

Dear all:

Sine Die. I want to thank all of you for your hard work during this session. The grass roots response is the most we have seen in my 12 years at MAG. I can't thank you and your practice managers enough for all the calls and emails. I want to also highlight the work of Derek Norton, Bethany Sherrer and Liz Bullock. Derek and Bethany did an outstanding job in probably one of the most difficult legislative sessions I have seen in my tenure. I want to thank Tom Kornegay and Mandi Milligan for the quick turnaround on the legislative alerts. Thank you Liz Bullock for all your work ensuring the Doctor of the Day program moved seamlessly. I want to thank Travis Lindley, our outside consultant, for his work. I want to thank the specialty society and county medical society lobbyists that worked closely with MAG throughout the session. I would name each and every one but I fear leaving one off accidentally. Finally, and certainly not least, Steve Walsh, MD (MAG President) who spent more time testifying at the Capitol than he was able to put in office hours.

On Monday, you will receive a complete summary of the legislative session. For your convenience, I will highlight the bills that were our legislative priorities:

**1. Surprise Insurance Gap**

a. HB 71

This bill would have required physicians, as a condition of medical staff privileges, to accept all the health insurance plans accepted by the hospitals. This bill failed to "cross over" to the Senate Chamber by Day 28.

b. SB 8

In its original form, this bill was somewhat complicated on the transparency piece required of physicians, hospitals and health insurers. The payment methodology was somewhat confusing to interpret but it did include the Fair Health Database that MAG and various others were supporting. In its original form as it passed the Senate, this bill had potential to address the surprise insurance gap.

c. SB 8 (Substitute)

This bill, while strong on transparency required of the physicians, hospitals and health insurers, had a payment methodology favorable to the health insurers. MAG supported the transparency piece but could not support the payment methodology. This bill failed to pass the House of Representatives.

d. SB 277

MAG solution to the Surprise Insurance Gap. This bill applied to only emergency services and used the Fair Health Database as the payment methodology. This bill failed to pass the Senate.

I want to give a big thanks to Dr. Chip Pettigrew, Dr. Matt Kaedey, Dr. Steve Walsh and Dr. John Harvey for their hard work and testimony on this issue leading up to and during the legislative session.

**2. Medicaid Payment Parity**

- a. The General Assembly placed money in the budget to pay for the remaining codes to pay physicians accepting Medicaid at Medicare rates.

- b. The General Assembly address the “location” and “attestation” issue that we (pediatrics, family medicine, internal medicine, and OBGYN) have brought to DCH’s attention for primary care physicians accepting Medicaid.

### **3. Maintenance of Certification**

- a. HB 165  
This bill would prohibit MOC for being a condition of medical licensure, health insurance panels and professional liability policies. This bill is awaiting the Governor’s signature.

### **4. Patient Safety**

- a. HB 249  
This bill addresses the opioid epidemic. The bill moves the administration of the prescription drug monitoring program from Georgia Drug and Narcotics Agency to the Department of Public Health. The bill requires pharmacists to input the data into the PDMP within 24 hours of dispensing and makes naloxone easier to access. Physicians must check the PDMP prior to prescribing opioids and benzos for a first time patient and then once every ninety days. There are exceptions for a physician checking the PDMP which includes a 3 day prescription, a ten day prescription following surgery, cancer and palliative care and other exceptions. Any penalties on the physician would be reported to the Georgia Composite Medical Board. These are simply the highlights of the bill. MAG worked extensively on this bill attempting to reduce the burdens on the physicians. The bill passed the General Assembly and awaits the Governor’s signature.
- b. SB 81  
This bill attempted to address the opioid epidemic. This bill granted easier access to naloxone and required physicians to check the prescription drug monitoring program. In its original form, a physician could have received a fine of \$50,000 and time in jail. The criminal penalties were removed from the bill when it passed the Senate and went to the House of Representatives. The bill failed to pass the House of Representatives.
- c. SB 153  
This bill began as a distribution of hearing aids bill. The House of Representatives removed the language include expanding the scope of practice of optometrists to do injections in and near the eye. We were able to stop three previous versions of the bill (HB 36, HB 416 and SB 221). However, SB 153 was sent to a different committee and passed both chambers and is awaiting the Governor’s signature.
- d. HB 163  
This bill addresses distracted driving and improves the “no texting” law in Georgia by requiring all devices to be “hands free.” The bill did not get out of committee in the House of Representatives. However, a study committee (HR 282) will address the issue over the summer to see what, if any, legislation would address the problem. We are in the process of beginning a public relations campaign to bring more attention to the issue.

Thank you for all of your involvement this legislative session which culminated in MAG having a great session.

Have a great weekend.

Donald

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