

ACTIONS OF THE 2020 HOUSE OF DELEGATES

Consent Calendar

Special Report 03.20, Appendix I

Adopted Special Report 03.20, Appendix I without extracted Policy 165.966, Principles of Health Care

Special Report 03.20, Appendix II

Adopted Special Report 03.20, Appendix II.

Special Report 03.20, Appendix III

Adopted Special Report 03.20, Appendix III

Reference Committee A

Resolution 101A.20 Resolve 1, Advancing Gender Equity

Adopted Resolution 101A Resolve 1, by a floor amendment, that the Medical Association of Georgia adopt the following Principles for Advancing Gender Equity in Medicine:

- (1) MAG declares it is opposed to any exploitation or discrimination in the workplace based on personal characteristics (i.e., gender).
- (2) MAG affirms the concept of equal rights for all physicians and that the concept of equality of rights under the law shall not be denied or abridged by the U.S. Government or any state on account of gender.
- (3) MAG endorses the principle of equal opportunity for employment and practice in the medical field
- (4) MAG affirms its commitment to the full engagement of women in leadership roles and encourages vigorous efforts to recruit women into organized medicine, legislative advocacy, and professional medical organizations.
- (5) MAG acknowledges that mentorship and sponsorship are integral components of one's career advancement and encourages physicians to engage in such activities.
- (6) MAG believes that compensation should be equitable and based on one's demonstrable competencies and expertise and not based on personal characteristics.
- (7) MAG believes that the medical profession should work to eliminate harassment on the basis of gender and promote an environment that allows for equity in training, employment, and advancement.
- (8) MAG recognizes the importance of part-time work options, job sharing, flexible scheduling, re-entry, and contract negotiations as options for physicians to support work-life balance.
- (9) MAG believes that equity in compensation and promotion criteria is necessary to promote gender equity and academic medical centers, medical schools, hospitals, group practices and other physician employers should consequently conduct periodic reviews of compensation and promotion rates by gender and examine protocols for advancement to determine whether the criteria are discriminatory.
- (10) MAG believes that medical schools, institutions and professional associations should encourage women to pursue diverse careers and fellowships in medicine and provide training on leadership development, contract and salary negotiations, and career advancement strategies that include an analysis of the influence of gender bias and discrimination in these skill areas

(11) MAG encourages medical education at all levels to develop curriculums that illustrate the importance of diversity and gender, gender identity, and ethnic equality as they relate to professional interactions, employment issues, and patient encounters.

Resolution 102A.20, Resolves 1&2, AMA #MaskUp Initiative

Adopted Resolution 102A.20 Resolve 1, that the Medical Association of Georgia (MAG) openly support the American Medical Association (AMA) #MaskUp initiative.

Adopted 102A.20 Resolve 2, that MAG include the AMA #MaskUp initiative in upcoming mailings or emails to its members to encourage them to participate in the initiative.

Resolution 103A.20, Resolves 1-4, AMA Statements Must Be in Line with Existing Policy

Adopted 103A.20 Resolves 1-4 as amended

(1) that the MAG delegation to the American Medical Association (AMA) present a resolution asking for the AMA to rescind its statement calling for physicians to stop prescribing hydroxychloroquine and chloroquine until sufficient evidence becomes available to conclusively illustrate that the harm associated with use outweighs benefit early in the disease course. Implying that such treatment is inappropriate contradicts AMA Policy H-120.988 that addresses off label prescriptions as appropriate in the judgement of the prescribing physician.

(2) that MAG requests that the AMA rescind its joint statement with the American Pharmacists Association and American Society of Health System Pharmacists and update it with a joint statement notifying patients that further studies are ongoing to clarify any potential benefit of hydroxychloroquine and combination therapies for the treatment of COVID-19.

(3) that MAG requests the AMA to reassure the patients whose physicians are prescribing hydroxychloroquine and combination therapies for their early-stage COVID-19 diagnosis by issuing an updated statement clarifying our support for a physician's ability to prescribe an FDA-approved medication for off label use, if it is in her/his best clinical judgement, with specific reference to the use of hydroxychloroquine and combination therapies for the treatment of the earliest stage of COVID-19.

(4) MAG requests the AMA to take the actions necessary to require local pharmacies to fill valid prescriptions that are issued by physicians and consistent with AMA principles articulated in AMA Policy H-120.988, including working with the American Pharmacists Association and American Society of Health System Pharmacists.

Adopted Resolution 103A.20 new Resolve 5, that MAG adopt AMA Policy H-120-988 as follows:

- 1. MAG confirms its strong support for the autonomous clinical decision-making authority of a physician and that a physician may lawfully use an FDA approved drug product or medical device for an off-label indication when such use is based upon sound scientific evidence or sound medical opinion; and affirms the position that, when the prescription of a drug or use of a device represents safe and effective therapy, third party payers, including Medicare, should consider the intervention as clinically appropriate medical care, irrespective of labeling, should fulfill their obligation to their beneficiaries by covering such therapy, and be required to cover appropriate 'off-label' uses of drugs on their formulary.*
- 2. MAG strongly supports the important need for physicians to have access to accurate and unbiased information about off-label uses of drugs and devices, while ensuring that manufacturer-sponsored promotions remain under FDA regulation.*
- 3. MAG supports the dissemination of generally available information about off-label uses by manufacturers to physicians. Such information should be independently derived, peer reviewed, scientifically sound, and truthful and not misleading. The information should be provided in its entirety, not be edited or altered by the manufacturer, and be clearly distinguished and not appended*

to manufacturer-sponsored materials. Such information may comprise journal articles, books, book chapters, or clinical practice guidelines. Books or book chapters should not focus on any particular drug. Dissemination of information by manufacturers to physicians about off-label uses should be accompanied by the approved product labeling and disclosures regarding the lack of FDA approval for such uses, and disclosure of the source of any financial support or author financial conflicts.

4. MAG believes that physicians have the responsibility to interpret and put into context information received from any source, including pharmaceutical manufacturers, before making clinical decisions (e.g., prescribing a drug for an off-label use).

5. MAG strongly supports the addition to FDA-approved labeling those uses of drugs for which safety and efficacy have been demonstrated.

6. MAG supports the continued authorization, implementation, and coordination of the Best Pharmaceuticals for Children Act and the Pediatric Research Equity Act.

Resolution 104A.20, Resolve 1, Convalescent Plasma Donations

Adopted Resolution 104A.20 Resolve 1 by floor referral, that the Medical Association of Georgia Task Force on Diversity and Racial Injustice will study and develop communication strategies on the importance of participating in clinical trials, including those involving vaccines and convalescent plasma, to create therapies designed to help those at risk of severe illness from COVID-19, which will help decrease health disparities.

Resolution 105A.20, Resolves 1&2, Drug Deactivation

Adopted Resolution 105A.20 Resolve 1 by substitution, that the Medical Association of Georgia (MAG) supports the study, development, and public education of safe, effective, and cost-effective co-dispensed home drug deactivation products.

DID NOT ADOPT Resolution 105A.20 Resolve 2, that MAG's support of any at-home drug deactivation and disposal system is contingent on that system permanently rendering the active pharmaceutical ingredient non-retrievable and unusable for all practical purposes (pursuant to 21 CFR 1300.05) and entirely non-toxic at the point it enters the waste systems.

Resolution 106A.20, Resolves 1&2, Healthcare Marketplace Plan Selection

Adopted Resolution 106A.20 Resolve 1 as amended, that the Medical Association of Georgia (MAG) work with applicable state regulators and legislators to advance needed changes to expand patient plan choice on the Healthcare Marketplace beyond the current options based solely upon the zip code of their primary residence.

Adopted Resolution 106A.20 Resolve 2 as amended, that the MAG delegation to the American Medical Association (AMA) present a resolution asking for the AMA to advocate for patients to have expanded plan options on the Healthcare Marketplace beyond the current options based solely upon the zip code of their primary residence or where their physician practices, including interstate portability of plans.

Reference Committee C

Resolution 301C.20, Resolves 1-3, Elimination of Menthol Products

Adopted Resolution 301C.20, Resolve 1, that the Medical Association of Georgia (MAG) will advocate for legislation that will eliminate the sale of all nicotine-containing products with menthol within the State of Georgia.

Adopted Resolution 301C.20, Resolve 2, that MAG will advocate that enforcement of this legislation be directed exclusively at the retail sale of such products and not at possession of the same.

Adopted Resolution 301C.20, Resolve 3, that the MAG delegation to the American Medical Association (AMA) present a resolution to the AMA to reaffirm policy on tobacco sales and flavoring, with the goal of making the sale of nicotine-containing products with menthol illegal in all states.

Resolution 302C.20, Resolve 1, Nurse Protocol Guidelines

Adopted Resolution 302C.20 by floor amendment, that the Medical Association of Georgia (MAG) advocate for the Georgia Composite Medical Board to define “guidelines” as, “Written clinical protocols that describe the accumulation of sufficient signs and symptoms from nursing history, evaluation and assessment, supported by appropriate allowable laboratory and/or radiologic/radiographic evidence, which allows the entry of the Delegating Physician's medical diagnosis into the medical record. From this, the treatment protocol may be followed as described in the reference source, in its latest and most current edition as may be delegated by the Delegating Physician.” A copy of these guidelines should be required to be maintained at each practice site where patients are seen.

Resolution 303C.20, Resolve 1, Nursing Home Bill of Rights

Adopted Resolution 303C.20 by floor substitution, that the Medical Association of Georgia work with appropriate stakeholders to develop policies pertaining to nursing home and group home operating procedures consistent with public health guidelines to be implemented during public health emergencies that will simultaneously maximize patient and staff safety and the quality of life of patients, family members, close friends, and essential caregivers.

Resolution 304C.20, Resolve 1, Pharmacist Administration of Vaccines

Adopted Resolution 304C.20 as amended, that the Medical Association of Georgia (MAG) support legislation permitting the Administration by pharmacists under a protocol agreement with a Georgia licensed physician of all Immunizations consistent with the most recent edition of the Advisory Committee for Immunization Practices (ACIP) adult immunization schedule for patients 18 years of age and older without the need for a prescription with the requirement that GRITS must be checked prior to administration and the vaccination must be recorded in GRITS by the pharmacist or designee within 72 hours after administration.

Resolution 305C.20, Resolves 1 and 2, Telehealth Reimbursement

Adopted Resolution 305C.20, Resolve 1, that the Medical Association of Georgia (MAG) work with governmental agencies and private insurers to maintain and expand reimbursement for Telehealth services in Georgia.

Adopted Resolution 305C.20, Resolve 2, that MAG make continuation and expansion of Telehealth services for Georgians after expiration of the CMS 1135 waiver a legislative priority.

Referred to the Board Resolution 305C.20 added Resolve 3, that MAG advocate for reimbursement for telemedicine visits that is a minimum of 100 percent of the reimbursement for an in-person visit.

Resolution 306C.20, Resolves 1 & 2, Updated Medical Record Policy Regarding Suspended or Revoked Physicians

Adopted Resolution 306C.20 Resolve 1 as amended, that the Medical Association of Georgia (MAG) will craft legislation for the Georgia General Assembly requiring suspended or revoked physicians to immediately (at the time of board action) designate a custodian approved by the Georgia Composite Medical Board who will notify the physician's patients and make arrangements for them to receive their medical records within 90 days.

Adopted Resolution 306C.20, Resolve 2 as amended, that the MAG delegation to the American Medical Association (AMA) present a resolution asking for the AMA to include in AMA policy 3.31 that physicians whose license has been suspended or revoked should immediately (at the time of board action) designate a State Medical Board-approved custodian who will notify the physician's patients and make arrangements for them to receive their medical records within 90 days.

Extracted MAG Policy 165.966, Principles of Health Care

Adopted to sunset Policy 165.966, Principle of Health Care.

Reference Committee on Constitution and Bylaws

Resolution 501CB.20, Resolve 1, Benefit Members

Adopted Resolution 501CB.20 by substitution

1) That the Medical Association of Georgia (MAG) create an additional type of membership called "Benefit Members" that is open to Affiliate Members and the staffs of Independent Physician Associations, specialty societies, component medical societies, and state physician societies that work closely with MAG.

2) That Benefit Members may participate in insurance, financial services, and other benefits offered by MAG, but shall not vote, have representation on MAG's Board of Directors, nor hold any office within the organization. Benefit Members will be required to pay annual dues as established by the Board of Directors and must sign a membership agreement barring use of MAG's name or their membership status in any unapproved communications or for advocacy purposes.

Recommended Bylaws Language:

CHAPTER II – Membership

SECTION 10. BENEFIT MEMBERS. Affiliate Members and the staffs of Independent Physician Associations, specialty societies, component medical societies, and state physician societies that work closely with MAG may become a Benefit Member, thereby granting them the ability to participate in insurance, financial services, and other benefits offered by MAG. Benefit Members shall not vote, have representation on MAG's Board of Directors, nor hold any office within the organization. Benefit Members will be required to pay annual dues as established by the Board of Directors and must sign a membership agreement barring use of MAG's name or their membership status in any unapproved communications or for advocacy purposes.

Resolution 502CB.20, Resolve 1, Diversity and Inclusion at House of Delegates

Adopted Resolution 502CB.20 as amended: That the Georgia State Medical Association, the Georgia Association of Physicians of Indian Heritage, the Georgia Chapter of the Association of Nigerian Physicians in America, and the Association Of Physicians of Pakistani Descent be granted representation at the House of Delegates by a sliding scale where any listed state physician association having 51 to 200 active MAG members is entitled to one delegate, any listed state physician association having 201 to 400 active MAG is entitled to two delegates, and any listed state physician association with more than 400 active members is entitled to three delegates. Listed state physician association with 50 or less members will be entitled to one delegate if at least 60 percent of its members are active MAG members. Any delegate representing a listed state physician association must be a member in good standing of the Medical Association of Georgia, and not simultaneously a delegate or alternate delegate from any component county medical society, specialty society, or section. Other state physician associations may be granted representation by the MAG House of Delegates.

Recommended Bylaws Language:

CHAPTER V - HOUSE OF DELEGATES

SECTION 2. COMPOSITION

(c) State Physician Associations. Georgia State Medical Association, the Georgia Association of Physicians of Indian Heritage, the Georgia Chapter of the Association of Nigerian Physicians in America, and the Association of Physicians of Pakistani Descent, shall be eligible for representation in the MAG House of Delegates if it contains at least 51 Active MAG members. Each above listed state physician association shall be entitled to representation in the MAG House of Delegates in the following manner:

(i) Any listed state physician association having 51 to 200 Active MAG members shall be entitled to one delegate.

(ii) Any listed state physician specialty association having 201 to 400 Active MAG members shall be entitled to two delegates: and

(iii) Any listed state physician association having more than 400 Active MAG members shall be entitled to three delegates.

If a listed state physician association does not have 50 dues-paying state physician association members, it shall be entitled to one delegate if at least 60% of its members are Active MAG members. Any delegate representing a listed state physician association must be a member in good standing of the Medical Association of Georgia, and not simultaneously a delegate or alternate delegate from any component county medical society, specialty society, or Section.

Reference Committee F

Officer 03.20, Treasurer Annual Report

Filed Officer 03.20, Treasurer Annual Report

Officer 06.20, AMA Delegation Annual Report

Adopted Officer 06.20, AMA Delegation Annual Report