2016 MAG House of Delegates

Appendix I of the Consent Calendar
MAG Policies for Reaffirmation
As adopted by the House of Delegates

15.993 Seat Belt Law -- HD 5/1/1995
MAG supports supplementing the mandatory seat belt fines with educational and/or community service requirements to further deter violations of the mandatory seat belt law. (Reaffirmed 9/30/2006; 10/16/2011)

35.984 Scope of Practice -- HD 5/19/2001
MAG, in the public interest, opposes enactment of legislation to authorize the independent practice of medicine by any individual who has not completed the state's requirements for licensure to engage in the practice of medicine and surgery in all of its branches. (Reaffirmed 9/30/2006; 10/16/2011)

35.994 Psychologists' Hospital Admitting Privileges -- BD 1/1/1996
MAG opposes psychologists having hospital admitting privileges. (Reaffirmed 9/30/2006; 10/16/2011)

60.990 Hepatitis B Immunizations -- HD 9/30/2006
MAG supports public health rules which require children to be immunized for Hepatitis B prior to enrollment in school or daycare centers. (Reaffirmed 10/16/2011)

60.991 Harassment in Schools -- EC 9/16/2001
MAG opposes harassment, bullying or discrimination in schools based on race, religion, national origin, ethnicity, sex, age, sexual orientation, and physical disabilities. Such behavior can and does have a negative impact on the health and well-being of our school children and others. (Reaffirmed 9/30/2006; 10/16/2011)

60.992 Children's Immunization and Screening -- HD 5/19/2001
MAG supports the immunization, visual testing and hearing screening standards currently in practice for public schools and recommends that they be expanded to include all private and home schooled school-age children. (Res: 312C-01, Res.1) (Reaffirmed 9/3/2006; 10/16/2011)

100.997 Narrow Therapeutic Index -- HD 9/30/2006
MAG supports prohibition of any substitutions of a prescribed medication with a narrow therapeutic index with another manufacturer's form of the same medication with a narrow therapeutic index on a state or federal prescription drug plan chosen by the patient, without first submitting written or electronic notifications of such change by the formulary to the patient and prescribing physicians. (Reaffirmed 10/16/2011)

120.980 Drug Formularies Transparency -- HD 10/16/2011
MAG supports transparency in a patient’s formulary information allowing for medical decisions to be made at the point of care including streamlining administrative process through electronic prior authorizations with all costs of implementation being borne by health insurers and/or pharmaceutical companies. (Res. 111A.11, Resolve 3)

120.981 Specialty Medication Financial Discriminations -- HD 10/16/2011
MAG supports patient protections that prohibit health plans from financial discriminations to patients based on diagnosis and need for specialty medications, and plans that allow for reasonable patient costs. (Res. 111A.11, Resolve 2)

120.982 Specialty Medication Access -- HD 10/16/2011
MAG supports eliminating complex barriers limiting access to specialty medications with physicians as the primary authorities for patient treatment decisions. (Res. 111A.11, Resolve 1)

120.986 Dispensing Legally Valid Prescriptions -- EC 2/26/2006
MAG supports legislation that requires pharmacists to fill legally valid prescriptions; however in the case of a pharmacist who has issued a written objection to dispensing abortion drugs, such pharmacist shall provide immediate referral to an appropriate alternative dispensing pharmacy, and immediately return the prescription to the prescription holder, without interference. (Reaffirmed10/16/2011)

120.991 Medication Step Care Therapy -- HD 5/19/2001
MAG denounces, in principle, Medication Step Care Therapy programs when implemented as an inflexible or administratively burdensome method to contain pharmacy costs as a part of a Pharmacy Benefit Management Program or any pharmacy cost savings approach. (Reaffirmed 9/30/2006; 10/16/2011)

130.967 Medical Response & Preparedness -- HD 10/16/2011
MAG condemns terrorism in all its forms and believes that physicians have an obligation to provide urgent medical care during disasters; it will take a primary role in coordinating physician efforts with public health's response to terrorism planning and other disasters as spelled out in Georgia's Emergency Operations Plan. MAG advocates for a functional medical component of the state disaster plan and adequate funding for ongoing development of the state plan; it will work collaboratively with the Georgia Department of Public Health Emergency Medical Services office, the Georgia Emergency Management Agency, county medical societies, county health departments, hospitals and others, on an ongoing basis: (a) in preparing for epidemics, terrorist attacks, and other disasters; physicians as a profession must provide medical expertise and work with others to develop public health policies that are designed to improve the effectiveness and availability of medical care during such events; (b) in the development, dissemination, and production of regional and statewide education and training initiatives to provide physicians, professionals, and other emergency responders with a fundamental understanding and working knowledge of their integrated roles and responsibilities in disaster management and response efforts; MAG strongly encourages medical schools to teach their students the principles of triage, chain of command teamwork, protecting themselves from becoming victims, and identifying and mobilizing resources; we also strongly encourage the Georgia residency programs to teach these principles of disaster medicine to their residents; (c) to develop a comprehensive strategy to assure surge capacity to address mass casualty care; (d) to implement communications strategies to inform professionals and the public about a terrorist attack or other major disaster; (e) to convene local and regional workshops to share "best practices" and "lessons learned" from disaster planning and response activities; (f) to urge individual physicians to take appropriate advance measures to ensure their ability to provide medical services at the time of disasters, including the acquisition and maintenance of relevant knowledge of disease surveillance and control, disease signs and symptoms, diagnosis, treatment, isolation precautions, decontamination protocols, and chemotherapy/prophylaxis against radioactive agents likely to be used in a terrorist attack, and (g) MAG supports utilizing the Division of Public Health's Physician/Health Professional Emergency Reserve Corps and the Georgia State Defense Reserve Corps, including qualified retired physicians, as volunteers to hospitals, local health departments, or other medical outpatient facilities in the event of a national disaster or any public

health emergency situation. All emergency programs such as these must have a system to assure that those who are involved are legally certified and/or licensed and that the process can be implemented expeditiously. MAG supports state legislation and/or funding to the Georgia Division of Public Health for the development of a standardized identification program/badge or credentials for all emergency personnel, including physicians. (Special Report: 04.11, Attachment III)

130.968 Hospital Diversion -- HD 10/16/2011
MAG: 1) supports hospital "diversion policies" which are developed by emergency room physicians, in coordination with nursing and/or administrative staff, national medical society expertise, (American College of Emergency Physician Guidelines) and with elected medical staff leadership; 2) recognizes that hospitals share the responsibility for emergency care coverage in a given geographic region and throughout the state. Consequently, MAG supports the establishment of local, multi-organizational task forces, with representation from hospital medical staffs, to devise local solutions to the problem of emergency department overcrowding, ambulance diversion, and physicians on-call coverage, and encourage the exchange of information among these groups. (Special Report: 04.11, Attachment III)

155.978 Obesity Education -- BD 4/16/2011
MAG supports comprehensive education on the epidemic of obesity and its impact on the future health and economics of the state; furthermore MAG supports appropriate compensated payments to physicians from third party payers in Georgia in the treatment of obesity in children.

165.971 State Directed Health Care -- HD 10/16/2011
MAG favors health care reform that is flexible and with specific implementation primarily determined by the states on an individual basis. (Res. 304C.11)

165.972 Accountable Care Organizations -- BD 1/29/2011
The following ACO principles shall be guiding principles for Georgia physicians when negotiating ACO contracts for the medical practice.

1. Guiding Principle – The goal of an Accountable Care Organization (ACO) is to increase access to care, improve the quality of care, and ensure the efficient delivery of care. Within an ACO, a physician's primary ethical and professional obligation is the well-being and safety of the patient; 2. ACO Governance – ACOs must be physician-led and encourage an environment of collaboration among physicians. ACOs must be physician-led to ensure that a physician's medical decisions are not based on commercial interests, but rather on professional medical judgment that puts patients' interests first; a. Medical decisions should be made by physicians. ACOs must be operationally structured and governed by an appropriate number of physicians to ensure that medical decisions are made by physicians (rather than lay entities) and place patients' interests first. Physicians are the medical professionals best qualified by training, education, and experience to provide diagnosis and treatment of patients. Clinical decisions must be made by the physician or physician-controlled entity. MAG supports true collaborative efforts between physicians, hospitals, and other qualified providers to form ACOs as long as the governance of those arrangements ensures that physicians control medical issues; b. The ACO should be governed by a board of directors that is elected by the ACO professionals. Any physician entity [e.g., Independent Physician Association (IPA), medical group, etc.] that contracts with, or is otherwise part of, the ACO should be physician-controlled and governed by an elected board of directors; c. The ACO's physician leaders should be licensed in the state in which the ACO operates and in the active practice of medicine in the ACO's service area; d. Where a hospital is part of an ACO, the governing board of the ACO should be separate and independent from the hospital governing board; 3. Physician and patient participation in an ACO should be voluntary. Patient participation in an ACO should be voluntary rather than a mandatory assignment to an ACO by Medicare. Any physician organization (including an organization that bills on behalf of physicians under a single tax

identification number) or any other entity that creates an ACO must obtain the written, affirmative consent of each physician to participate in the ACO. Physicians should not be required to join an ACO as a condition of contracting with Medicare, Medicaid or a private payer, or being admitted to a hospital medical staff; 4. The savings and revenues of an ACO should be retained for patient care services and distributed to the ACO participants; 5. Flexibility in patient referral and antitrust laws — The federal and state anti-kickback and self-referral laws and the federal Civil Monetary Penalties (CMP) statute (which prohibits payments by hospitals to physicians to reduce or limit care) should be sufficiently flexible to allow physicians to collaborate with hospitals in forming ACOs without being employed by the hospitals or ACOs. This is particularly important for physicians in small and medium-sized practices who may want to remain independent but otherwise integrate and collaborate with other physicians (i.e., so-called virtual integration) for purposes of participating in the ACO. The ACA explicitly authorizes the Secretary to waive requirements under the Civil Monetary Penalties statute, the Anti-Kickback statute, and the Ethics in Patient Referrals (Stark) law. The Secretary should establish a full range of waivers and safe harbors that will enable independent physicians to use existing or new organizational structures to participate as ACOs. In addition, the Secretary should work with the Federal Trade Commission to provide explicit exceptions to the antitrust laws for ACO participants. Physicians cannot completely transform their practices only for their Medicare patients, and antitrust enforcement could prevent them from creating clinical integration structures involving their privately insured patients. These waivers and safe harbors should be allowed where appropriate to exist beyond the end of the initial agreement between the ACO and CMS, so that any new organizational structures that are created to participate in the program do not suddenly become illegal simply because the shared savings program does not continue; 6. Additional resources should be provided up front in order to encourage ACO development. The CMS Center for Medicare and Medicaid Innovation (CMI) should provide grants to physicians in order to finance up-front costs of creating an ACO. ACO incentives must be aligned with the physician or physician group's risks (e.g., start-up costs, systems investments, culture changes, and financial uncertainty). Developing this capacity for physicians practicing in rural communities and solo-small group practices requires time and resources and the outcome is unknown. Providing additional resources for the up-front costs will encourage the development of ACOs since the "shared savings" model only provides for potential savings at the back end, which may discourage the creation of ACOs (particularly among independent physicians and in rural communities); 7. The ACO spending benchmark should be adjusted for differences in geographic practice costs and risk-adjusted for individual patient risk factors; a. The ACO spending benchmark, which will be based on historical spending patterns in the ACO's service area and negotiated between Medicare and the ACO, must be risk-adjusted in order to incentivize physicians with sicker patients to participate in ACOs and incentivize ACOs to accept and treat sicker patients, such as the chronically ill; b. The ACO benchmark should be risk-adjusted for the socioeconomic and health status of the patients who are assigned to each ACO, such as income/poverty level, insurance status prior to Medicare enrollment, race and ethnicity, and health status. Studies show that patients with these factors have experienced barriers to care and are more costly and difficult to treat once they reach Medicare eligibility; c. The ACO benchmark must be adjusted for differences in geographic practice costs, such as physician office expenses related to rent, wages paid to office staff and nurses, hospital operating cost factors (i.e., hospital wage index), and physician HIT costs.

170.989 STD Education for Physicians -- HD 10/16/2011
MAG supports improvements in training and education on STDs for physicians and urges medical schools to provide supervised training on STDs for all medical students and physicians in training. (Special Report 04.11, Attachment III)

180.987 Medical Savings Accounts -- HD 5/1/1995
MAG supports medical savings accounts combined with catastrophic insurance, as a cost efficient alternative to managed care. MAG supports a state tax code exemption for MSAs and exemption with the United States tax code to allow for MSA exemption. (Reaffirmed 9/30/2006; 10/16/2011)

185.994 Chlamydia Screening -- EC 12/1/1997
MAG supports insurance coverage for Chlamydia screening in Georgia. (Reaffirmed 9/30/2006; 10/16/2011)

185.987 Screening Coverage -- HD 9/30/2006
MAG supports commercial and governmental health coverage of screening procedures, such as CBC, BMP, CMP, TSH, UA, Lipid Panel and yearly physical exams to provide for early detection and intervention for determining appropriate care. (Reaffirmed 10/16/2011)

185.976 Clinical Care Counseling -- HD 10-16-2011
MAG shall: 1) actively oppose government and/or third party payers' interference in the content of communication in the delivery of clinical care between physicians and patients and a physician's medical judgment as to the information or treatment that is in the best interest of a patient including the First Amendment right of physicians in their practice of the art and science of medicine to counsel patients on the dangers of firearms, and 2) support any litigation that may be necessary to block the implementation of newly enacted state laws restricting the privacy of the physician-patient family relationship. (Res. 101A.11)

200.996 Physician Workforce -- HD 10/16/2011
MAG will regularly monitor and review data from the Georgia Board for Physician Workforce and disseminate to the membership the results of such reviews. (Special Report 04.11, Attachment III)

205.986 Paternal Responsibility -- HD 10/16/2011
MAG encourages paternal responsibility in the birth and rearing of a child. (Res. 306C.11)

205.987 End of Life -- HD 10/16/2011
MAG endorses and promotes patient-physician discussions on end-of-life issues. (Res. 107A.11)

215.992 Ancillary Services Payment -- HD 5/19/2001
MAG supports legislation which would prohibit a hospital from entering into a contract with an insurer that prevents payment for ancillary services to anyone except those owned or contracted by the hospital. (Reaffirmed 9/30/2006; 10/16/2011)

215.993 Hospital Exclusive Contracts - Forced Acceptance -- HD 5/19/2001
MAG opposes any efforts which would require physicians to accept all insurance contracts accepted by the hospital in which they provide service. (Reaffirmed 9/30/2006; 10/16/2011)

215.994 Hospital Purchases -- HD 5/19/2001
MAG supports regulations and/or legislation which requires that a publicly owned hospital, with public or private administration, consult with its full medical staff sixty days prior to signing any contract containing a provision for administration of the hospital by an outside party. (Reaffirmed 9/30/2006; 10/16/2011)

260.996 Pap Smear Guidelines -- HD 10/16/2011
MAG endorses the College of American Pathologists Guidelines for the Review of Pap Tests in the Context of Litigation or Potential Litigation. "The pap test is the most effective cancer screening test in medical history and remains the most effective screening method for the identification of premalignant cervicovaginal conditions. The Pap test has been associated with a 70 percent or greater decrease in the United States death rate from cervical cancer. If the Pap test is to continue as an effective cancer screening procedure, it must remain widely accessible and reasonably priced for all women, including those economically disadvantaged and those at high risk for cervical cancer.

There must also be an understanding of the inherent limitations of this screening test. The Pap test is a screening test that involves subjective interpretation by a cytotechnologist or pathologist of the thousands of cells that are present on a typical gynecologic cytology specimen. Studies indicate an irreducible false negative rate of approximately 5 percent. Although re-screening can reduce the false negative rate, zero-error performance cannot currently be attained. Many factors, including the subjectivity involved in interpreting difficult cases and sampling problems with specimen collection, prevent zero-error performance. In the context of litigation and potential litigation, there should for these reasons be an unbiased and scientific method for review of questioned cases that is fair to both the patient and the laboratory." (additional guidelines concerning courtroom use of test results are not included) (Special Report 04.11, Attachment III)

260.998 Phlebotomists -- HD 5/19/2001
MAG opposes legislation and regulations that would prohibit independent clinical laboratories from placing lab employees or contractors in physicians' offices (consistent with the requirements of the federal anti-kickback statute). (Reaffirmed 9/30/2006; 10/16/2011)

270.985 Health Care Costs -- HD 9/30/2006
MAG supports legislation that allows the expenditures by individuals for health care services as well as for health care insurance to receive the same favorable tax treatment as received by business entities for the same expenditures. (Reaffirmed 10/16/2011)

270.987 Letter of Non-Reviewability -- HD 9/30/2006
The Medical Association of Georgia supports legislation that eliminates the financial threshold for Letters of Non-Reviewability. (Reaffirmed 10/16/2011)

270.988 Prompt Pay and ERISA -- HD 9/30/2006
MAG supports legislative and/or regulatory reform that requires equal enforcement of the "Georgia Prompt Pay Act," closing the loopholes that allow ERISA plans and companies that are self-insured to escape enforcement to the financial detriment of health care providers.
(Reaffirmed 10/16/2011)

275.990 Discrimination in Licensing -- HD 10/16/2011
MAG opposes discrimination against physicians on the basis of being a graduate of a foreign medical school and supports state and territory responsibility for admitting physicians to practice, and urges licensing jurisdiction of medical licenses on an assessment of competence as determined by the state and territory issuing the license. (HOD 2011--policy review extraction)

275.991 State Medical Licensure Protection -- HD 10/16/2011
MAG supports maintaining medical licensure at the state level without a requirement to tie participation in a third party payer plan to licensure. (Res. 301.11)

275.992 National Licensure -- HD 10/16/2011
MAG strongly opposes any implementation of a national licensure for physicians and rejects the Maintenance of Certification as a requirement to maintain state licensure. (Res. 102A.11)

280.992 Medical Director Certification -- HD 5/1/1997
MAG encourages medical directors of nursing homes to take advantage of the American Medical Directors Association certification training programs. (Reaffirmed 9/30/2006; 10/16/2011)

290.972 Medical Fraud in Medicaid -- HD 10/16/2011
MAG supports continued review of the eligibility process when applying for Medicaid, and supports

a requirement documenting federal and state income tax returns to determine actual need and qualifications for public assistance in order to limit or eliminate fraudulent usage of Medicaid funds by state and federal governments. (Res. 103A.11)

300.988 Mission Statement of Intra-State CME Accreditor
HD 10/16/2011
MAG recognizes that physicians' professional responsibilities entail a commitment to a lifetime of learning. MAG has been recognized by the ACCME as the Accreditor of Intrastate providers of continuing medical education in Georgia. In this role, MAG strongly supports the development and accreditation of quality CME programs in state and metropolitan specialty societies, voluntary health organizations, and especially in local hospitals. For hospitals, the Joint Commission requires that every staff member's participation in hospital CME activities should be documented and reviewed at the time of reappointment. The Joint Commission requires that at hospital and health care organizations it accredits, physicians with clinical privileges document their CME. The Joint Commission will accept correctly completed AMA PRA applications stamped "approved" by the AMA as documented physician compliance with Joint Commission CME requirements. CME can play an essential role in supporting hospital accreditation requirements while improving practice and patient care; beyond this, MAG believes that each institution's medical staff should decide the types of CME activities that are appropriate for itself. In addition to the minimum amount of continuing medical education mandated by state law (i.e., as of 1992, physicians are required to complete 40 hours of Category 1 credits, or recognized credits, per every two years), all members of MAG are strongly encouraged to follow the recommendations of their specialty societies, specialty boards, and local hospitals on the desirable level of participation in CME activities. We continue to believe that any system of mandatory CME should reflect the diversity of physicians' educational needs and individuals' pattern of learning. There is no CME requirement for membership in MAG. The physician's best motivation for participating in CME is the desire to maintain professional knowledge and ability through education. Voluntary achievement in CME is a major priority not only for the MAG's Continuing Medical Education Committee, but for the entire MAG. To accomplish this, MAG encourages all of its members to qualify for the AMA's Physician Recognition Award. (Special Report 04.11, Attachment III)

305.997 MCG Health, Inc. -- HD 5/19/2001
MAG opposes the concept of MCG Health, Inc., which privatizes the state's only state-run teaching hospital. (Res 310C.01) (Reaffirmed 9/30/2006; 10/16/2011)

350.999 Reduction of Racial & Ethnic Health Disparities -- HD 10/16/2011
MAG supports the Georgia Department of Public Health's Office of Health Equity and its efforts to reduce racial and ethnic health disparities in Georgia. (Special Report 04.11, Attachment III)

360.995 Nurses' Training -- HD 5/1/1997
MAG recommends that the State Board of Nursing pursue the development of standardized training curriculums and standardized competency examinations for nursing assistants. (Reaffirmed 9/30/2006; 10/16/2011

375.999 Peer Review Protections -- HD 5/19/2001
MAG supports the need for federal legislation that will afford enhanced protection of peer review information from disclosure. (Reaffirmed 9/30/2006; 10/16/2011)

385.995 Bundled Payments -- HD 10/16/2011
MAG opposes payment models that support reductions in physician payments based on cost not directly attributable to that physician unless the physician knowingly enters into an agreement to accept such a payment model. (Res. 110A.11)

390.983 Payment Mechanism -- HD 10/16/2011
MAG opposes Medicare's new bundled payment models and initiatives which include 1) Centers for Medicare and Medicaid Services (CMS) and providers setting a target payment amount for a defined episode of care; 2) CMS to link payments for multiple services patients receive during an episode of care and 3) an entire team of physicians, and hospitals are compensated with a "bundled payment." (Special Report 04.11, Attachment III)

390.990 Private Contracting and Means Testing -- HD 5/1/1995
MAG supports Medicare laws that allow private contracting between physicians and patients; MAG supports removing Medicare definitions of allowable charges; MAG supports a plan of differential reimbursement for Medicare recipients with the ability to pay. (Reaffirmed 9/30/2006; 10/16/2011)

405.988 State Health in Georgia Government -- HD 10/16/2011
MAG supports the position that only physicians should direct the state health department and its Board and that its office be maintained at a Departmental level immediately below the office of Governor. MAG supports having a close working relationship with the state and local public health departments in a way that complements each other's efforts in improving the health of the community. (Special Report: 04.11, Attachment III)

425.998 Early Intervention Programs -- HD 10/16/2011
"MAG supports and promotes the development of early intervention and disease prevention programs at the national, state and local levels, including the mission, goals, and health indicators outlined in the U.S. Health and Human Services Department's "Healthy People 2020 Plan," Georgia's Medicaid and Care Management Program initiatives, and the Georgia Department of Public Health's 14 Health Promotion and Disease Prevention programs including: 1) the Adolescent Health and Youth Development program, 2) the Asthma Control program, 3) the Breast and Cervical Cancer program, 4) the Cancer State Aid program, 5) the Cardiovascular Health Initiative, 6) the Comprehensive Cancer Control program, 7) the Diabetes Prevention and Control program, 8) the Live Healthy Georgia program, 9) the Nutrition and Physical Activity Initiative program, 10) the Rape Prevention and Education program, 11) the Stroke and Heart Attack Prevention program, 12) the Tobacco Use Prevention program and 13) the Women's Health Medicaid program and 14) Worksite Wellness program. (Special Report 04.11, Attachment III)

430.997 Tobacco Use in Prisons -- HD 5/1/1995
MAG supports the Georgia Department of Correction's commitment to cessation of the use of all tobacco products by staff and inmates in all of its facilities. (Reaffirmed 9/30/2006; 10/16/2011)

440.975 Coal-Fired Power Plants -- HD 10/16/2011
MAG supports state government and utilities efforts to develop comprehensive energy efficiency standards of businesses, homes, appliances, and building construction prior to approving new coal burning power plants; MAG recommends that careful consideration and full public debate be given to the least polluting options. (Special Report 04.11, Attachment III)

440.983 Health Department Funding -- HD 5/19/2001
MAG supports the monitoring of the impact of "revenue maximization" in the state's Health Department funding on the local health departments and if "revenue maximization" proves to result in reduced funding for the local health departments, that MAG seek to secure funding of the local health departments to levels sustained prior to implementation of "revenue maximization". (Res. 311C.01; Reaffirmed 9/30/2006; 10/16/2011)

530.882 CMS Registration Fees -- HD 10/16/2011
MAG shall waive any registration fee required at MAG functions and/or events to county medical executives. (Special Report 04.11, Attachment III)

530.883 Student Travel Reimbursement -- HD 10/16/2011
MAG supports the funding of two medical students to attend the AMA Annual meeting. Funds will be charged to the MAG Medical Student Section. Medical students shall be identified to the AMA Delegation and shall participate as directed by the Chair of the AMA Delegation. (Special Report 04.11, Attachment III)

530.895 Physician Lobbying -- HD 9/30/2006
MAG shall coordinate trips to Washington, D.C. for the purpose of convening in a unified manner, our concerns about health care legislation to our Congressional Delegation. (Reaffirmed 10/16/2011)

530.896 Membership List/Labels -- HD 9/30/2006
MAG shall maintain a membership list and labels policy that defines its purpose, use, and composition and billing and purchasing rules. (Reaffirmed: 10/16/2011)

530.897 Legislative Involvement -- HD 9/30/2006
MAG will provide meaningful opportunities for physicians to participate in educating legislators, to improve their understanding of the practice of medicine, as government continues to impact all facets of the modern day practice of medicine; MAG urges all physicians to participate in such projects and programs conducted through MAG's legislative department. (Reaffirmed 10/16/2011)

530.898 Employee Contracts -- HD 9/30/2006
MAG shall maintain an employment policy that includes conducting annual reviews of all employees. (Reaffirmed 10/16/2011)

530.909 Guest Attendance at MAG Events -- BD 1/28/2006
Non-members and non-physicians (i.e., county medical society executives, MAG Mutual, Georgia Medical Care Foundation, Georgia Hospital Association) may be invited to attend events and/or functions of the Medical Association of Georgia at the discretion of the physician leader whose duties hold jurisdiction over the event and/or function. Information and materials related to the event and/or function will be provided to a guest only by order of the physician leader. All other matters pertaining to sharing information not referenced herein shall be left to the discretion of MAG President and/or Executive Director. (Reaffirmed 10/16/2011)

530.936 Actions of AMA Meetings -- HD 5/19/2001
MAG, at the conclusion of the AMA Annual and Interim meetings, will communicate to its members the actions taken by AMA. Reaffirmed 9/30/2006; 10/16/2011)

530.959 AMA Nominations & Endorsements -- EC 2/1/1997
MAG directs that all nominations to AMA first be addressed by the Georgia Delegation and then forwarded to the Executive Committee for association endorsement. In case of emergency, the President may authorize the association's endorsement. (Reaffirmed 9/30/2006; 10/16/2011)

540.999 Council on Legislation Structure -- EC 7/28/2006
The Council on Legislation shall be governed by a structure that will be attached to the MAG Master Committee Structure. (Reaffirmed 10/16/2011)

545.946 AMA Collaborative Intent -- HD 10/16/2011
MAG adopts the following AMA Statement of Collaborative Intent as follows: (1) The AMA House of Delegates endorses the following preamble of a Statement of Collaborative Intent: The Federation of Medicine is a collaborative partnership in medicine. This partnership is comprised of the independent and autonomous medical associations in the AMA House of Delegates and their component and related societies. As the assemblage of the Federation of Medicine, the AMA House of Delegates is the framework for this partnership. The goals of the Federation of Medicine are to: (a) achieve a unified voice for organized medicine; (b) work for the common good of all patients and physicians; (c) promote trust and cooperation among members of the Federation; and (d) advance the image of the medical profession; and (e) increase overall efficiency of organized medicine for the benefit of our member physicians and (2) The AMA House of Delegates endorses the following principles of a Statement of Collaborative Intent: (a) Organizations in the Federation will collaborate in the development of joint programs and services that benefit patients and member physicians. (b) Organizations in the Federation will be supportive of membership at all levels of the Federation. (c) Organizations in the Federation will seek ways to enhance communications among physicians, between physicians and medical associations, and among organizations in the Federation. (d) Each organization in the Federation of Medicine will actively participate in the policy development process of the House of Delegates. (e) Organizations in the Federation have a right to express their policy positions. (f) Organizations in the Federation will support, whenever possible, the policies, advocacy positions, and strategies established by the Federation of Medicine. (g) Organizations in the Federation will support an environment of mutual trust and respect. (h) Organizations in the Federation will inform other organizations in the Federation in a timely manner whenever their major policies, positions, strategies, or public statements may be in conflict. (i) Organizations in the Federation will support the development and use of a mechanism to resolve disputes among member organizations. (j) Organizations in the Federation will actively work toward identification of ways in which participation in the Federation could benefit them. (Special Report 04.11, Attachment III)

545.958 House of Delegates – Length -- HD 5/1/1995
All of the business of the MAG House of Delegates shall be conducted in two days. (Reaffirmed 9/30/2006; 10/16/2011)

555.973 Recruitment -- HD 10/16/2011
MAG encourages medical societies to begin grassroots projects aimed at increasing involvement in organized medicine. (Special Report 04.11, Attachment III)

555.982 Fiscal Year -- HD 9/30/2006
MAG's fiscal year shall begin on January 1 of each year. (Reaffirmed 10/16/2011)

555.985 Membership Diversity -- BD 1/28/2006
The Medical Association of Georgia (MAG) recognizes the diversity of its membership with regards to religion and culture, and discriminates against no members for their diversities. MAG shall direct its Annual Session Committee to become cognizant of all religious holidays when scheduling MAG's annual meetings. For all Executive Committee, Board of Directors, committees and educational meetings, MAG shall make every effort to not hold such meetings on current or future nationally recognized religious holidays. (Reaffirmed 10/16/2011)

555.989 Direct Membership -- HD 5/19/2001
MAG shall maintain a category of direct membership, allowing physicians to join MAG without the requirement of joining the county medical society. (Report of the Treasurer, Rec. 2) (Reaffirmed 9/30/2006; 10/16/2011)

555.992 Member Communication -- HD 5/1/1997
MAG supports increasing visitation and communication by members of MAG leadership and staff to local, district, specialty societies, medical student and resident physician sections, similar professional societies i.e. Georgia Hospital Association, Georgia State Medical Association, Georgia Osteopathic Medical Association and other professional groups. It may be appropriate, and fruitful, to consider visibility of our Association at some hospital medical staff meetings around the state. (Reaffirmed 9/30/2006; 10/16/2011)

565.980 Political Candidates' Information -- EC 12/1/1997
GAMPAC shall share with the Medical Association of Georgia a list of candidates for the Office of Governor, Lt. Governor, and Secretary of State and their stance on health care issues. (Reaffirmed 9/30/2006; 10/16/2011)