

REFERENCE COMMITTEE A

Items referred to Reference Committee A will be taken in the following order:

- 1) ADVANCING GENDER EQUITY (Resolution: 101A.20; Resolve 1)
- 2) AMA #MASKUP INITIATIVE (Resolution: 102A.20; Resolves 1 and 2)
- 3) AMA STATEMENTS MUST BE IN LINE WITH EXISTING POLICY (Resolution: 103A.20; Resolves 1, 2, 3, and 4)
- 4) CONVALESCENT PLASMA DONATIONS (Resolution: 104A.20; Resolve 1)
- 5) DRUG DEACTIVATION (Resolution: 105A.20; Resolves 1 and 2)
- 6) HEALTHCARE MARKETPLACE PLAN SELECTION (Resolution: 106A.20; Resolves 1 and 2)

MEDICAL ASSOCIATION OF GEORGIA HOUSE OF DELEGATES (A-20)

SUBJECT: Report of Reference Committee A

PRESENTED BY: Karl Schultz, M.D., Chairman

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

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

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6 **1) ADVANCING GENDER EQUITY (Resolution: 101A.20)**

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8 **Original Resolve(s)**

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10 RESOLVED, that the Medical Association of Georgia adopt the following Principles for
11 Advancing Gender Equity in Medicine:

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13 MAG...

14 (1) declares it is opposed to any exploitation or discrimination in the workplace based on personal
15 characteristics (i.e., gender);

16 (2) affirms the concept of equal rights for all physicians and that the concept of equality of rights
17 under the law shall not be denied or abridged by the U.S. Government or any state on account of
18 gender;

19 (3) endorses the principle of equal opportunity for employment and practice in the medical field;

20 (4) affirms its commitment to the full engagement of women in leadership roles and encourages
21 vigorous efforts to recruit women into organized medicine, legislative advocacy, and professional
22 medical organizations;

23 (5) acknowledges that mentorship and sponsorship are integral components of one's career
24 advancement and encourages physicians to engage in such activities;

25 (6) believes that compensation should be equitable and based on one's demonstrable
26 competencies and expertise and not based on personal characteristics;

27 (7) believes that the medical profession should work to eliminate harassment on the basis of
28 gender and promote an environment that allows for equity in training, employment, and
29 advancement;

30 (8) recognizes the importance of part-time work options, job sharing, flexible scheduling, re-
31 entry, and contract negotiations as options for physicians to support work-life balance;

32 (9) believes that transparency in compensation and promotion criteria is necessary to promote
33 gender equity and academic medical centers, medical schools, hospitals, group practices and
34 other physician employers should consequently conduct periodic reviews of compensation and
35 promotion rates by gender and examine protocols for advancement to determine whether the
36 criteria are discriminatory; and

37 (10) believes that medical schools, institutions and professional associations should encourage
38 women to pursue diverse careers and fellowships in medicine and provide training on leadership
39 development, contract and salary negotiations, and career advancement strategies that include an
40 analysis of the influence of gender bias and discrimination in these skill areas.

1 **Recommendation:**

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Mr. Speaker, your Committee recommends that Resolution 101A.20 be adopted as amended.

“That the Medical Association of Georgia adopt the following Principles for Advancing Gender Equity in Medicine:

MAG...

- (1) declares it is opposed to any exploitation or discrimination in the workplace based on personal characteristics (i.e., gender);
- (2) 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) endorses the principle of equal opportunity for employment and practice in the medical field;
- (4) 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) acknowledges that mentorship and sponsorship are integral components of one’s career advancement and encourages physicians to engage in such activities;
- (6) believes that compensation should be equitable and based on one’s demonstrable competencies and expertise and not based on personal characteristics;
- (7) 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) 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) believes that ~~transparency~~ 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; and
- (10) 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; and
- (11) encourages medical schools 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.”

Rationale:

Your Reference Committee supports the existing AMA policy that formed the basis of this resolution. Your Committee feels that equity in compensation and promotion criteria is important but believes that requiring transparency may create opposition and that equity is the underlying goal of this portion of the resolution. Additional testimony was heard regarding the importance of medical school curriculums that focused on this topic both around future colleagues and for improving the care of women who are patients and the Committee felt this was an important issue to be covered by the resolution.

2) **AMA #MASKUP INITIATIVE (Resolution: 102A.20)**

Original Resolve(s)

(1) RESOLVED, that the Medical Association of Georgia (MAG) openly support the American Medical Association (AMA) #MaskUp initiative; and be it further

(2) RESOLVED, that MAG include the AMA #MaskUp initiative in upcoming mailings or emails to its members to encourage them to participate in the initiative.

Recommendation:

Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 102A.20 be adopted.

Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 102A.20 be adopted.

Rationale:

Your Reference Committee heard testimony regarding the scientific support for wearing masks. Your Committee reviewed the current resources that can be found on the AMA website for this initiative and found them to be useful to MAG for normalizing mask wearing and debunking myths surrounding masks. Additionally, the Committee recognized that MAG has already taken a position supporting the use of masks for slowing the spread of COVID-19.

3) **AMA STATEMENTS MUST BE IN LINE WITH EXISTING POLICY (Resolution: 103A.20)**

Original Resolve(s)

(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.”

(2) “That MAG requests that the AMA rescind its joint statement with the American Pharmacists Association and American Society of Health System Pharmacists.

(3) “That MAG requests that the AMA send a letter asking the FDA to rescind its ruling preventing outpatient use of hydroxychloroquine.”

(4) “That MAG requests that the AMA officers refrain from statements that contradict existing AMA policy.”

Recommendation:

Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 103A.20 be adopted 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

1 that such treatment is inappropriate contradicts AMA Policy H-120.988 that addresses off label
2 prescriptions as appropriate in the judgement of the prescribing physician.”
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4 Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 103A.20 be adopted as amended.

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6 (2) “That MAG requests that the AMA rescind its joint statement with the American Pharmacists
7 Association and American Society of Health System Pharmacists, and update it with a joint statement
8 notifying patients about the potential positive effects of hydroxychloroquine and combination
9 therapies in stage 1 (i.e. early infection), and that further studies are ongoing to clarify any potential
10 benefit.
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12 Mr. Speaker, your Committee recommends that Resolve 3 of Resolution 103A.20 be adopted by
13 substitution.
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15 (3) “That MAG requests the AMA to reassure the patients whose physicians are prescribing
16 hydroxychloroquine and combination therapies for their early-stage COVID-19 diagnosis by issuing
17 an updated statement clarifying our support for a physician’s ability to prescribe an FDA-approved
18 medication for off label use, if it is in her/his best clinical judgement, with specific reference to the
19 use of hydroxychloroquine and combination therapies for the treatment of the earliest stage of
20 COVID-19.”
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22 Mr. Speaker, your Committee recommends that Resolve 4 of Resolution 103A.20 be adopted by
23 substitution.
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25 (4) “That MAG requests the AMA to take the actions necessary to require local pharmacies to fill
26 prescriptions for hydroxychloroquine and combination therapies that are issued by physicians,
27 including working with the American Pharmacists Association and American Society of Health
28 System Pharmacists.”
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30 **Rationale:**

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32 Your Reference Committee heard testimony from MAG’s AMA delegation proposing the amendments
33 and new language above to address concerns about passage at the AMA meeting. Testimony also
34 concerned the importance of allowing for physicians to be able to prescribe medications off label where
35 appropriate by the treating physician. The Committee felt it was important to reassure patients who
36 may have believed that the off-label prescribing of hydroxychloroquine and combination therapies to
37 them was categorically unsafe. The Committee also heard that emerging research may lead to additional
38 antibiotic therapies that may be useful in the treatment of COVID-19.
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41 **4) CONVALESCENT PLASMA DONATIONS (Resolution: 104A.20)**
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43 **Original Resolve(s)**
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45 1) “That the Medical Association of Georgia recognize and communicate the importance of
46 convalescent plasma donations for research to create therapies designed to help those at risk of
47 severe illness from COVID-19.”
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49 **Recommendation:**
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51 Mr. Speaker, your Committee recommends that Resolution 104A.20 be adopted as amended.

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1) “That the Medical Association of Georgia ~~recognize and~~ communicate the importance of participating in clinical trials, including those involving vaccines and convalescent plasma, donations for research to create therapies designed to help those at risk of severe illness from COVID-19.”

Rationale:

Your Reference Committee heard testimony on the importance of convalescent plasma donation for a current investigational therapy for COVID-19. The Committee discussed the importance of participation in all clinical trials for emerging therapies for prevention and treatment. Testimony was heard regarding equity within research and the Committee felt that resources on clinical trial participation could include that information without the resolution specifically describing how that education should occur. The Committee also felt that this resolution was better as an action for MAG staff rather than as a policy.

5) DRUG DEACTIVATION (Resolution: 105A.20)

Original Resolve(s)

(1) “That the Medical Association of Georgia (MAG) supports the co-dispensing of at home drug deactivation and disposal bags with an opioid prescribed for pain that is filled at a regulated pharmacy site in the state”

(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.”

Recommendation:

Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 105A.20 be adopted by substitution.

(1) “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.”

Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 105A.20 be not adopted.

Rationale:

Your Reference Committee heard testimony about the role of home drug deactivation products in reducing improper disposal of opioid medications and about the evidence supporting their use. However, the Committee was concerned that required co-dispensing may have unintended consequences where the costs are born by consumers who may not be able to afford them. The Committee does believe that improving access to safe disposal of drugs is important and agreed that co-dispensing of these products may be the best method for accomplishing that goal if the products are safe, effective, and cost-effective.

6) HEALTHCARE MARKETPLACE PLAN SELECTION (Resolution: 106A.20)

Original Resolve(s)

(1) "That the Medical Association of Georgia (MAG) work with applicable state regulators and legislators to advance needed changes to allow patients to choose their plan on the Healthcare Marketplace based either on their primary residence or where their physician practices."

(2) "That the MAG delegation to the American Medical Association (AMA) present a resolution asking for the AMA to advocate for patients to be able to choose their plan on the Healthcare Marketplace based either on their primary residence or where their physician practices."

Recommendation:

Mr. Speaker, your Committee recommends that Resolve 1 of Resolution 106A.20 be adopted as amended.

(1) "That the Medical Association of Georgia (MAG) work with applicable state regulators and legislators to advance needed changes to expand patient plan choice ~~allow patients to choose their plan~~ on the Healthcare Marketplace beyond the current options based solely upon the zip code of ~~based either on their primary residence or where their physician practices.~~"

Mr. Speaker, your Committee recommends that Resolve 2 of Resolution 106A.20 be adopted as amended.

(2) "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 ~~be able to choose their plan~~ on the Healthcare Marketplace beyond the current options based solely upon the zip code of ~~based either on their primary residence or where their physician practices,~~ including interstate portability of plans."

Rationale:

Your Reference Committee heard testimony on the complex issue of networks involved in Healthcare Marketplace plans. The Committee felt that it is important to allow patients access to more options with regards to plan design and networks. Additionally, the Committee felt that options should be expanded beyond primary residence but believed that the solution was not as simple as offering plans both in the primary residence or where the patient's physician is located. There was concern that in some circumstances, it may not be appropriate for a patient's network to be established where their physician is, because it may limit their network for care close to their home. Additionally, the Committee did feel that patients residing in some parts of Georgia may benefit from interstate portability especially where they are located near a state border.

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

- Ira Horowitz, M.D., Vice Chairman, MAA
- Thomas E. Shook, M.D., Georgia Medical Society
- Michael Wilkowsky, M.D., Georgia Medical Society
- Fred Flandry, M.D., Muscogee CMS

1 Mr. Speaker, your Reference Committee wishes to also thank MAG staff members, Ryan Larosa and
2 Bethany Sherrer for their very capable assistance to the committee.
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8 Karl Schultz, M.D., Chairman
9 Hall County CMS