural Terminology (CPT) Coding system committees should be predominately composed of private practice physicians, who most often perform those procedures, i.e., members of organized medicine and medical specialty societies. (Special Report 04.15, Appendix III).

165.987 Tax Reform
HD 5/1/1999

MAG supports the AMA's continued monitoring and study of the impact of the various tax reforms on the U.S. health care delivery system and urges that the AMA continue to inform AMA members and the public about the impact of such tax reforms, Res. 310C-99 (Reaffirmed 10/2005;10/16/2010; 10/17/2015)

180.972 Patient ID Card
HD 10/17/2015

MAG supports requiring all health insurers to provide basic information on the insured's identification card including, but not limited to, patient name, patient identification number, group number, name of insurer, type of plan (this should be well defined and accurate and include if it is an Exchange or ERISA plan)), effective date of coverage, copayments and deductibles, central labs, restrictions, such as no coverage for wellness checkups or immunizations, insurance company telephone number and claims address. Include dependent names and pharmacy contact. (Special 04.15 Appendix III)

180.980 ERISA
BD 8/1/2000

MAG supports the revision of ERISA laws so as to make self-insured plans subject to state regulations. (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

180.981 Credentialing
HD 5/1/2000

MAG believes that health insurers should be required to expedite the credentialing process for all physicians and that it should be no more than thirty days for any physician who changes practice locations within the State of Georgia and is already credentialed by the insurer as a panel physician, Res. 304C-00 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

180.982 Patient's Right to Privacy
HD 10/16/2010

MAG opposes the disclosure of patient-specific illness information to an employer unless the patient clearly understands the medical information to be released and consents to such disclosure in writing, Special Report 04.10, III (Reaffirmed 10/17/2015)

180.984 Prompt pay
HD 5/1/1998

MAG supports aggressively seeking enforcement of the current law requiring insurers to promptly reimburse physicians for health care services. Officer: 1-98, Rec. 5 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

185.968 Insurance Transparency
HD 10/18/2015

MAG shall advocate for: 1) all prior approval procedures and forms to be clearly available on an insurance plan website; 2) forms to be transparent with all materials in clear, concise and literacy appropriate language for the calendar year; 3) all insurance companies to post current drug formularies clearly on an insurance plan website; and 4) provide the drug formulary when

denied. (Res. 305C.15)

185.969 Opioids - Abuse Deterrent Technology
HD 10/18/2015

MAG believes that if insurance carriers provide coverage for a certain extended-released opioid, they must also provide equitable coverage for the same extended-release opioid with abuse- deterrent technology when available. (Res. 302C.15)

185.992 Mandated benefits
HD 5/1/1999

MAG supports mandated benefits only when they provide quality patient care, are clearly cost- effective and have strong public health benefits. Mandated benefits that relate to the length of in- patient hospital stay or similar medical decisions should be made by the treating physician according to recognized medical standards, Committee 10-99, Rec. 3 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015

205.984 Dying in America
HD 10/18/2015

MAG supports and promotes the recommendations of the Institute of Medicine (IOM) "Dying in America" report, which provides recommendations to improve the quality of end-of-life care received by all patients. (Res. 113A.15)

215.996 Hospitalists
HD 5/1/1999

MAG opposes the mandatory use of "hospitalists" for inpatient care, Res. 105A-99 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

230.991 Board Recertification - NBPAS
HD 10/18/2015

MAG accepts the National Board of Physicians and Surgeons (NBPAS) as an alternative to ABMS for recertification of physicians in Georgia. (Resolution 101A.15)

235.999 Drug Screening
HD 5/1/1999

MAG adopts the Guidelines for Medical Staff Drug Screening Policies, as developed by the MAG OMSS. MAG will work with the Georgia Hospital Association and other appropriate groups to distribute them to any organized medical staff. The eight policies are as follows: 1) Urine drug and alcohol testing of employees may be appropriate in (a) pre-employment examinations of those persons whose jobs affect the health and safety of others; (b) situations in which there is reasonable suspicion that an employee's job performance is impaired by alcohol and drug use; and (c) monitoring as part of a comprehensive program of treatment and rehabilitation of alcohol and drug abuse or dependence; 2) Urine drug and alcohol testing of physicians are appropriate under these same conditions; 3) Medical staff must be involved in the development of an institution's substance abuse policy, including (a) selection of analytical methods to ensure scientific validity of the test results, (b) determination of measures to maintain confidentiality of the test results, (c) in for cause post- incident/injury testing, definition of standards for determining whether cause exists and which incidents and/or injuries will result in testing, and (d) development of mechanisms to address the physical and mental health of medical staff members; 4) MAG establishes the primacy of medical staff authority in substance abuse policy and procedures covering any pre-employment, credentialing or other phase of physician evaluation; 5) All drug and alcohol

1 testing must be performed only with substantive and procedural due process safeguards in
2 place; 6) MAG believes strongly in the autonomy of the hospital medical staff and does not
3 support automatic inclusion of the medical staff in hospital personnel policies and programs,
4 including substance abuse testing programs; 7) Hospital medical staffs should develop
5 personnel policies and programs, including substance abuse testing, for members of the
6 hospital medical staff and incorporate these policies in the medical staff bylaws or rules and
7 regulations; 8) There are physicians who are not members of the medical staff, but who are
8 employees of the hospital and their participation in hospital programs should be dictated by
9 their employment agreements. (Reaffirmed 10/2005; 10/16/2010; 10/17/2015
10
11 270.973 Marketing Practices
12 HD 10/17/2015
13 MAG opposes deceptive marketing practices by third party carriers and recommends that the
14 Commissioner of Insurance investigate these practices and publicly report the Department's
15 findings. (Special 04.15 Appendix III)
16
17 270.997 Collective Bargaining
18 HD 5/1/1999
19 MAG supports legislation in Congress that allows physicians to engage in collective bargaining
20 and MAG supports antitrust reform as a top legislative priority of the AMA, Resolution 305 &
21 Committee 10, Recommendation 1 (Reaffirmed 10/2005; 0/16/2010; 10/17/2015)
22
23 275.982 Truth in Advertising - Certification
24 HD 10/18/2015
25 MAG supports legislation that: 1) requires all health care professionals – physicians and non-
26 physicians – to accurately and clearly disclose their training and qualifications to patients; and 2)
27 states that a medical doctor or doctor of osteopathic medicine may not hold oneself out to the
28 public in any manner as being certified by a public or private board including but not limited to a
29 multidisciplinary board or "board certified," unless all of the following criteria are satisfied: a) the
30 advertisement states the full name of the certifying board; and b) the board is either: 1) a member
31 of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association
32 (AOA); or 2) requires successful completion of a postgraduate training program approved by the
33 Accreditation Commission for Graduate Medical Education (ACGME) or the AOA that provides
34 complete training in the specialty or subspecialty certified, followed by prerequisite certification
35 by the ABMS or AOA board for the training field and further successful completion of
36 examination in the specialty or subspecialty certified. (Resolution 313C.15)
37
38 280.989 Long-Term Care/Hospice Care
39 HD 10/16/2010
40 MAG Principles on Long-Term Care and End-of- Life Planning are: 1) MAG supports incentives
41 to increase the numbers of physicians trained in geriatric medicine to meet the growing needs of
42 the elderly population. We believe all physicians must be educated, especially primary care
43 physicians, on how to meet the unique care needs of older adults, including those in nursing
44 homes; 2) MAG encourages support for the creation of new models for providing long- term care,
45 including those for providing care coordination for older adults at risk of functional decline and
46 identification of models that improve quality and reduce costs; 3) All patients should be
47 encouraged to prepare ahead of time concerning the possible future need for long-term care
48 services, including the importance of early preparation through saving and investing, and the
49 option to purchase long-term care insurance; and 4) Patients should be encouraged to express in
50 advance their preferences regarding the extent of treatment after cardiopulmonary arrest or other
51 life-threatening events, especially patients at substantial risk of such an event. During discussions

1 regarding patients preferences, physicians should include a description of the usefulness of
2 comprehensive geriatric assessments and care coordination services for high-risk and high-cost
3 beneficiaries with multiple chronic health conditions, nursing home care and other alternatives,
4 which are available, including at-home care and hospice care. Physicians should be able to advise
5 their patients as well on end-of-life planning including the use of aggressive therapies, the
6 usefulness of "living wills," advance directives, a durable power of attorney and "Do Not
7 Resuscitate" orders, Special Report 04.10, III (Reaffirmed 10/17/2015)
8
9 285.973 Managed Care Contracts and Education
10 HD 10/17/2015
11 MAG supports the annual review of a sample of managed care contracts in order to develop
12 education and guidance to promote awareness about critical red flags in contract design so that
13 members can make informed decisions when entering into payer contracts. (Special 04.15
14 Appendix III)
15
16 285.982 HMO Investigations
17 HD 10/16/2010
18 MAG urges its members to report abusive and unrealistic demands made pursuant to HMO,
19 PPO and other managed care investigations in order that MAG may take appropriate action to
20 help prevent and stop such practices, Special Report 04.10, III (Reaffirmed 10/17/2015)
21
22 290.984 Tax Credits
23 HD 5/1/1999
24 MAG supports allowing a tax credit or tax deduction of the Medicaid allowable in lieu of
25 payment from the state, Res. 300C-99 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015
26
27 315.993 Electronic Records -- Waiver
28 HD 10/18/2015
29 MAG shall advocate for waivers to allow physicians who are not confident with the use of
30 electronic health records to not be financially punished or fined for not using an electronic
31 record program. (Res. 307A.15)
32
33 315.994 Electronic Health Record - Usability
34 HD 10/18/2015
35 MAG supports the 2014 AMA position paper that outlines eight priorities to improve EHR
36 usability for physicians and other stakeholders in the health care industry, including the following:
37 1) EHR systems should be designed to enhance physician-patient communication and
38 engagement; 2) EHR systems should be support team-based care by maximizing each person's
39 productivity in accordance with state licensure laws and allow physicians to delegate tasks as
40 appropriate; 3) EHR systems should be designed to enhance care coordination across the
41 continuum of care; 4) EHR systems should offer product modularity and configurability to meet
42 individual practice requirements; 5) EHR systems should support medical decision making with
43 concise, context sensitive and real- time data; 6) EHR systems should facilitate connected health
44 care across care settings and enable both exporting data and properly incorporating data from
45 other systems; 7) EHR systems should be interoperable with patient mobile technology to support
46 patient engagement; and 8) EHR systems should be designed with end-user input and EHR
47 technology should facilitate post-product implementation feedback. (Resolution 108A.15)
48
49 315.995 Electronic Health Record -- Improving Technology
50 HD 10/18/2015
51 MAG supports the American Medical Association in its advocacy with the U.S. Department of

Health and Human Services, IT experts, researchers and executives to reframe policy around the desired future capabilities of Electronic Health Records technology to enhance patient care, improve productivity and reduce administrative costs. (Resolution 108A.15)

315.996 Written and Verbal Hospital Orders
HD 10/16/2010

MAG believes that medical records should contain written orders on patients which are signed by the practitioner, or a postgraduate physician in an approved training program as determined by the medical staff, giving the order and such orders shall be dated. Verbal and telephone orders, in accordance with medical staff rules, shall be dictated by a practitioner, or a postgraduate physician in an approved training program as determined by the medical staff, to order licensed personnel who are qualified by training and education to receive the orders, subject to the conditions below:

Those licensed personnel which are designated as qualified to receive and record verbal and telephone orders are identified by position in the medical staff rules; 2. Verbal and telephone orders are signed, dated and time recorded by the person to whom they are dictated, with the name of the practitioner issuing the order entered next to the signature of the person taking the order; 3. Verbal and telephone orders are used, when appropriate, in accordance with defined medical staff rules and accepted standards of practice; 4. Verbal and telephone orders are not to be used for procedures or medications which are specified in medical staff rules as not to be prescribed by verbal/telephone order; 5. The hospital has in place and maintains an effective quality assurance system for checking accuracy and appropriateness of practitioners' orders and safeguarding against fraudulent recording of orders; 6. The hospital documents training for the medical and nursing staff in the procedures and conditions for issuing and recording verbal and telephone orders; and 7. Authentication of verbal and telephone orders, verifying that orders are correct and appropriate for the patient, will be done by either the practitioner giving the order or by such practitioner's covering or group practice physician, Special Report 04.10, III (Reaffirmed 10/17/2015)

315.997 Medical Records – Use
HD 5/1/1998

MAG supports the integrity of the medical record as an instrument of clinical care and opposes unnecessary use of the medical record for billing purposes. Resolution 201 (Reaffirmed 10/2005;10/16/2010;10/17/2015)

315.998 Confidentiality
HD 5/1/1998

MAG supports the enforcement of current rules mandating that third party carriers and other health care providers not share patient's medical information with any other entity without the authorized consent of the patient, Resolution 307C (Reaffirmed 10/205;10/16/2010; 10/17/2015)

320.995 Hospital Utilization Review
HD 10/16/2010

MAG opposes the intrusion of insurers into legitimate, objective, protocol-based hospital utilization review activities in an effort to influence such decisions. Special Report 04.10, III (Reaffirmed 10/17/2015)

330.985 Medicare Reform
HD 5/1/1999

MAG supports the promotion of meaningful Medicare reform which permits patients the right to select their own physician and permits the patient and physician to enter into independent

1 contractual relations without requiring the physician to give up his/her medical practice for any
2 period of time. Resolution 316C.99 (Reaffirmed 10/15/2005; 10/16/2010; 10/17/2015)
3
4 330.986 Medical Necessity Clarification
5 BD 10/1/1998
6 MAG encourages CMS to find substitute language for "medically unnecessary," which more
7 accurately reflects the reason for non-coverage of services by Medicare. (Reaffirmed 10/2005;
8 10/16/2010; 10/17/2015)
9
10 330.988 Fraud and Abuse
11 HD 10/16/2010
12 MAG supports the repeal of the Medicare fraud and abuse provisions and sanctions as contained
13 in the Health Insurance Portability and Accountability Act of 1996. Any audits now being
14 required by the Evaluation and Management Documentation Guidelines should be conducted by
15 appropriately trained and qualified personnel using reasonable policies and procedures,
16 physicians' audit findings should be referred to the appropriate specialty society peer review
17 committee, and remedial education should be offered to the physician before any sanctions or
18 legal actions are imposed, Special Report 04.10, III (Reaffirmed 10/17/2015)
19
20 330.989 Whistle Blower Law
21 HD 5/1/1998
22 MAG supports changes in the HIPAA Beneficiary Incentive Program ("Whistle blower
23 Law") legislation, as it applies to medical practices, which allows for the redress of
24 complaints that are made without merit. (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)
25
26 330.990 Coding Guidelines
27 HD 5/1/1998
28 MAG supports the AMA's continued efforts, with significant practicing physician input, to greatly
29 simplify the E&M documentation guidelines, consistent with reasonable standards and medical
30 terminology, allowing for a test period of any proposed guidelines, Resolution 202B.98, Res. 2)
31 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)
32
33 360.982 Diagnostic Radiology
34 HD 10/17/2015
35 MAG opposes CMS authorizing nurse practitioners and certified nurse specialists to order,
36 perform and interpret diagnostic radiology. Furthermore, APRNs should not be authorized to
37 order advanced images, including but not limited to the following: CT, MRI, PET, Nuclear
38 and Bone Scans. MAG finds that the costs to perform and interpret these scans continues to
39 escalate and believes that if this authority is expanded beyond physicians, it could become a
40 tremendous expense to all. (Special 04.15 Appendix III)
41
42 360.992 Primary Care
43 BD 8/1/2000
44 MAG opposes nurse practitioners being titled as primary care providers. (Reaffirmed
45 10/2005; 10/16/2010; 10/17/2015
46
47 370.997 Organ Donation Protocols
48 HD 10/16/2010
49 MAG recognizes the importance of physician participation in the organ donation process and
50 acknowledges organ donation as a specialized form of end-of-life care, Special Report 04.10, III
51 (Reaffirmed 10/17/2015)

1 405.992 Advertising
2 HD 10/16/2010
3 MAG opposes the use of the term "physician" by those not licensed to practice medicine, Special
4 Report 04.10, III (Reaffirmed 10/17/2015)
5
6 425.997 Expedited Partner Therapy
7 HD 10/18/2015
8 MAG supports expedited partner therapy in Georgia to help combat the spread of sexually
9 transmitted diseases. (Res. 111.15)
10
11 430.995 Sexual Transmitted Disease Protections
12 HD 10/17/2010
13 MAG supports legislation that would allow any nonprofit or public health care agency to
14 distribute sexual barrier protection devices to inmate. Distribution of such devices shall not be
15 considered encouraging sexual acts between inmates and possession of such devices by inmates
16 shall not be considered subject to the inmates' criminal or administrative sanctions (Res.
17 105A.10; Reaffirmed 10/17/2015)
18
19 440.982 Bioterrorism Planning
20 HD 10/15/2005
21 MAG will work in conjunction with federal and state agencies to coordinate plans and strategies
22 with MAG membership, local medical societies and hospitals to deal with protecting individuals
23 from the dangers of terrorism and natural disasters to our nation and to the state of Georgia,
24 Comm. 01-05 Attachment III (Reaffirmed 10/16/2010; 10/17/2015)
25
26 450.986 Facilities denial to Physicians
27 HD 10/18/2015
28 MAG supports legislation asserting that medical centers should not be allowed to deny a
29 licensed Georgia physician the ability to utilize its facilities as this denial is limiting the
30 physician's ability to practice medicine and to provide the best medical care to their patients.
31 (Res. 312.15)
32
33 450.987 Veterans Affairs -- Enhanced Communication
34 HD 10/18/2015
35 MAG supports enhanced communications between patients' Veterans Affairs (VA) physicians and
36 their other non-VA treating physicians using electronic and/or telephone, electronic medical
37 records, and communication systems. (Res. 114A.15).
38
39 450.996 Peer Review Grievances
40 HD 10/16/2010
41 MAG supports physician peer review systems that are fair and equitable and allow for
42 resolution of grievances. (Special Report 04.10, III; Reaffirmed 10/17/2015)
43
44 460.996 Stem Cell
45 HD 10/17/2010
46 MAG supports ethical stem cell research including hESC, (Res. 303C.10; Reaffirmed 10/17/2015)
47
48 490.994 Tobacco Smoke
49 HD 5/1/1998
50 MAG recognizes that environmental tobacco smoke is a major threat to public health, and
51 endorses legislation by the state of Georgia to stop or severely limit the use of tobacco in all

1 public buildings and enclosed work areas in the state, Resolution 302C-98) (Reaffirmed
2 10/2005; 10/16/2010; 10/17/2015)
3
4 515.995 Adult Abuse
5 HD 10/15/2005
6 MAG supports the legal protection of disabled adults from physical abuse. Civil and criminal
7 immunity should be provided to those who report in good faith cases of adult abuse. (Comm. 01-
8 05 Appendix III; Reaffirmed 10/16/2010; 10/17/2015)
9
10 515.997 Sex and Violence
11 HD 10/16/2010
12 MAG condemns the expression of excessive violence and sex on television, radio, the internet and
13 other common means of communication and encourages its members to work with appropriate
14 groups to lessen the broadcasting of and the impact of their detrimental effects on our society,
15 Special Report 04.10, III (Reaffirmed 10/17/2015)
16
17 530.911 Travel Reimbursement
18 HD 10/16/2010
19 The Board of Directors will maintain a written policy on reimbursement of travel expenses for the
20 AMA Delegation and the Executive Committee. (Special Report 04.10, III; Reaffirmed
21 10/17/2015)
22
23 530.912 Endorsements of Products
24 HD 10/16/2010
25 MAG shall have an internal business policy. It may endorse products and/or services from outside
26 vendors provided a risk analysis is done prior to such endorsements, Special Report 04.10, III
27 (Reaffirmed 10/17/2015)
28
29 530.913 Conflict of Interest
30 HD 10/16/2010
31 MAG will have in place a Conflict of Interest Policy for elected officers, directors and senior staff
32 who shall sign such policy annually and copies shall be maintained by the General Counsel,
33 Special Report 04.10, III (Reaffirmed 10/17/2015)
34
35 530.919 Destruction of Documents
36 EC 2/25/2005
37 In compliance with the Sarbanes-Oxley Act, the Medical Association of Georgia's document
38 retention policy will include the following statement: Federal law prohibits knowingly altering,
39 destroying, mutilating, concealing, covering-up, falsifying, or making a false entry to any
40 record document or tangible object with the intent to impede obstruct or influence the
41 investigation or proper administration of any matter within the jurisdiction of any department or
42 agency of the United States, or any case filed under the bankruptcy laws or in relations or
43 contemplation of any such matter or case. Employees are instructed to advise the General
44 Counsel when they believe compliance with MAG's record retention policy would violate this
45 federal law. (Reaffirmed 10/16/2010; 10/17/2015)
46
47 530.920 Whistle Blower
48 EC 2/25/2005
49 In compliance with the Sarbanes-Oxley Act, the Medical Association of Georgia will not
50 retaliate against any employee for providing a law enforcement officer as defined in the
51 American Competitiveness and Corporate Accountability Act (The Sarbanes-Oxley Act) with

1 any truthful information relating to the commission or possible commission of any federal
2 offense. (Reaffirmed 10/16/2010; 10/17/2015)
3
4 530.940 Personnel Policies
5 HD 10/16/2010
6 MAG shall have a written employee manual of office policies and job descriptions for all
7 employees Special Report 04.10, III (Reaffirmed 10/17/2015)
8
9 530.946 Lawsuit Guidelines
10 HD 10/16/2010
11 MAG will utilize objective guidelines known as the Criteria for Case Selection when deciding
12 whether to engage in a lawsuit as party or as a friend of the court. (Special Report 04.10,
13 Attachment III; Reaffirmed 10/17/2015)
14
15 530.952 Policies
16 HD 10/16/2010
17 MAG will maintain a compendium of current policies of the association. The Policy Compendium
18 will be available to all members on the MAG website In an effort to keep all policies up-to-date,
19 an annual review shall be conducted of policies that are five years or older and recommendations
20 will be presented to the House of Delegates to reaffirm, sunset or revise said policies, Special
21 Report 04.10, III (Reaffirmed 10/17/2015)
22
23 535.989 Conflict of Interest
24 BD 8/1/2000
25 MAG directors and officers have a duty to discharge their duties in a manner that he/she believes,
26 in good faith, to be in the best interest of the association and with the care an ordinary prudent
27 person in like position would exercise under similar circumstances. Directors and officers shall
28 disclose a conflicting interest respecting a transaction effected or proposed to be affected by the
29 Association. A conflict of interest exists if such director or officer is a party to the transaction or
30 has a beneficial interest in or so closely linked to the transaction and is of such financial
31 significance to the director, officer or person related to such director or officer that it would
32 reasonably be expected to exert an influence on the director's or officer's judgment. A "person
33 related to such director or officer" means the spouse (or a parent or sibling thereof) of the director
34 or officer or a child, grandchild, sibling, parent (or spouse of any thereof) or any individual having
35 the same home as the director or officer, or a trust or estate of which such an individual is a
36 substantial beneficiary. (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)
37
38 535.990 Invitations to Attend
39 HD 5/1/2000
40 At the discretion of the Board Chairman, invitations to the meetings of the Board of Directors may
41 be sent to non-MAG members. Comm: 3-00, Rec. 7; Reaffirmed 10/2005; 10/16/2010;
42 10/17/2015)
43
44 535.992 Board Orientation Session
45 HD 10/16/2010
46 MAG will conduct an orientation session for new Board members explaining their duties and
47 responsibilities as members of the Board of Directors as well as acquaint them with the structure
48 and operations of the association. New board members are to attend such orientations, Special
49 Report 04.10, Attachment III (Reaffirmed 10/17/2015)
50
51 535.993 Lawsuits

BD 1/1/1998

If the Board enters into a lawsuit where no line item is allocated, the Board will state from where in the budget funds are to be taken. (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

540.946 Council on Legislation - Appointing Vice Chairmen

EC 8/2/2015

Vice chairmen of the Council on Legislation shall be recommended by the president and approved by the Executive Committee.

540.955 Legislative Programs and Activities

HD 10/16/2010

A physician's participation in MAG's physician legislative programs and activities should be considered as a factor when appointing members to serve on the Council on Legislation. MAG urges that members of the Council on Legislation participate in the Doctor of the Day Program and become a member of GAMPAC, Special Report 04.10, III (Reaffirmed 10/17/2015)

540.956 Executive Committee Meetings

HD 10/16/2010

Members of the Executive Committee are expected to attend and participate in all meetings of the Executive Committee. The Chairman of the Executive Committee, at his/her discretion, may allow members of the Executive Committee to participate in executive sessions of the Executive Committee by teleconference, Special Report. 04.10, III (Reaffirmed 10/17/2015)

540.958 Legislative Priorities

HD 10/15/2005

MAG's Council on Legislation will develop and submit for approval a prioritized legislative agenda to the Board of Directors at its fall meeting each year. MAG's Legislative Department will also develop an agenda for relationship building and groundwork to be accomplished before the legislative session with emphasis on relationships with specialty societies and other aspects of organized medicine, Comm. 01-05 Attachment III) (Reaffirmed 10/16/2010; 10/17/2015)

545.947 Fiscal Impact of Resolutions

HD 10/17/2010

Resolutions submitted to the MAG House of Delegates beginning in 2011 shall include a statement from the author on the fiscal impact of said resolution will have on the association so as to allow delegates to fully evaluate its merit, Resolution 402C.10 (Reaffirmed 10/17/2015)

545.952 Guests

HD 5/1/2000

Invitations of non-MAG members to the Annual House of Delegates should be left to the discretion of the Annual Session Committee, Comm: 3-00, Rec. 2 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)

545.953 Reports & Resolutions

HD 10/16/2010

1) Only those reports and resolutions received at least 45 days prior to the date of the Annual Session will be included in the Handbook; 2) The reports of officers, departments and committees and all resolutions received after 45 days prior to the date of convening will be considered late reports or resolutions, and distributed to each delegate at the time of registration. These will be referred to reference committees as indicated; 3) Those resolutions and reports containing recommendations received during the 10 days immediately preceding the annual session will be considered emergency

1 business and reviewed by the Speaker. These items will be assigned to a reference committee only if
2 their subject matter is considered of sufficient urgency as to demand inclusion on the agenda. If the
3 item is deemed not urgent for inclusion, the item will be deferred to the Credentials Committee for
4 their recommendation for or against consideration. Once submitted to the Credentials Committee, the
5 resolution or report becomes an item of new business to be considered at the opening session of the
6 House of Delegates. The House must approve it with a two-thirds majority vote for it to then be
7 included into the agenda and assigned to a reference committee; and 4) After the opening session,
8 any submitted item may be included on the agenda only with the unanimous approval of the House.
9 Special Report 04.10, III (Reaffirmed 10/17/2015)
10
11 545.954 Reference Committees
12 HD 5/1/2000
13 1) Appearance before any reference committee by other than MAG members will be on approval of
14 the Reference Committee Chairman; 2) a roster of all non-MAG members in attendance at
15 reference committees should be kept. MAG Staff will be in charge of keeping this roster. It will be
16 the responsibility of non-MAG members to notify MAG staff of their presence, Comm: 3-00, Rec.
17 3 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)
18
19 545.955 CME Offer
20 HD 5/1/2000
21 MAG shall offer at least one CME program during the annual meeting of the House of Delegates,
22 Res: 100A-00 (Reaffirmed 10/2005; 10/16/2010; 10/17/2015)
23
24 555.974 Dues
25 EC 7/25/2010
26 A physician may authorize MAG to automatically charge his/her credit card for dues to renew
27 membership at the then current dues rate. This authorization must be in writing and may be
28 revoked at any time. (Reaffirmed 10/17/2015)
29
30 555.983 Telemarketing
31 HD 10/15/2005
32 Telemarketing shall be considered as one of the strategies for member recruitment, Resolution
33 302F, resolve 2 (Reaffirmed 10/16/2010; 10/17/2015)
34
35 555.984 Membership
36 HD 10/16/2010
37 MAG shall continue to make increasing active association membership a top priority utilizing the
38 successful strategies of recent years with particular emphasis on increased contact with young
39 physicians and first and second year members, Special Report 04.10, III (Reaffirmed 10/17/2015)
40
41 555.990 Dues Refunds
42 HD 5/1/2000
43 MAG will grant dues refunds, when requested within 60 days after dues have been paid, and only
44 in the case of disablement, death or retirement, Comm: 14-00, Rec. 3 (Reaffirmed 10/2005;
45 10/16/2010; 10/17/2015)
46
47 565.966 Political Polling HD
48 10/16/2010
49 Each component medical society and each specialty society having sufficient MAG membership to
50 qualify for a delegate at the MAG House of Delegates should poll their membership as to what
51 category of legislation is most important to them and relay that information to the Legislative

1 Council prior to the Council's deadline for such information. The Council will assist the local
2 societies with this task. The Council on Legislation will seek input from specialty societies through
3 the Advisory Groups to the Council on Legislation, Special Report 04.10, III (Reaffirmed
4 10/17/2015)
5
6 565.972 Legislative Actions
7 HD 10/16/2010
8 The Board of Directors may reevaluate actions of the House of Delegates requiring legislative
9 action in light of new information and the political landscape, Special Report 04.10, III
10 (Reaffirmed 10/17/2015)
11
12 565.978 Doctor of the Day
13 HD 5/1/1998
14 MAG supports the Doctor of the Day Program (DOD) because the Medical Aid Station plays a
15 vital role in the legislative process. (Reaffirmed 10/2005;10/16/2010; 10/17/2015)

# # #

2020 MAG House of Delegates

Appendix II
MAG Policies for Sunset

1 330.972 Meaningful Use - Stage 3
2 HD 10/18/2015
3 MAG supports AMA efforts to advocate for HHS to pause the Meaningful Use (MU) Stage 3
4 regulation and evaluate the MU program. (Res. 109A.15)
5 This policy was reviewed to determine its merits. After a comprehensive search from legal counsel, it was
6 concluded that Meaningful Use (MU) Stage 3 regulations have been implemented and therefore the policy is no
7 longer applicable.
8
9
10 330.973 ICD-10 Implementation
11 BD 10/16/2015
12 MAG supports AMA and CMS in addressing the challenges that a large number of physicians
13 and medical practices face in making the transition to ICD-10 billing codes that become
14 effective October 1, and supports a dual ICD-9/ICD-10 reporting period for physicians and
15 medical practices struggling with the transition.
16 This policy was reviewed to determine its merits to continue as a policy statement. After a
17 comprehensive review it was determined that since ICD-10 has been implemented, the statement is
18 obsolete and therefore recommended for sunset.

# # #

2020 MAG House of Delegates

Appendix III
Policies recommended for Sunset with new Policy

15.992 Driving Under the Influence (DUI)
HD 5/1/2000
MAG supports establishing the legal drinking age for purchase of alcoholic beverages at age 21. MAG supports the elimination of the nolo contender pleas for the first offense for drunken driving, and the mandatory suspension of a driver's license for the third offense in a five-year period, with a provision for a one-year mandatory DUI driving course to be financed through additional taxes on alcoholic beverages. (Comm: 10-00) (Reaffirmed 10/2005; 10/16/10; 10/17/2015)

NEW LANGUAGE

MAG supports establishing the legal drinking age for purchase and consumption of alcoholic beverages at age 21. MAG supports the elimination of the nolo contender pleas for the first offense for drunken driving, and the mandatory suspension of a driver's license for the third offense in a five-year period, with a provision for a one-year mandatory DUI driving course to be financed through additional taxes on alcoholic beverages.

This policy was reviewed by the Council on Legislation. The Council determined that new language was necessary to establish the legal age for consumption of alcohol.

55.994 Colorectal Cancer Screening
HD 10/18/2015
MAG endorses efforts to improve colorectal cancer outcomes in Georgia by increasing the screening rate in Georgia from 67.8 percent to 80 percent by 2018 for adults over the age of 50. (Resolution 110A.15).

NEW LANGUAGE

MAG endorses efforts to improve colorectal cancer outcomes in Georgia by ~~increasing the~~ achieving a screening rate in Georgia ~~from 67.8 percent to~~ of 80 percent ~~by 2018~~ for adults over the age of ~~50~~ 45.

This policy was reviewed by the Council on Legislation that determined a revision of the current policy was necessary to reflect the recommended age for colorectal cancer screenings from 50 to 45.

140.975 Patient Responsibilities
HD 10/17/2010
MAG adopts AMA Opinion E-10.02 -- Patient Responsibilities and includes the following as number 12: Physicians and hospitals should not be penalized when patients do not meet their responsibilities, Resolution 103A.10 (Reaffirmed 10/17/2015)

AMA Opinion 10.02 – Patient Responsibilities
It has long been recognized that successful medical care requires an ongoing collaborative effort between patients and physicians. Physician and patient are bound in a partnership that requires both individuals to take an active role in the healing process. Such a partnership does not imply that both parties have identical responsibilities or equal power. While physicians have the responsibility to provide healthcare services to patients to the best of their ability, patients have the responsibility to communicate openly, to participate in decisions about the diagnostic and treatment recommendations, and comply with the agreed-upon treatment program.

Like patients' rights', patients' responsibilities are derived from the principle of autonomy. The principle of patient autonomy holds that an individual's physical, emotional, and psychological integrity should be

respected and upheld. This principle also recognizes the human capacity to self- govern and choose a course of action from among different alternative options. Autonomous, competent patients assert some control over the decisions which direct their healthcare. With that exercise of self-governance and free choice comes a number of responsibilities.

Good communication is essential to a successful patient-physician relationship.
Patients have a responsibility to provide a complete medical history, to the extent possible, including information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health.

Patients have a responsibly to request information or clarification about their health status or treatment when they do not fully understand what has been described.

Once patients and physicians agree upon the goals of therapy and a treatment plan, patients have a responsibility to cooperate with a treatment plan and to keep their agreed- upon appointments.
Compliance with physician instructions is often essential to public and individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments are being followed and to indicate when they would like to reconsider the treatment plan.

Patients generally have a responsibility to meet their financial obligations with regard to medical care or to discuss financial hardships with their physicians. Patients should be cognizant of the costs associated with using a limited recourse like healthcare and try to use medical resources judiciously.

Patients should discuss end-of-life decisions with their physicians and make their wishes known. Such a discussion might also include writing an advance directive.

Patients should be committed to health maintenance through health-enhancing behavior. Illness can often be prevented by a healthy lifestyle, and patients should take personal responsibility when they are able to avert the development of disease.

Patients should also have active interest in the effects of their conduct on others and refrain from behavior that unreasonably places the health of others at risk. Patients should inquire as to the means and likelihood of infectious disease transmission and act upon that information which can best prevent further transmission.

Participation in medical education is to the mutual benefit of patients and the health care system. Patients are encouraged to participate in medical education by accepting care, under appropriate supervision from medical students, residents, and other trainees. Consistent with the process of   informed consent, the patient or the patient's surrogate decision maker is always free to refuse care from any member of the health care team.

Patients should discuss organ donation with their physicians, and if donation is desired, make applicable provisions. Patients who are part of an organ allocation system and await needed transplant should not try and go outside of or manipulate the system. A fair system of allocation should be answered with public trust and an awareness of limited resources.

Patients should not initiate or participate in fraudulent health care and should report illegal or unethical behavior by physicians and other providers to the appropriate medical societies, licensing boards, or law enforcement authorities. Physicians and hospitals should not be penalized when patients do not meet their responsibilities.

NEW POLICY

Successful medical care requires ongoing collaboration between patients and physicians. Their partnership requires both individuals to take an active role in the healing process. Autonomous, competent patients control the decisions that direct their health care. With that exercise of self-governance and choice comes a number of responsibilities. Patients contribute to the collaborative effort when they: (a) are truthful and forthcoming with their physicians and strive to express their concerns clearly. Physicians likewise should encourage patients to raise questions or concerns; (b) provide as complete a medical history as they can, including providing information about past illnesses, medications, hospitalizations, family history of illness, and other matters relating to present health; (c) cooperate with agreed-on treatment plans. Since adhering to treatment is often essential to public and individual safety, patients should disclose whether they have or have not followed the agreed-on plan and indicate when they would like to reconsider the plan; (d) accept care from medical students, residents, and other trainees under appropriate supervision. Participation in medical education is to the mutual benefit of patients and the health care system; nonetheless, patients' (or surrogates') refusal of care by a trainee should be expected in keeping with ethics guidance; (e) meet their financial responsibilities with regard to medical care or discuss financial hardships with their physicians. Patients should be aware of costs associated with using a limited resource like health care and try to use medical resources judiciously; (f) recognize that a healthy lifestyle can often prevent or mitigate illness and take responsibility to follow preventive measures and adopt health-enhancing behaviors; (g) be aware of and refrain from behavior that unreasonably places the health of others at risk. They should ask about what they can do to prevent transmission of infectious disease; (h) refrain from being disruptive in the clinical setting; (i) not knowingly initiate or participate in medical fraud; (j) report illegal or unethical behavior by physicians or other health care professionals to the appropriate medical societies, licensing boards, or law enforcement authorities, and (k) physicians and hospitals should not be penalized when patients do not meet their responsibilities.

This policy was reviewed by legal counsel. MAG researched AMA policy on this subject to verify whether a change was necessary. AMA (Opinion E-10.02) modified it Code of Medical Ethics 1.1.4 in 2017. Therefore, it was recommended that MAG update policy 140.975 to reflect current AMA policy on patient responsibilities. Furthermore, it was recommended that MAG retain from the current policy, the following language: "Physicians and hospitals should not be penalized when patients do not meet their responsibilities" to reflect the will of the MAG House of Delegates.

270.972 Citizens with Disability -- Benefits
HD 10/18/2015
MAG supports the implementation of the Achieving a Better Life Experience (ABLE) Act of 2014 at the state level so that Georgia's disabled citizens may remain in the workforce and not lose disability benefits. (Res. 301C.15)

NEW LANGUAGE
MAG supports the use of tax deferred savings account under the Achieving a Better Life Experience (ABLE) Act so that Georgia's disabled citizens may remain in the workforce and not lose disability benefits.

This policy was reviewed by the Council on Legislation. It determined that new language was necessary due to the implementation of the ABLE Act in 2017.

415.996 Direct Primary Care - Regulations
HD 10/18/2015
MAG supports state legislation that amends Georgia laws governing insurance regulations and physician licensure that will eliminate unnecessary impediments to the offering of direct primary care arrangements including legislation that permits physicians to contract as direct primary care providers to not be considered "risk bearing entities," thus excluding them from insurance licensure and insurance regulation requirements. (Res. 303C.15)

NEW LANGUAGE

MAG supports state legislation that amends Georgia laws governing insurance regulations and physician licensure that will eliminate unnecessary impediments to the offering of direct primary care arrangements ~~including legislation that permits physicians to contract as direct primary care providers to not be considered "risk bearing entities," thus excluding them from insurance licensure and insurance regulation requirements~~.

This policy was reviewed by the Council on Legislation. It was determined that it was necessary to update the policy because of the enactment of S.B. 18 in 2019.

530.914 Members Only Web Pages

HD 10/16/2010

MAG shall develop member-only pages on the MAG Website on a select basis to provide members with easy access to password-protected information, Special Report 04.10, III (Reaffirmed 10/17/2015)

NEW LANGUAGE

MAG shall ~~develop~~ maintain member-only pages on the MAG Website on a select basis to provide members with easy access to password-protected information, (e.g., MAG section forums, webinars, MAG Board meeting Minutes.

This policy was reviewed by the MAG Editorial Board that found the policy, although still relevant, should be alighted altered to provide greater clarity and context.

# # #