BOARD OF DIRECTORS MEETING

SATURDAY, 10:00 A.M.
APRIL 22, 2017

DOUBLETREE BY HILTON ATLANTA-MARIETTA
2055 S. Park Place, NW
Atlanta, Georgia 30339

Presiding
Rutledge Forney, M.D., Chairman of the Board
MEDICAL ASSOCIATION OF GEORGIA
BOARD OF DIRECTORS

Saturday, 8:00 a.m.
GAMPAC Healthcare Panel Discussions

Saturday, 10:00 a.m.
April 22, 2017

Doubletree by Hilton Atlanta-Marietta
2055 S Park Place NW
Atlanta, Georgia 30339

AGENDA

CALL TO ORDER ................................................................. RUTLEDGE FORNEY, M.D., CHAIR

I. INTRODUCTION

II. MEGA ISSUES
   A. Council on Legislation Attached

III. TREASURER (Dr. Emerson)
   A. Audited 2016 Financials Attached
   B. Financial Statements for the month of March Attached
   C. MAG and Supporting Organizations Audit (To be sent separately)
   D. Atlanta Capital Group Update

IV. PRESIDENT (Dr. Walsh)
   A. Actions of Executive Committee Attached
      1. January 27, 2017
      2. February 17 email vote
      3. February 22 email vote
      4. March 24, 2017
   B. Physicians Foundation Update

V. SECRETARY (Dr. Reisman)
   A. Approval of Board Minutes – January 2017 Attached
   B. Approval of HOD Minutes – October 2016 Attached
   C. Board Entitlement for 2017 Attached

VI. EXECUTIVE DIRECTOR (Mr. Palmisano)
   A. Strategic Plan of Work Attached
   B. Actions of the 2016 MAG HOD Attached
      1. Reference Committee A
      2. Reference Committee C
      3. Reference Committee F
      4. Reference Committee S
   C. HealtheParadigm Update
VII. MAG ALLIANCE REPORT

VIII. MAG FOUNDATION/GEORGIA PHYSICIANS LEADERSHIP ACADEMY

IX. PHYSICIANS INSTITUTE FOR EXCELLENCE IN MEDICINE Attached
A. Appointment
B. Name Change

X. MAG SECTIONS
A. Young Physician Section
   1. Approval of Amended 2017 Bylaws Attached
B. Resident Physician and Fellows Section
   1. Approval of Amended 2017 Bylaws Attached
   2. Resident Resolution to the AMA Attached
C. Medical Student Section
   1. Approval of Amended 2017 Bylaws Attached

XI. INFORMATIONAL REPORTS
A. Alliant GMCF Attached
B. GAMPAC Attached
C. Committee on Continuing Medical Education Attached
D. Correctional Medicine Committee Attached
E. Department of Membership and Marketing Attached
F. Department of MAG Programs and Initiatives Attached
G. Department of Communications Attached

XII. OLD/NEW BUSINESS

XIII. FOR INFORMATION ONLY
A. Yearly Attendance Record Attached
B. Announcement for Mark Huffman, M.D. Attached
C. Physician Foundation Year-end Report Attached
D. Sign-on Letter with AMA to CMS re penalties assessed for physicians Attached

XIV. NEXT MEETING
   Friday, October 20, 2017 Hyatt Regency Savannah/time to be determined

ADJOURN
### Following is a list of legislation that MAG has monitored during the 2017 legislative session

#### MAG PRIORITY: MAINTENANCE OF CERTIFICATION

**H.B. 165** by Rep. Betty Price, M.D. (R-Roswell), which will prevent the state’s Medical Practice Act from being used to require Maintenance of Certification (MOC) as a condition of licensure or to require MOC to be employed by a state medical facility or for the purposes of licensure, insurance panels, or malpractice insurance. **MAG’s Position:** Supported. **Outcome:** Passed.

#### MAG PRIORITY: PATIENT SAFETY

**H.B. 249** by Rep. Kevin Tanner (R-Dawsonville), an omnibus bill that was designed to reduce prescription drug abuse in Georgia. **MAG’s positions:** MAG supported a provision that will codify the executive order that Georgia Gov. Nathan Deal issued in 2016 that made naloxone available on an over-the-counter basis (a similar measure, **S.B. 121**, also passed). MAG also supported a provision that will require prescription drug dispensers to update the state’s Prescription Drug Monitoring Program (PDMP) every 24 hours, as opposed to the current seven-day requirement. MAG opposed provisions 1) requiring prescribers to check the PDMP every time they prescribe a Schedule II drug beginning in 2018 and 2) having to document the information in the patient’s medical record and 3) civil and criminal penalties for physicians. This bill will also establish a way for non-licensed practice staff (up to two per prescriber) to become authorized delegates to access the PDMP. And, it will require prescribers to provide their patients with information on the addictive risks associated with the drugs they prescribe – in either oral or written form. **Outcome:** Passed. A comparable bill – **S.B. 81** by Sen. Renee Unterman (R-Buford) – did not pass. The major difference is that S.B. 81 initially included serious civil and criminal penalties for physicians, which MAG was instrumental in having removed.
S.B. 153 by Sen. Matt Brass (R-Newnan), which – after it was amended with a substitute by Rep. Earl Ehrhart (R-Powder Springs) – will allow optometrists to inject pharmaceutical agents around a patient’s eye. Exceptions include sub-tenon, retrobulbar, peribulbar, facial nerve block, subconjunctival anesthetic, dermal filler, intravenous, intramuscular, intraorbital nerve block, intraocular, and botulinum toxin injections. The optometrist will have to obtain a certificate that shows that they have successfully completed of an “injectables” training program of at least 30 hours that is sponsored by a school or college of optometry that is credentialed by the U.S. Department of Education and the Council on Postsecondary Accreditation or that they are enrolled in such a program. They will also have to be under the direct supervision of a board-certified ophthalmologist. **MAG’s Position**: Opposed. **Outcome**: Passed.

H.B. 163 by Rep. Betty Price, M.D. (R-Roswell), which would have required drivers who make phone calls while operating a motor vehicle to do so on a hands-free basis, certain exceptions (e.g., 911 calls) notwithstanding. This bill was the result of a resolution that MAG’s House of Delegates passed in 2016. **MAG’s Position**: Supported. **Outcome**: Did not pass.

H.R. 282 by Rep. John Carson (R-Marietta), which will create a House study committee on distracted driving – keeping in mind that MAG promoted a bill (H.B. 163) that would require drivers who make phone calls while operating a motor vehicle to do so on a hands-free basis as one of its priority patient safety measures. MAG will ask to be included in the study committee, which will meet this summer. **MAG’s Position**: Supported. **Outcome**: Passed.

**MAG PRIORITY: OUT-OF-NETWORK BILLING & NETWORK ADEQUACY**

H.B. 71 by Rep. Richard Smith (R-Columbus), which would have required physicians and health centers to disclose certain information to patients about the providers they expect to use and the fees they typically charge before any services are rendered. It would have also required physicians to participate in every health insurance plan that is offered by any hospital where they have privileges. **MAG’s Position**: Opposed. **Outcome**: Did not pass.

S.B. 8 (‘Surprise Billing and Consumer Protection Act’) by Sen. Renee Unterman (R-Buford), which would have created a payment system for out-of-network care in emergency care settings and prohibited balance billing. This measure, in it’s final form, would have 1) established notification requirements for providers, health care facilities, and insurers regarding insurance coverage, scheduled providers, and cost information for elective procedures and 2) set payment for out-of-network emergency services at the greatest of three: the median network rate paid by the health care plan; the rate of the health care plan in its standard formula for out-of-network reimbursement; or the Medicare fee for service reimbursement. **MAG’s Position**: Opposed. **Outcome**: Did not pass.

S.B. 277 by Sen. Michael Williams (R-Cumming), MAG’s model legislation that was designed to address the surprise health insurance coverage gap that results in the balance billing in emergency care settings. This legislation would have set the payment methodology for out-of-network emergency care at the 80th percentile of the ‘FAIR Health’ database. **MAG’s Position**: Supported. **Outcome**: Did not pass.
H.R. 745 by Rep. Beth Beskin (R-Atlanta), which would have created a House study committee to address the surprise health insurance gap that leads to balance billing in emergency care settings. MAG’s Position: Supported. Outcome: Did not pass.

MAG PRIORITY: MEDICAID PAYMENT PARITY

Lawmakers passed a FY 2018 budget that includes $38 million to increase pay for certain Medicaid primary care and OB-GYN codes. Of that, $6.5 million will be used to resolve physician “location” and “attestation” issues that MAG brought to the attention of the Georgia Department of Community Health.

OTHER KEY SENATE BILLS

S.B. 4 (‘Enhancing Mental Health Treatment in Georgia Act’) by Sen. Renee Unterman (R-Buford), which would have created the ‘Georgia Mental Health Treatment Task Force’ to recommend ways to improve the state’s mental health care system. MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 11 by Sen. Michael Rhett (D-Marietta), which would have expanded the civil and criminal immunity protection that is place in the state for emergency and involuntary mental health examinations to emergency medical technicians (EMT) and cardiac technicians. This bill also sought to expand the list of the types of examinations physicians can rely on when they issue a certificate for emergency admission or for emergency involuntary treatment to those performed by EMT and cardiac technicians. And it would have expanded the kinds of examinations a physician could use to determine whether a mental health patient should be involuntarily admitted or treated. MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 12 by Sen. Renee Unterman (R-Buford), which would have allowed dental hygienists to provide certain services to patients in certain settings under the general supervision of a dentist. The bill would have also established definitions for direct and general supervision. MAG’s Position: Neutral. Outcome: Did not pass.

S.B. 14 by Sen. Dean Burke, M.D. (R-Bainbridge), which will clarify which business types can claim an exemption of up to $10,000 under the state Rural Hospital Income Tax Credit. MAG’s Position: Neutral. Outcome: Passed.

S.B. 16 by Sen. Ben Watson, M.D. (R-Savannah), which will modify the state’s medical cannabis law. The original version of this bill would have reduced the amount of THC that would be allowed in the cannabinoid oil, and it would have added of autism to the list of qualifying conditions. A House/Senate compromise left the THC at the current 5.0 percent level and added six qualifying conditions, including 1) "severe" autism for people who are under the age of 18 and 2) autism for people who are 18 or older and 3) severe or end-stage cases of Alzheimer's disease and 4) AIDS or peripheral neuropathy and 5) severe Tourette's syndrome and 6) any case of epidermolysis bullosa. S.B. 16 would also make the low THC cannabinoid oil available to people who are in hospice programs. MAG position: MAG policy does not support expanding the number of conditions that are covered by state law. Outcome: Passed.
S.B. 40 by Sen. Renee Unterman (R-Buford), which would have allowed emergency medical services personnel in the state to transport a person exhibiting signs of mental illness directly to the emergency department rather than waiting for a crime to occur and taking the person to jail. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

S.B. 41 by Sen. Renee Unterman (R-Buford), which will create a state licensure system for durable medical equipment suppliers and would have given the Georgia Board of Pharmacy authority over these licensees. Health care practitioners and others will be exempt. **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B. 47 by Sen. Chuck Hufstetler (R-Rome), which will allow a visiting sports team’s physicians and trainers to provide care in Georgia without the need to be licensed in Georgia. **MAG’s Position:** Supported. **Outcome:** Passed.

S.B. 50 (‘Direct Primary Care Act’) by Sen. Hunter Hill (R-Atlanta), which would have allowed physicians to enter into direct primary care agreements without being subject to insurance regulations. **MAG’s Position:** Supported. **Outcome:** Did not pass.

S.B. 52 by Sen. P.K. Martin (R-Lawrenceville), which will remove the sunset provision from the state law that allows licensed professional counselors to be authorized to conduct emergency examinations on individuals who are mentally ill or drug- or alcohol-dependent. **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B 55 by Sen. Josh McKoon (R-Columbus), which would have allowed a competent adult or their agent to execute a psychiatric advance directive that includes their mental health care information and care preferences. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

S.B. 56 (‘Accuracy and Transparency in Physician/Provider Profiling Act’) by Sen. Josh McKoon (R-Columbus), which would have established standards, criteria, and disclosure requirements for profiling programs that compare, rate, rank, measure, tier, or classify a physician’s or a physician group’s performance, quality, or cost of care against objective or subjective standards or the practice of other physicians. **MAG’s Position:** Supported. **Outcome:** Did not pass.

S.B. 70 by Sen. Butch Miller (R-Gainesville), a bill that will extend Georgia’s Medicaid provider fee – also known as the “bed tax” – until June 30, 2020. **MAG’s Position:** Neutral. **Outcome:** Signed into law.

S.B. 88 by Sen. Jeff Mullis (R-Chickamauga), which is a comprehensive regulatory and licensing framework for narcotic treatment programs. **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B. 96 by Sen. Ben Watson, M.D. (R-Savannah), which will allow physician assistants, nurse practitioners, and registered nurses to pronounce an organ donor’s death in hospice settings. **MAG’s Position:** Neutral. **Outcome:** Passed.
S.B. 102 by Sen. Butch Miller (R-Gainesville), which will create a three-tier cardiac care center designation framework – similar to the state’s stroke and trauma designation system for hospitals. **MAG’s Position:** Supported. **Outcome:** Passed.

S.B. 103 (‘Pharmacy Patient Fair Practices Act’) by Sen. Jeff Mullis (R-Chickamauga), which will authorize the Commissioner of the Georgia Department of Community Health to investigate pharmacy benefits managers (PBM). This measure will also place certain restrictions on PBM, including prohibiting them from requiring patients to use mail order pharmacies. And it will allow pharmacists and pharmacies to have more freedom in their interactions with patients (e.g., the ability to deliver prescriptions). **MAG’s Position:** Supported. **Outcome:** Passed.

S.B. 106 by Sen. Greg Kirk (R-Americus), which will define when certified registered nurse anesthetists (CRNA) can provide medical treatment and services in a licensed pain management clinic when a licensed provider – who is authorized to prescribe controlled substances – is not physically present. This measure will also require the supervising physician to examine the patient before the CRNA is allowed to write any orders for treatment. There are also patient notification and consent requirements (i.e., addressing the nature of the treatment, the risk associated with the treatment, and that a physician might not be on-site). **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B. 109 by Sen. Butch Miller (R-Gainesville), which will create a three-tier cardiac care center designation system that is similar to the one that’s used for stroke and trauma hospitals in the state. This measure was also amended to include the provisions of the ‘Nurse Licensure Compact’ (S.B. 166), which will allow registered nurses and licensed practical nurses to be licensed in more than one state – though the scope of the care they will be allowed to provide will be determined by the state where the patient receives the care. **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B. 121 by Sen. Butch Miller (R-Gainesville), which will 1) make naloxone available on an over-the-counter basis under a standing order by the state health officer and 2) reclassify naloxone as a Schedule V controlled substance. It will also require the state health officer to be licensed to practice medicine in Georgia. **MAG’s Position:** Supported. **Outcome:** Passed.

S.B. 123 by Sen. Hunter Hill (R-Atlanta), which would have changed destination cancer hospital regulations by 1) eliminating the “bed cap” and 2) eliminating the cap on the number of in-state patients they can treat and 3) subjecting these facilities to the same certificate of need (CON) process as other comparably-sized hospitals in the state. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

S.B. 125 by Sen. Rick Jeffares (R-McDonough), which will allow physician assistants to write hydrocodone prescriptions of up to five days if this prescriptive authority is included in their job description. **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B. 138 (‘Patient Compensation Act’) by Sen. Brandon Beach (R-Alpharetta), which would have replaced the state’s medical malpractice litigation system with a patient compensation system and a patient compensation board. MAG opposed this legislation because it would increase the number of claims that are filed, it would increase costs for physicians and other health care providers, and it
would repeal the remaining provisions of the tort reform bill (S.B. 3) that passed in Georgia in 2005. **MAG’s Position:** Opposed. **Outcome:** Did not pass.

**S.B. 157** by Sen. Ben Watson, M.D. (R-Savannah), which would have exempted multi-specialty ambulatory surgery centers (ASC) that aren’t in “rural restriction areas” and that meet several requirements – including being the sole ASC owned by a multi-specialty group practice or a practice with 25 members or more that has been operating for more than five years and cares for Medicaid patients – from the state’s certificate of need (CON) requirements. **MAG’s Position:** Neutral; MAG policy supports the state’s current law, and MAG will continue to develop and promote legislation that will protect patients from deceptive advertising. **Outcome:** Did not pass.

**S.B. 158** by Sen. Ben Watson, M.D. (R-Savannah), which would have allowed one freestanding emergency service in every county in the state. The measure also included certificate of need (CON) exemptions for “expenditures related to the increase of more than 10 percent in the number of inpatient beds and certain multi-specialty ambulatory surgical centers not located in rural restriction areas.” MAG policy supports the full repeal of the certificate of need law in Georgia. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

**S.B. 164** by Fran Millar (R-Atlanta), which would have limited copays, coinsurance, and deductibles for physical therapy, occupational therapy, and chiropractic visits to what patients pay for primary care visits. **MAG’s Position:** Opposed. **Outcome:** Did not pass.

**S.B. 166** by Sen. Renee Unterman (R-Buford), which would have created an interstate licensure compact for nurses who meet certain qualifications and who have not been convicted of certain crimes. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

**S.B. 180** Sen. Dean Burke, M.D. (R-Bainbridge), which will 1) require rural hospitals to report payments to consultants to qualify for the state’s tax credit for rural hospitals and 2) increase the amount of tax-deductible donations individuals and married couples can make to rural hospitals and 3) allow IRS “S” corporation-eligible members to make tax-deductible donations to rural hospitals. **MAG’s Position:** Neutral. **Outcome:** Passed.

**S.B. 193** by Sen. Renee Unterman (R-Buford), which will eliminate a requirement for women to be “medically indigent” to receive services from the state’s ‘Positive Alternatives for Pregnancy and Parenting Grant Program.’ The measure will also prohibit the program’s contract management agencies from “referring, encouraging or affirmatively counseling” a person to have an abortion unless their physician diagnoses them with a condition that makes the procedure necessary to prevent the person’s death. **MAG’s Position:** Neutral, although it did support an amendment by Rep. Sharon Cooper (R-Marietta), **H.B. 360**, which will allow antibiotic drugs to be prescribed or dispensed to the sexual partner or partners of a patient who is diagnosed with chlamydia or gonorrhea without the need for a physical examination. **Outcome:** Passed.

**S.B. 200** by Chuck Hufstetler (R-Rome), which will require insurers to cover prescriptions that are written for less than 30 days at a “prorated daily cost-sharing rate” when it is in the best interest of the patient or when it is for the purpose of synchronizing the insured patient's medications for chronic conditions. **MAG’s Position:** Supported. **Outcome:** Passed.
S.B. 201 by Sen. Renee Unterman (R-Buford), which will require employers to allow employees to use sick leave to care for immediate family members. **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B. 206 by Sen. P. K. Martin (R-Lawrenceville), which will require health insurers to cover billed charges of up to one hearing aid per impaired ear not to exceed $3,000 per hearing aid every 48 months for covered patients who are 18 or younger. **MAG’s Position:** Neutral. **Outcome:** Passed.

S.B. 220 by Sen. Renee Unterman (R-Buford), which would have repealed legislation that was enacted in 2016 that limited a physician’s ability to advertise and publicize their medical specialty certification to specific certification boards. **MAG’s Position:** Opposed. **Outcome:** Did not pass.

S.B. 221 by Sen. Renee Unterman (R-Buford), which would have expanded 1) the number of medications that optometrists are allowed to prescribe and 2) the pharmaceutical agents optometrists are allowed to administer around the eye – exceptions notwithstanding. **MAG’s Position:** Opposed. **Outcome:** Did not pass.

S.B. 241 by Sen. Renee Unterman (R-Buford), which would have moved the administration of the Georgia Prescription Drug Monitoring Program (PDMP) from the Georgia Drugs and Narcotics Agency to the Georgia Department of Public Health. The bill had also been amended to create a disposal program for controlled substances in hospice programs. MAG remained focused on improving the PDMP’s use, reliability, and accessibility. **MAG’s Position:** Supported. **Outcome:** Did not pass, although the bill was attached to **H.B. 249** – which did pass.

S.B. 242 by Sen. Renee Unterman (R-Buford), which will increase the number of advanced practice registered nurses (APRN) that a physician can delegate their authority to from four to 8 – including no more than four at any single point in time. This measure will also add county and municipal emergency medical services that have a full-time medical director to the list of organizations that are exempt from limiting the number of APRN their physicians can supervise. **MAG’s Position:** Opposed, although it did support a provision that will require the patient and the patient’s primary care physician to be provided with the name of the APRN’s supervising physician. **Outcome:** Passed.

S.R. 13 by Sen. Butch Miller (R-Gainesville), which recognized Dallas Gay, the MAG Foundation ‘Think About It’ campaign community co-chair, for his “acts of public service” to reduce prescription drug abuse in the state. **MAG’s Position:** Supported. **Outcome:** Adopted.

S.R. 18 by Sen. Butch Miller (R-Gainesville), which recognized January 12 as ‘Addiction Recovery Awareness Day’ in Georgia. **MAG’s Position:** Supported. **Outcome:** Adopted.

S.R. 188 by Sen. Renee Unterman (R-Buford), which will form a Senate study committee to evaluate at barriers to access to adequate health care in Georgia, with an emphasis on the role of advanced practice registered nurses. **MAG’s Position:** Neutral. **Outcome:** Passed.
OTHER KEY HOUSE BILLS

H.B. 7 by Rep. Keisha Waites (D-Atlanta), which would have, with exceptions, required drivers who make phone calls to do so on a hands-free basis. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 8 by Rep. Keisha Waites (D-Atlanta), a bill that would have prohibited the use of mechanical restraints on an inmate during labor, delivery, or post-delivery recovery unless it was deemed necessary to protect the inmate or others. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 18 by Rep. Sandra Scott (R-Rex), a bill that would prohibit smoking in a motor vehicle when a minor (i.e., younger than 18) is present. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 30 by Rep. Kevin Tanner (R-Dawsonville), a bill that would have re-classified the synthetic opioid known as ‘U-4770’ \(3,4\text{-dichloro-N-(2-(dimethylamino)cyclohexyl)-N-methylbenzamide}\) as a Schedule I drug. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

H.B. 35 by Rep. Bruce Broadrick (R-Dalton), which would have required pharmacy benefit managers to confirm their receipt of prior approval requests for prescription drugs within 48 hours. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 54 by Rep. Geoff Duncan (R-Cumming), which would have required “rural hospitals to report payments made to third parties to solicit, administer, or manage the donations [they receive]” to qualify for the state’s rural hospital tax credit. It would have also changed the amount that can be claimed as a deduction in certain cases. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

H.B. 55 by Rep. Rick Williams (R-Milledgeville), which would have limited the number of consecutive years an individual can serve on a professional licensing board. **MAG’s Position:** Supported. **Outcome:** Did not pass.

H.B. 36 by Rep. Earl Earhardt (R-Powder Springs), which would have allowed optometrists to make injections and perform other delicate procedures in and around a patient’s eye or eyelid. **MAG’s Position:** Opposed. **Outcome:** Did not pass.

H.B. 65 by Rep. Allen Peake (R-Macon), which would have added six conditions to the state’s ‘Low THC Oil Patient Registry’ – including Tourette’s syndrome, autism spectrum disorder, intractable pain (i.e., severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months, post-traumatic stress disorder), Alzheimer’s disease, human immunodeficiency virus, and acquired immune deficiency syndrome. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

H.B. 149 by Alan Powell (R-Hartwell), which would have established regulations for trauma scene cleanup services. **MAG’s Position:** Neutral. **Outcome:** Did not pass.
H.B. 154 by Rep. Sharon Cooper (R-Marietta), which will authorize dental hygienists to provide certain services under general supervision to patients in certain settings, such as in schools, nursing homes, rural health clinics, and long-term care facilities. **MAG’s Position:** Neutral. **Outcome:** Passed.

H.B. 157 by Rep. Trey Kelley (R-Cedartown), which will amend a law (H.B. 1043) that was passed in 2016 that allows physicians who are in a specialty or subspecialty to advertise a board certification that is similar in scope and complexity (i.e., training, documentation, and clinical requirements) to the certifications that are offered by the Accreditation Council for Graduate Medical Education (ACGME) and the Bureau of Osteopathic Specialists of the American Osteopathic Association (AOA). H.B. 157 will also require physicians to show evidence of their board certification upon the request of the Georgia Composite Medical Board. **MAG’s position:** MAG opposed this bill because it has policy (Resolution 313C.15) that reads “…MAG supports legislation that: 1) requires all health care professionals – physicians and non-physicians – to accurately and clearly disclose their training and qualifications to patients and 2) states that a medical doctor or doctor of osteopathic medicine may not hold oneself out to the public in any manner as being certified by a public or private board including, but not limited to, a multidisciplinary board or ‘board certified’ unless all of the following criteria are satisfied: a) the advertisement states the full name of the certifying board and b) the board is either: 1) a member of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) or 2) requires successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education (ACGME) or the AOA that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the ABMS or AOA board for the training field and further successful completion of examination in the specialty or subspecialty certified and 2) MAG opposes any efforts to use or require the Federation of State Medical Board Maintenance of Licensure (MOL) program as a condition of licensure.” **Outcome:** Passed.

H.B. 161 by Rep. Betty Price, M.D. (R-Roswell), which would have allowed harm reduction organizations – which are focused on “reducing the harm associated with the use of psychoactive drugs in people unable or unwilling to stop” – to sell, lend, rent, lease, give, exchange or otherwise distribute a syringe or needle. **MAG’s Position:** In 2016, MAG’s HOD passed a resolution to support this legislation. **Outcome:** Did not pass.

H.B. 206 (‘Pharmacy Audit Bill of Rights Act’) by Rep. Trey Kelley (R-Cedartown), which will prevent scrivener (i.e., a person who writes a document for another person) errors from being deemed fraud or as a basis to recoup payment for medical assistance provided. **MAG’s Position:** Supported. **Outcome:** Passed.

H.B. 210 by Jodi Lott (R-Evans), which will exempt blood banks or specimen collections stations from being classified as clinical laboratories when the blood or specimens are intended to be used as source material for biological products. **MAG’s Position:** Neutral. **Outcome:** Passed.

H.B. 213 by Rep. Rick Golick (R-Smyrna), which would have made the sale, manufacture, delivery or possession of more than four grams of fentanyl a “felony offense of trafficking in illegal drugs.” **MAG’s Position:** Neutral. **Outcome:** Did not pass.
H.B. 231 by Rep. Bruce Broadrick (R-Dalton), the annual update to ensure that the state’s drug schedule is aligned with the federal government’s drug schedule. **MAG’s Position**: Neutral. **Outcome**: Passed.

H.B. 276 by Rep. David Knight (R-Griffin), which will allow the commissioner of the Georgia Department of Community Health to promulgate rules that are related to the oversight of pharmacy benefit managers (PBM) and investigate them for violations. This measure will also prevent a PBM/insurer from requiring the use of a mail-order pharmacy or from requiring a covered individual to pay a different copay for using their pharmacy of choice, it will prohibit PBM from prohibiting pharmacies from disseminating information about prescription drug alternatives or delivery services, and it will place other limits on PBM that are related to “financial maneuvers.” **MAG’s Position**: Supported. **Outcome**: Passed.

H.B. 299 by Rep. Wendell Willard (R-Sandy Springs), which was a certificate of need (CON) bill that would have 1) removed certain equipment from the CON review process and 2) added freestanding emergency departments to the list facilities that are exempt from the CON process and 3) deleted references to the “Health Strategies Council” and 4) exempted capital expenditures from the CON process. **MAG’s Position**: Neutral. **Outcome**: Did not pass.

H.B. 360 by Rep. Sharon Cooper (R-Marietta), which would have allowed antibiotic drugs to be prescribed or dispensed to the sexual partner or partners of a patient who is diagnosed with chlamydia or gonorrhea without the need for a physical examination. **MAG’s Position**: Supported. **Outcome**: Did not pass, though the bill was attached to S.B. 193 – which did pass.

H.B. 402 by Rep. Sharon Cooper (R-Marietta), which would have created an interstate licensure compact for nurses (RN and LPN) who meet certain qualifications and who have not been convicted of certain crimes. **MAG’s Position**: Neutral. **Outcome**: Did not pass.

H.B. 426 by Rep. Sharon Cooper (R-Marietta), which would have increased the number of advanced practice registered nurses (APRN) a physician can delegate their authority to from four to eight – including no more than four at any single point in time. This measure would have also added county and municipal emergency medical services with a full-time medical director to the list of organizations that are exempt from limiting the number of APRN their physicians can supervise. **MAG’s Position**: Opposed. **Outcome**: Did not pass.
H.B. 427 (‘Physicians and Health Care Practitioners for Rural Areas Assistance Act’) by Rep. Mark Newton, M.D. (R-Augusta), which will add dentists, physician assistants, and APRN to the list of practitioners who are eligible for the service cancelable loan program that is administered by the Georgia Board for Physician Workforce. These funds are included in the FY 2018 budget. MAG’s Position: Neutral. Outcome: Passed.

H.R. 36 by Rep. Allen Peake (R-Macon), which would have resulted in a constitutional amendment that would have allowed the growth and sale of medical cannabis in Georgia. MAG’s Position: Supported. Outcome: Did not pass.

H.R. 431 by Rep. Scot Turner (R-Holly Springs), which would have created a House study committee to evaluate the effects of any new federal (i.e., the Trump administration’s) health care policies on Georgia. MAG’s Position: Neutral. Outcome: Did not pass, but the House Health & Human Services Committee is expected to form a subcommittee to study this issue during the summer months.

H.B. 464 by Wendell Willard (R-Sandy Springs), which would have gradually reduced the “out-of-state” and “bed cap” requirements for destination cancer hospitals. MAG’s Position: Neutral. Outcome: Did not pass.

H.B. 499 (‘Georgia Personal Data Security Act’) by Sheri Gilligan (R-Cumming), which will improve the system and procedures for providing and regulating data breach notifications that affect Georgians. The measure will also change the notification requirement when certain data security breaches occur, and it will require certain entities to maintain certain data security procedures. The state Attorney General will be responsible for enforcing this law, which will include civil penalties. MAG’s Position: Neutral. Outcome: Passed.

H.B. 486 by Rep. Tommy Benton (R-Jefferson), which will require proxy caregivers who are “employed or contracted to provide home and community based services, community residential alternative services, or community living services” to receive training that is approved by the Georgia Department of Behavioral Health and Developmental Disabilities. MAG’s Position: Neutral. Outcome: Passed.

H.B. 517 by Rep. Tom Taylor (R-Dunwoody), which would have required diagnostic imaging equipment to be registered with the Georgia Department of Community Health. MAG’s Position: Opposed. Outcome: Did not pass.

H.B. 519 by Rep. Sharon Cooper (R-Marietta), which would have required health benefits plans to use certain clinical review criteria to establish step therapy protocols – as well as establishing a step therapy override process. MAG’s Position: Supported. Outcome: Did not pass.

H.B. 527 by Rep. Mark Newton, M.D. (R-Augusta), which would have allowed podiatrists to jointly own a professional corporation with physicians. MAG’s Position: Neutral. Outcome: Did not pass.
**H.R. 11** by Rep. Betty Price, M.D. (R-Roswell), which recognized MAG President Steven M. Walsh, M.D., as MAG’s ‘Doctor of the Day’ at the Capitol on January 11 and thanked him for his contributions to the state. **MAG’s Position:** Supported. **Outcome:** Adopted.

**H.R. 36** by Rep. Allen Peake (R-Macon), a constitutional amendment that would have allowed the growth and sale of medical cannabis in Georgia. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

**H.R. 340** by Rep. Heath Clark (R-Warner Robins), which urges the U.S. Congress to consider passing legislation to address hemp and marijuana, including rescheduling. **MAG Position:** Neutral. **Outcome:** Did not pass.

**H.R. 446** by Rep. William Boddie (D-East Point), which would have created a House study committee on heat-related injuries, cardiac injuries, and other sports-related injuries. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

**H.R. 464** by Rep. Betty Price, M.D. (R-Roswell), which would have created a House study committee to evaluate the state’s preparedness for infectious disease outbreaks (e.g., Zika) and develop legislation to increase the state’s readiness for any such outbreaks. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

**H.R. 627** by Rep. Paulette Rakestraw (R-Powder Springs), which would have created a House study committee on funding mechanisms for mental health and substance abuse treatment – with a focus on non-profit institutions. **MAG’s Position:** Neutral. **Outcome:** Did not pass.

**COL UPDATES…**

The MAG Council on Legislation has hosted bi-monthly conference calls since the beginning of the 2017 Legislative Session.

MAG Government Relations held weekly meetings throughout the legislative session. Every Wednesday MAG hosted a meeting with the specialty societies to examine bills that had been filed and discussed each organizations' positions on such bills.

**Legislative Calendar**

The General Assembly adjourned March 30 for Sine Die.

**MAG’s ‘Legislative Education Seminar’**

MAG is encouraging member physicians to save June 23-25 for its 2017 ‘Legislative Education Seminar’ meeting, which will take place at Brasstown Valley Resort in Young Harris. More than 50 physicians and 25 state leaders attended the event in 2016. Monitor www.mag.org for details, and contact Derek Norton at dnorton@mag.org or 678.303.9280 with any questions related to MAG’s 2017 ‘Legislative Education Seminar.’
### Action Items:


The Finance Committee will meet on April 21, 2017 to review the report of Mauldin & Jenkins on the FY 2016 Audit, to review MAG’s updated financial statements for the year ended December 31, 2016 and to review MAG’s financial statements for the period ended March 31, 2017. A separate report on the FY2016 Audit will be emailed to the Board of Directors.


A detailed report of the Preliminary Financial Statements for the year ended December 31, 2016 was presented and approved at the January 2017 Board of Directors meeting. No changes of any significance were recorded.

The final 2016 year-end Financial Statements, using audited figures are submitted for acceptance.


The following is a summary of our financial activities for the 3 months ended March 31, 2017. The Statement of Financial Activities is attached

**Operating Budget:** YTD Revenues are above projections by $11,640, YTD Expenses are above projections by $22,252, resulting in our Net Income being $10,612 below budget.

Total Revenue: As of March 31, 2017, Total Revenue recorded for the YTD is $952,867. This is $11,640 (1.2%) more than budgeted and represents 26.4% of our goal for the year. This is a decrease of $91,143 (8.7%) over Total Revenue for the YTD ended March 31, 2016.
**Dues Revenue:** As of March 31, 2017, Dues Revenue recorded for the YTD is $375,948. This is $23,202 (5.8%) less than budgeted and $56,301 (13.0%) less than Dues Revenue recorded for the YTD ended March 31, 2016.

**Note 1: Dues Collected:** We have collected $1,765,971 in Dues Revenue for 2017 year-to-date which represents 94.2% of dues projected for the year. The difference between Dues Collected to date ($1,765,971) and dues projected for the year ($1,875,000) is $109,029. Dues collected to date is a $70,084 (3.8%) decrease over dues collected at the same time last year-to-date.

**Non-Dues Revenue:** We have collected $576,919 in Non-Dues Revenues for the year-to-date, which is $34,842 (6.4%) more than projected and is $34,842 (5.7%) less than March 31, 2016 year-to-date.

Admin & Operating revenue is $25,929 above projections (7.6%)
Government Relations is $2,600 above projections
Communications revenue is $6,364 above projections (74.9%)
Membership Other is $(51) below projections (-40.8%)

**Operating Expenses:** For the year-to-date ended March 31, 2017, we have expended $854,869, which is $22,252 (2.7%) more than allocated in the budget and is $56,921 (7.1%) more than March 31, 2016 year-to-date. A summary of variances are as follows:

Admin and Operations $(17,118) above projections (-2.5%)
Legal $795 below projections (34.6%)
Government Relations $(9,239) above projections (-22.5%)
Third Party Advocacy $2,389 below projections (57.9%)
Education $(1,697) above projections (-6.8%)
Membership $7,285 below projections (13.2%)
Communications $4,643 below projections (32.7%)
Correctional Medicine $(9,310) above projections (-70.1%)

**Invested Funds:**

**Operating Funds:** As of March 31, 2017 we had $1,512,263 in operating funds invested with Suntrust Bank, Wells Fargo, Fifth Third Bank and PNC Bank. This is down $249,568 for the year. We had $1,512,263 (100%) in cash & cash equivalents (Money Market).

**Long-Term Investments:** As of March 31, 2017, we had $193,687 in our long-term investments, invested with Fidelity Bank, down $549,244 for the year. MAG made a short term loan to the MAG Foundation on March 29, 2017 in the amount of $650,000. This loan was repaid on April 10, 2017. We had $193,687 (100%) invested in cash & cash equivalents – (Money Market).

Financial Statements for March 31, 2017 are submitted for your acceptance.
## Revenues

### Administration & Operations

<table>
<thead>
<tr>
<th>Budget 2016</th>
<th>YTD Actual 12/31/2016</th>
<th>Bud vs Actual 12/31/2015</th>
<th>YTD Actual 12/31/2016</th>
<th>16 vs 15 Fav (Unfav)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>1,154,204</td>
<td>1,154,204</td>
<td>1,137,335</td>
<td>(16,869)</td>
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<tr>
<td>Special Meetings</td>
<td>25,000</td>
<td>25,000</td>
<td>38,851</td>
<td>13,851</td>
</tr>
<tr>
<td>1845 The Exchange</td>
<td>218,110</td>
<td>218,110</td>
<td>207,205</td>
<td>(10,905)</td>
</tr>
<tr>
<td>Government Relations</td>
<td>-</td>
<td>-</td>
<td>27,500</td>
<td>2,000</td>
</tr>
<tr>
<td>Third Party Payer Advocacy</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2,500</td>
</tr>
<tr>
<td>Education</td>
<td>129,968</td>
<td>129,968</td>
<td>134,168</td>
<td>4,200</td>
</tr>
<tr>
<td>Communications</td>
<td>29,000</td>
<td>29,000</td>
<td>36,613</td>
<td>7,613</td>
</tr>
<tr>
<td>Correctional Medicine</td>
<td>5,000</td>
<td>5,000</td>
<td>6,075</td>
<td>1,075</td>
</tr>
<tr>
<td>Membership</td>
<td>1,875,000</td>
<td>1,875,000</td>
<td>1,988,397</td>
<td>113,397</td>
</tr>
<tr>
<td>Other</td>
<td>500</td>
<td>500</td>
<td>453</td>
<td>(47)</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>3,598,472</strong></td>
<td><strong>3,598,472</strong></td>
<td><strong>3,772,267</strong></td>
<td><strong>173,795</strong></td>
</tr>
</tbody>
</table>

### Expenses

| Executive Director | 35,000                  | 35,000                     | 33,560                 | 1,440                |
| Office Management  | 218,866                 | 218,866                    | 208,606                | 10,260               |
| Leadership Support | 53,000                  | 53,000                     | 46,217                 | 6,783                |
| Information Technology | 35,000                 | 35,000                     | 29,737                 | 5,294                |
| Annual Session     | 110,000                 | 110,000                    | 118,148                | 8,148                |
| Other Meetings     | 136,190                 | 136,190                    | 121,586                | 14,604               |
| 1845 The Exchange  | 246,021                 | 246,021                    | 256,568                | (10,547)             |
| **Total Membership** | **140,050**          | **140,050**                | **149,069**            | **9,991**            |

### Communications

| Public Relations | 22,200                  | 22,200                     | 16,906                 | 5,294                |
| Journal          | 28,900                  | 28,900                     | 23,393                 | 5,507                |
| Newsletter       | 3,500                   | 3,500                      | 2,293                  | 1,207                |
| **Total Communications** | **54,600**          | **54,600**                 | **42,592**             | **12,008**           |

### Total Department Exp.

| **3,398,472** | **3,772,267** | **3,476,704** | **295,563** | **3,666,802** |

### Gross Rev over Exp.

| **200,000** | **200,000** | **295,563** | **95,563** | **275,163** | **20,400** |

## Restricted Funds, Designated & Undesignated Net Assets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mag Foundation</td>
<td>218,448</td>
<td></td>
<td>0</td>
<td>-</td>
<td></td>
<td>218,448</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS Revenue</td>
<td>24,543</td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
<td>24,543</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Designated Net Assets</strong></td>
<td><strong>242,991</strong></td>
<td></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
<td></td>
<td><strong>242,991</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PR Media Fund</td>
<td>-</td>
<td>-</td>
<td>26,568</td>
<td>3,255</td>
<td>-</td>
<td>26,568</td>
<td></td>
<td>29,821</td>
</tr>
<tr>
<td>Partnership with Medicine</td>
<td>-</td>
<td>-</td>
<td>12,414</td>
<td>(2,714)</td>
<td>(2,714)</td>
<td>12,414</td>
<td></td>
<td>9,700</td>
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<tr>
<td>Good Medicine</td>
<td>-</td>
<td>-</td>
<td>30,411</td>
<td>-</td>
<td></td>
<td>30,411</td>
<td></td>
<td></td>
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<tr>
<td>Tort Reform</td>
<td>415,124</td>
<td>14,885</td>
<td>-</td>
<td>14,885</td>
<td></td>
<td>430,009</td>
<td></td>
<td></td>
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<tr>
<td>Healthcare Research, Inc.-Physicians Educ Programs</td>
<td>(0)</td>
<td>29,940</td>
<td>(29,940)</td>
<td>0</td>
<td></td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>GHA - HEN</td>
<td>5,387</td>
<td>25,000</td>
<td>(25,000)</td>
<td>-</td>
<td></td>
<td>5,387</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRC</td>
<td>-</td>
<td>3,500</td>
<td>-</td>
<td>3,500</td>
<td></td>
<td>3,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRC</td>
<td>(0)</td>
<td>133,150</td>
<td>(72,055)</td>
<td>61,095</td>
<td></td>
<td>133,150</td>
<td></td>
<td>61,095</td>
</tr>
<tr>
<td><strong>Temporarily Restricted Net Assets</strong></td>
<td>489,902</td>
<td>209,730</td>
<td>(129,709)</td>
<td>80,021</td>
<td></td>
<td>489,902</td>
<td></td>
<td>569,922</td>
</tr>
<tr>
<td><strong>Undesignated</strong></td>
<td><strong>3,371,239</strong></td>
<td><strong>3,772,267</strong></td>
<td><strong>(3,476,704)</strong></td>
<td><strong>295,563</strong></td>
<td><strong>3,666,802</strong></td>
<td><strong>3,371,239</strong></td>
<td><strong>3,772,267</strong></td>
<td><strong>295,563</strong></td>
</tr>
<tr>
<td><strong>Total Undesignated Net Assets</strong></td>
<td><strong>3,371,239</strong></td>
<td><strong>218,448</strong></td>
<td><strong>489,902</strong></td>
<td><strong>3,981,997</strong></td>
<td><strong>3,666,802</strong></td>
<td><strong>3,371,239</strong></td>
<td><strong>3,772,267</strong></td>
<td><strong>295,563</strong></td>
</tr>
</tbody>
</table>

**TOTAL NET ASSETS**

| **3,371,239** | **218,448** | **489,902** | **3,981,997** | **3,666,802** | **3,371,239** | **218,448** | **569,922** |

Medical Association of Georgia, Inc. Audited Statement of Activities For the 12 months ended December 31, 2016

**III-A**
### ASSETS

#### Current Assets

<table>
<thead>
<tr>
<th>Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash</td>
<td>500.00</td>
</tr>
<tr>
<td>Cash in Bank</td>
<td>319,742.08</td>
</tr>
<tr>
<td>Money Market</td>
<td>1,761,831.57</td>
</tr>
<tr>
<td>Fidelity-Money Market-Restricted Funds</td>
<td>742,931.49</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>132,939.34</td>
</tr>
<tr>
<td>Due from Affiliates</td>
<td>62,071.08</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>116,393.78</td>
</tr>
<tr>
<td>Deposits</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>3,136,609.34</strong></td>
</tr>
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</table>

#### Property and Equipment

<table>
<thead>
<tr>
<th>Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land &amp; Buildings</td>
<td>3,545,409.92</td>
</tr>
<tr>
<td>Furniture</td>
<td>251,000.25</td>
</tr>
<tr>
<td>Equipment</td>
<td>83,633.67</td>
</tr>
<tr>
<td>Computers</td>
<td>106,085.00</td>
</tr>
<tr>
<td>Software</td>
<td>13,371.08</td>
</tr>
<tr>
<td>Capitalized Phone Equipment</td>
<td>40,170.16</td>
</tr>
<tr>
<td>Capitalized Web Site Costs</td>
<td>37,500.00</td>
</tr>
<tr>
<td>Database</td>
<td>47,957.00</td>
</tr>
<tr>
<td><strong>Less : Accum. Depreciation</strong></td>
<td><strong>(1,259,279.02)</strong></td>
</tr>
<tr>
<td><strong>Total Property and Equipment</strong></td>
<td><strong>2,865,848.06</strong></td>
</tr>
</tbody>
</table>

**Total Assets**  
6,002,457.40
## Medical Association of Georgia, Inc.
### Audited Balance Sheet
#### December 31, 2016

**LIABILITIES AND CAPITAL**

**Current Liabilities**
- Accounts Payable: $70,780.99
- Accrued Expenses: $316,246.38
- Accrued Vacation: $75,604.44
- Deferred Revenue: $1,060,110.00

Total Current Liabilities: $1,522,741.81

**Net Assets**
- Designated for Managed Care & CMS: $242,990.72
- Temporarily Restricted: $569,922.59
- Undesignated Net Assets: $3,666,802.28

Net Assets: $4,479,715.59

**Total Liabilities & Capital**
- $6,002,457.40
The Medical Association of Georgia, Inc.  
Audited Current Invested Funds  
as of December 31, 2016

**Secured Investments**

<table>
<thead>
<tr>
<th>Account</th>
<th>Original Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating</td>
<td>502,154.72</td>
<td>Money Market Fund - Suntrust</td>
</tr>
<tr>
<td>Operating</td>
<td>250,935.55</td>
<td>Money Market Fund - Wells Fargo</td>
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<tr>
<td>Operating</td>
<td>506,192.27</td>
<td>Money Market Fund - Fifth Third</td>
</tr>
<tr>
<td>Operating</td>
<td>502,549.03</td>
<td>Money Market Fund - PNC</td>
</tr>
</tbody>
</table>

**Total Operating Reserves**  
1,761,831.57

| Restricted Funds | 742,931.49 | Money Market Fund-Fidelity |

**Total Restricted Funds**  
742,931.49
### Medical Association of Georgia, Inc.  
**Audited Investments - Restricted Funds**  
**December 31, 2016**

<table>
<thead>
<tr>
<th>Date</th>
<th>Managed Care</th>
<th>Partnership</th>
<th>PR Media Fund</th>
<th>Good Medicine</th>
<th>Tort Reform</th>
<th>CMS Revenue</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2015</td>
<td>218,447.68</td>
<td>12,413.88</td>
<td>26,566.42</td>
<td>30,410.59</td>
<td>415,124.13</td>
<td>24,543.04</td>
<td>727,505.74</td>
</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
<td>730.00</td>
<td>2,355.00</td>
<td>3,085.00</td>
<td></td>
<td></td>
<td>3,085.00</td>
</tr>
<tr>
<td>1/31/2016</td>
<td>218,447.68</td>
<td>12,413.88</td>
<td>27,296.42</td>
<td>30,410.59</td>
<td>417,479.13</td>
<td>24,543.04</td>
<td>730,590.74</td>
</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
<td>200.00</td>
<td>1,050.00</td>
<td>-</td>
<td></td>
<td></td>
<td>1,250.00</td>
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<tr>
<td>2/29/2016</td>
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<td>12,413.88</td>
<td>27,496.42</td>
<td>30,410.59</td>
<td>418,529.13</td>
<td>24,543.04</td>
<td>731,840.74</td>
</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
<td>(1,196.26)</td>
<td>1,055.00</td>
<td>(1,196.26)</td>
<td></td>
<td></td>
<td>731,699.48</td>
</tr>
<tr>
<td>3/31/2016</td>
<td>218,447.68</td>
<td>12,413.88</td>
<td>27,496.42</td>
<td>30,410.59</td>
<td>419,584.13</td>
<td>24,543.04</td>
<td>731,799.48</td>
</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
<td>-</td>
<td>100.00</td>
<td>-</td>
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<td></td>
<td>100.00</td>
</tr>
<tr>
<td>4/30/2016</td>
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<td>12,413.88</td>
<td>27,596.42</td>
<td>30,410.59</td>
<td>420,184.13</td>
<td>24,543.04</td>
<td>732,399.48</td>
</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td>732,399.48</td>
</tr>
<tr>
<td>5/31/2016</td>
<td>218,447.68</td>
<td>12,413.88</td>
<td>27,596.42</td>
<td>30,410.59</td>
<td>420,184.13</td>
<td>24,543.04</td>
<td>732,399.48</td>
</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
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<td>732,399.48</td>
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<td>732,399.48</td>
</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
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<td>732,399.48</td>
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<td>732,399.48</td>
</tr>
<tr>
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<td>30% 2% 4% 4% 57% 3%</td>
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<td>-</td>
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<td>732,399.48</td>
</tr>
<tr>
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</tr>
<tr>
<td>Revenues</td>
<td>30% 2% 4% 4% 57% 3%</td>
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<tr>
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<td>742,931.49</td>
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<tr>
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<td></td>
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<td>742,931.49</td>
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## Revenues

<table>
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<tr>
<th>Administration &amp; Operations</th>
<th>Budget to YTD Actual Bud vs Actual</th>
<th>YTD Actual 17 vs 16 Fav (Unfav)</th>
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<td>-</td>
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<tr>
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<td>215,110</td>
<td>53,780</td>
</tr>
<tr>
<td>Government Relations</td>
<td>-</td>
<td>2,600</td>
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<tr>
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<td>133,582</td>
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<tr>
<td>Education</td>
<td>29,000</td>
<td>1,500</td>
</tr>
<tr>
<td>Communications</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td>Special Meetings</td>
<td>215,110</td>
<td>53,780</td>
</tr>
<tr>
<td>Journal</td>
<td>29,000</td>
<td>7,250</td>
</tr>
<tr>
<td>Newsletter</td>
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<td>1,250</td>
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<td>Correctional Medicine</td>
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<td>58,925</td>
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<td>529,619</td>
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<td>8,750</td>
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<td>529,619</td>
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<td>8,875</td>
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<td>61,505</td>
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<td>5,775</td>
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<tr>
<td>Journal</td>
<td>4,800</td>
<td>1,200</td>
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<tr>
<td>Correctional Medicine</td>
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<td>13,287</td>
</tr>
<tr>
<td>Total Department Exp.</td>
<td>3,410,422</td>
<td>832,617</td>
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<tr>
<td>Gross Rev over Exp.</td>
<td>200,000</td>
<td>108,610</td>
</tr>
</tbody>
</table>

## Expenses

| Administration & Operations | Executive Director | Human Resources | Office Management | Leadership Support | Information Technology | Annual Session | Other Meetings | 1845 The Exchange | Government Relations | Total Administration & Operations | Legal | Third Party Payer Advocacy | Education | Membership Support | Recruitment | Database Management | Total Membership | Communications | Total Communications | Correctional Medicine | Total Department Exp. | Gross Rev over Exp. |
|-----------------------------|--------------------|-----------------|-------------------|-------------------|-----------------------|----------------|---------------|------------------|----------------------|-----------------------|--------|---------------------|------------|----------------------|-------------|---------------------|----------------|------------------|------------------|---------------|-------------------|------------------|------------------|
| General                     | 35,000             | 2,118,439       | 217,937           | 53,000            | 35,500                | 110,000        | -             | 246,021          | 139,000              | 16,500                | 33,635 | 140,000             | 32,150     | 10,350               | -             | 10,350            | 32,150          | 53,150          | 3,410,422         | 200,000            |

## Restricted Funds, Designated & Undesignated Net Assets

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MAG Foundation</td>
<td>318,448</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>318,448</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS Revenue</td>
<td>24,543</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24,543</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Designated Net Assets</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>342,991</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PR Media Fund</td>
<td>-</td>
<td>29,821</td>
<td>285</td>
<td>-</td>
<td>285</td>
<td>30,106</td>
<td></td>
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<tr>
<td>Partnership with Medicine</td>
<td>-</td>
<td>9,700</td>
<td>-</td>
<td>(1,267)</td>
<td>(1,267)</td>
<td>8,433</td>
<td></td>
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<td></td>
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<tr>
<td>Good Medicine</td>
<td>-</td>
<td>30,411</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>30,411</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tort Reform</td>
<td>430,009</td>
<td>1,250</td>
<td>1,250</td>
<td>-</td>
<td>1,250</td>
<td>431,259</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Research, Inc.-Physicians Educ Programs.</td>
<td>(0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>(0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHA - HEN</td>
<td>5,387</td>
<td>25,500</td>
<td>(7,600)</td>
<td>17,900</td>
<td>23,287</td>
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</tr>
<tr>
<td>MRC</td>
<td>3,500</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3,500</td>
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</tr>
<tr>
<td>MRC</td>
<td>61,995</td>
<td>-</td>
<td>(9,539)</td>
<td>(9,539)</td>
<td>51,556</td>
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<tr>
<td>Temporarily Restricted Net Assets</td>
<td>569,922</td>
<td>27,035</td>
<td>(18,405)</td>
<td>8,630</td>
<td>578,552</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Undesignated</td>
<td>3,566,802</td>
<td>952,867</td>
<td>(854,869)</td>
<td>97,998</td>
<td>3,664,800</td>
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<tr>
<td>Total Internally Restricted</td>
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<td>-</td>
<td>-</td>
<td>952,867</td>
<td>97,998</td>
<td>3,664,800</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL NET ASSETS**

| TOTAL NET ASSETS | 3,566,802 | 318,448 | 569,922 | 979,902 | (873,274) | 106,628 | 3,664,800 | 318,448 | 578,552 |

---

**Medical Association of Georgia, Inc.**

**Statement of Activities**

**For the 3 months ended March 31, 2017**

**Revenues**

**Expenses**

**Restricted Funds, Designated & Undesignated Net Assets**
### Medical Association of Georgia, Inc.
#### Balance Sheet
#### March 31, 2017

**ASSETS**

<table>
<thead>
<tr>
<th>Current Assets</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash</td>
<td>500.00</td>
</tr>
<tr>
<td>Cash in Bank</td>
<td>756,193.02</td>
</tr>
<tr>
<td>Money Market</td>
<td>1,512,263.73</td>
</tr>
<tr>
<td>Fidelity-Money Market-Restricted Funds</td>
<td>193,199.98</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>12,465.47</td>
</tr>
<tr>
<td>Due from Affiliates</td>
<td>768,260.66</td>
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<tr>
<td>Prepaid Expenses</td>
<td>94,757.99</td>
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<tr>
<td>Deposits</td>
<td>200.00</td>
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<td><strong>Total Current Assets</strong></td>
<td>3,337,840.85</td>
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<table>
<thead>
<tr>
<th>Property and Equipment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Land &amp; Buildings</td>
<td>3,545,409.92</td>
</tr>
<tr>
<td>Furniture</td>
<td>251,000.25</td>
</tr>
<tr>
<td>Equipment</td>
<td>83,633.67</td>
</tr>
<tr>
<td>Computers</td>
<td>109,129.41</td>
</tr>
<tr>
<td>Software</td>
<td>13,371.08</td>
</tr>
<tr>
<td>Capitalized Phone Equipment</td>
<td>40,170.16</td>
</tr>
<tr>
<td>Capitalized Web Site Costs</td>
<td>37,500.00</td>
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<tr>
<td>Database</td>
<td>47,957.00</td>
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<tr>
<td>Less : Accum. Depreciation</td>
<td>(1,279,232.02)</td>
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<tr>
<td><strong>Total Property and Equipment</strong></td>
<td>2,848,939.47</td>
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**Total Assets**                                      | 6,186,780.32|
## LIABILITIES AND CAPITAL

### Current Liabilities

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<th>Description</th>
<th>Amount</th>
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<td>Accrued Vacation</td>
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<td><strong>Total Current Liabilities</strong></td>
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### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
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<tr>
<td>Designated for Managed Care &amp; CMS</td>
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<td><strong>Net Assets</strong></td>
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**Total Liabilities & Capital** 6,186,780.32
The Medical Association of Georgia, Inc.
Current Invested Funds
as of March 31, 2017

**Secured Investments**

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<th>Account</th>
<th>Original Amount</th>
<th>Description</th>
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</thead>
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<td>Money Market Fund - Suntrust</td>
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<td>250,954.12</td>
<td>Money Market Fund - Wells Fargo</td>
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<tr>
<td>Operating</td>
<td>506,456.99</td>
<td>Money Market Fund - Fifth Third</td>
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<tr>
<td>Operating</td>
<td>502,666.75</td>
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Restricted Funds    193,687.18    Money Market Fund-Fidelity

**Total Restricted Funds**  193,687.18
## Medical Association of Georgia, Inc.
### Investments - Restricted Funds
#### March 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>MAG Foundation</th>
<th>Partnership With Medicine</th>
<th>PR Media Fund</th>
<th>Good Medicine</th>
<th>Tort Reform</th>
<th>CMS Revenue</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12/31/2016</strong></td>
<td>218,447.68</td>
<td>9,699.63</td>
<td>29,821.42</td>
<td>30,410.59</td>
<td>430,009.13</td>
<td>24,543.04</td>
<td>742,931.49</td>
</tr>
<tr>
<td>Revenues</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
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<td>400.00</td>
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<td>743,331.49</td>
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</tr>
<tr>
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<td>30,410.59</td>
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<td>(1,266.51)</td>
</tr>
<tr>
<td><strong>3/31/2017</strong></td>
<td>318,447.68</td>
<td>8,433.12</td>
<td>30,106.42</td>
<td>30,410.59</td>
<td>431,259.13</td>
<td>24,543.04</td>
<td>843,199.98</td>
</tr>
<tr>
<td>Revenues</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
A motion was made and seconded:

- Approving the following 2018 dates/times for Executive Committee meetings: Page 1
  - Friday, January 26, 2018 at 6:00 p.m.
  - Friday, March 23, 2018 at 6:00 p.m.
  - Friday, April 20, 2018 at 6:00 p.m.
  - Friday, July 27, 2018 at 6:00 p.m.
  (Editorial note: The October meeting will be held the week of the 2018 House of Delegates.)

- Choosing the Westin Jekyll Island as the location site of the 2018 MAG annual session. Page 2

- Approving the MAG 2018 annual session to be held October 19-21, 2018. Page 2

- Referring to the MAG Foundation the issue of funding Georgia Physicians Leadership Academy (GPLA) through the Physicians Foundation and directing that MAG send the letter from Dr. Sekhar (Physicians for Women, P.C.) and the discussions of the Executive Committee on the issue to the MAG Foundation for its deliberations. Page 3

- Approving the December 13, 2016 Executive Committee Minutes as submitted by the Secretary. Page 3

- Appointing Fred C. Flandry, M.D., of Columbus to the Committee on Continuing Medical Education. Page 3

- Appointing Justin G. Ford, M.D., to the Council on Legislation representing the Georgia Society of Anesthesiologists as the alternate member replacing Amanda Brown, M.D. Page 3
MEDICAL ASSOCIATION OF GEORGIA
EXECUTIVE COMMITTEE

Friday, 6:00 p.m. MAG Headquarters
January 27, 2017 Atlanta, Georgia

M I N U T E S

The January 27, 2017 meeting of the Executive Committee of the Board of Directors of the Medical Association of Georgia was called to order at 6:00 p.m. Steven M. Walsh, M.D., President, presided. A quorum was met.

Attendance: (See Attached)

(Editorial Note: In accordance with the prerogative of the Chair, reports may be given in an order different from that of the agenda. However, for clarification, the minutes will reflect the order indicated on the agenda.)

I. WELCOME

MAG President Steven M. Walsh, M.D., welcomed members to the first Executive Committee meeting of the year. He announced that the meeting will focus on the agenda items and critical Board issues to be discussed on Saturday. He outlined various meetings and events that he attended, including Physicians Day at the Capitol, Physicians for Fair Coverage event, AMA’s State Legislative Strategy Meeting, MAG Annual Session Committee meeting and the GAMPAC Chairman’s Club dinner.

II. PRESIDENT

A. 2018 Executive Committee Schedule: Dr. Walsh presented proposed dates and times for Executive Committee meetings to be held in 2018 and asked for Executive Committee approval.

A motion (Donoghue/Barber) was duly adopted approving the following 2018 dates/times for Executive Committee meetings: MOTION PASSED

- Friday, January 26, 2018 at 6:00 p.m.
- Friday, March 23, 2018 at 6:00 p.m.
- Friday, April 20, 2018 at 6:00 p.m.
- Friday, July 27, 2018 at 6:00 p.m.

(Editorial note: The October meeting will be held the week of the 2018 House of Delegates)

B. 2018 House of Delegates – Location and Dates: Speaker of the House Edmund R. Donoghue, M.D., presented a recommendation from the Annual Session Committee to hold the 2018 annual session at the Westin Jekyll Island. He reported that the committee conducted a poll
and the results designated either Chateau Elan or the Westin Jekyll Island with the Westin Jekyll Island receiving the majority of votes.

A motion (committee recommendation) was duly adopted choosing the Westin Jekyll Island as the location site of the 2018 MAG annual session. **MOTION PASSED**

The Executive Committee discussed proposed dates discussed by the Annual Session Committee. After discussing two proposed meeting dates, the Executive Committee agreed on a date that would have limited conflict or inconvenience to members.

A motion (committee recommendation) was duly adopted approving the MAG 2018 annual session to be held October 19-21, 2018. **MOTION PASSED**

### III. EXECUTIVE DIRECTOR

**GPLA Funding:** MAG Executive Director Donald Palmisano presented a letter from Board member Thekkepat G. Sekhar, M.D., on behalf of his medical practice, Physicians For Women, PC. Dr. Sekhar proposed that the Executive Committee and the Board of Directors consider obtaining a grant from the Physicians Foundation in the amount of $100,000 per year to run the Georgia Physicians Leadership Academy.

A motion made and seconded (Donoghue/Barber) to request these funds from the Physicians Foundation with discussion to follow on the merits of asking for the grant and the outcome and/or loss of other funds granted to MAG by the Physicians Foundation. Mr. Palmisano reported that when grants are requested there are requirements that must be fulfilled. The Executive Committee discussed the necessity of a formal grant being submitted with reports and information supplied to the Foundation for its consideration. The possibility of a loss of other grant funds was a concern for the Executive Committee should the Foundation make a grant of this size. Members discussed whether or not MAG should request grant money per year or expand the request to a 10-year agreement.

Several motions were considered with continued discussions. A motion was made to refer the issue to the MAG Foundation considering procedurally such a request would be submitted from the MAG Foundation and it should be given the opportunity to discuss the issue. A motion was made to defer the issue until the next Executive Committee so that MAG can consult with the Physicians Foundation. After a lengthy discussion, a vote was called and the following actions occurred.

A motion (Donoghue/Perry-Gilkes) to postpone any action until the next Executive Committee meeting to give time to consult with the Physicians Foundation. **MOTION FAILED**

A motion (Donoghue/Barber) was duly adopted referring to the MAG Foundation the issue of funding Georgia Physicians Leadership Academy (GPLA) through the Physicians Foundation and directing that MAG send the letter from Dr. Sekhar
(Physicians for Women, P.C.) and the discussions of the Executive Committee on the issue to the MAG Foundation for its deliberations.  **MOTION PASSED**

IV.  **SECRETARY**

A.  **Approval of Minutes:** MAG Secretary Andrew Reisman, M.D., presented the December 13, 2016 Executive Committee Minutes for approval.

   A motion (Donoghue/Barber) was duly adopted approving the December 13, 2016 Executive Committee Minutes as submitted by the Secretary.  **MOTION PASSED**

B.  **Appointment to the Committee on Continuing Medical Education:** Dr. Reisman presented a request from the CME Committee chairman Darrell Dean, D.O., asking that the Executive Committee appoint Fred C. Flandry, M.D., to the committee.

   A motion (Donoghue/Barber) was duly adopted appointing Fred C. Flandry, M.D., of Columbus to the Committee on Continuing Medical Education.  **MOTION PASSED**

C.  **Appointment to the Council on Legislation:** Dr. Reisman presented a request from the Council on Legislation Chairman Scott Bohlke, M.D., asking that the Executive Committee appoint Justin G. Ford, M.D., of Atlanta, to the Council on Legislation representing the Georgia Society of Anesthesiologists. Dr. Ford replaces Amanda Brown, M.D., who relocated to another state.

   A motion (Huffman/Donoghue) was duly adopted appointing Justin G. Ford, M.D., to the Council on Legislation representing the Georgia Society of Anesthesiologists as the alternate member replacing Amanda Brown, M.D.  **MOTION PASSED**

V.  **INFORMATIONAL REPORTS**

A motion (Donoghue/Barber) was made and seconded to enter into executive session to discuss an operational issue.  **MOTION PASSED**

In open session, Mr. Palmisano gave the Executive Committee a status report on group membership in MAG. He thanked Dr. Clark and Dr. Chapman and others for assisting MAG in securing group membership through the Medical College of Georgia for a two-year commitment.

Mr. Palmisano stated that the MAG Young Physician Section plans to hold a networking social event on Tuesday. He thanked Zach Lopater, M.D., for his leadership as Chairman of the Governing Council of the Young Physician Section.

John Harvey, M.D., announced that the Georgia Society of the American College of Surgeons will hold a statewide Trauma Day at the Capitol on February 7. He encouraged members to attend the event and advocate for increased funding for Georgia’s Trauma Network. He stated that at lunchtime, the society will be introducing the “Stop the Bleed” campaign and training legislators on bleeding control. A kit was placed in the Medical Aid Station at the
Capitol on Physicians Day. The Executive Committee thanked Dr. Harvey for his efforts on behalf of organized medicine.

VI. OLD/NEW BUSINESS

VII. FOR INFORMATION ONLY

The Executive Committee received a copy of the yearly attendance record in the informational packet.

VIII. NEXT MEETING

The next meeting of the Executive Committee of the Board of Directors of the Medical Association of Georgia is 6:00 p.m., on Friday, March 24, 2017 at MAG Headquarters.

ADJOURN

Having no further business, the Executive Committee of the Board of Directors of the Medical Association of Georgia adjourned its January meeting at 7:30 p.m.

APPROVED BY: _________________________________________________________ ANDREW B. REISMAN, M.D., SECRETARY

DATE: _________________________________________________________________

RECORDED BY: ________________________________________________________ DONNA T. GLASS
EXECUTIVE COMMITTEE ATTENDANCE
January 27, 2017

PRESIDENT .............................................................................. STEVEN M. WALSH
PRESIDENT-ELECT ............................................................... FRANK MCDONALD
IMMEDIATE PAST PRESIDENT ............................................... JOHN S. HARVEY
FIRST VICE PRESIDENT ................................................... STEVEN M. HUFFMAN
SECOND VICE PRESIDENT ................................................. LISA PERRY-GILKES
SECRETARY ............................................................................ ANDREW REISMAN
TREASURER ........................................................................... THOMAS EMERSON
CHAIRMAN OF THE BOARD .............................................. RUTLEDGE FORNEY
VICE CHAIRMAN OF THE BOARD ........................................ FRED FLANDRY
SPEAKER OF THE HOUSE ................................................ EDMUND DONOGHUE
VICE SPEAKER OF THE HOUSE ........................................... JAMES W. BARBER
CHAIRMAN, GA. DELEGATION TO AMA ....................... S. WILLIAM CLARK
CHAIRMAN, COUNCIL ON LEGISLATION ....................... SCOTT BOHLKE

STAFF
Donna Glass
Dayna Jackson
Sally Jacobs
Tom Kornegay
Susan Moore
Derek Norton
Donald Palmisano
Kimberly Ramseur
Mark Reitman
By an email vote, the Executive Committee approved the following item of business:

- Approving to authorize staff to move forward with finding a compromise through Representative Tanner’s bill, H.B. 249, which would include, but not limited to, the following provisions:
  1. A mandate to check the PDMP, which would be limited to Schedule II or “opioids, benzo, opioid derivatives” or “just opioids”
  2. All prescribers with a DEA license must register for the PDMP by January 1, 2018.
  3. Physicians would only be mandated to check the PDMP if it was deemed accessible and operating at 99.5% of the time.
  4. Physicians would be allowed to enter data that was reviewed in the PDMP in the patient’s record.
  5. Change the exemption to checking the PDMP from three day prescription to seven day prescription.
By an Email vote on February 22, 2017, the Executive Committee approved the following action:

- Authorizing MAG to enter into contract with the Department of Behavioral Health and Development Disabilities to provide education and training of the Prescription Drug Monitoring Program (PDMP).
A motion was made and seconded:

- Approving to move the July 28 Executive Committee meeting to Saturday, June 24 in conjunction with the June 23-24 Legislative Education Seminar at a time to be determined later.  Page 1

- Appointing Marc O. Wall, M.D., a family physician in Cedartown and current Vice Chairman of the committee, as Chairman of the Correctional Medicine Committee.  Page 1

- Appointing William C. Miller, M.D., a family physician in Douglas, Georgia, to the Committee on Continuing Medical Education.  Page 2

- Appointing Clyde Watkins, Jr., M.D., (Internal Medicine) of Lithonia to the Council on Legislation to represent the Georgia Chapter, American College of Physicians as its alternate member.  Page 2

- Accepting the financial statements for the two months ended February 2017.  Page 3

- Approving the January 27, 2017 Executive Committee Minutes as amended.  Page 4
The Executive Committee meeting was called to order at 6:05 p.m. Steven M. Walsh, M.D., President, presided. A quorum was met.

Attendance: (See Attached)

(Editorial Note: In accordance with the prerogative of the Chair, reports may be given in an order different from that of the agenda. However, for clarification, the minutes will reflect the order indicated on the agenda.)

I. PRESIDENT

A. Executive Committee July Meeting Change: Dr. Walsh recommended that the Executive Committee change its July meeting date to coincide with the June 23-24, 2017 Legislative Education Seminar to be held at Brasstown Valley in Young Harris, Georgia. He suggested that the Executive Committee meet on Saturday, June 24, 2017.

A motion (Donoghue/Forney) was duly adopted approving to move the July 28 Executive Committee meeting to Saturday, June 24 in conjunction with the June 23-24 Legislative Education Seminar at a time to be determined later. MOTION PASSED

B. Appointments

1. Correctional Medicine Committee Chairman: Dr. Walsh announced that Patton P. Smith, M.D., Chairman of the Correctional Medical Committee stepped down on January 31, 2017. He stated that the members of the committee requested that Marc O. Wall, M.D., who serves as Vice Chairman, be considered for chairman

A motion (Forney/McDonald) was duly adopted appointing Marc O. Wall, M.D., a family physician in Cedartown and current Vice Chairman of the Committee, as Chairman of the Correctional Medicine Committee. MOTION PASSED

2. Committee on Continuing Medical Education: Dr. Walsh stated that Darrell L. Dean, D.O., Chairman of the CME Committee, requested appointment consideration for William C. Miller, M.D. Dr. Miller’s CV was presented for review. He stated that Dr. Miller is an active member practicing in Douglas, Georgia as a family physician.
A motion (Donoghue/Clark) was duly adopted appointing William C. Miller, M.D., a family physician in Douglas, Georgia, to the Committee on Continuing Medical Education. **MOTION PASSED**

3. **Council on Legislation:** Dr. Walsh announced that the Georgia Chapter, American College of Physicians requested favorable consideration to appoint Clyde Watkins, M.D., of Lithonia to the Council on Legislation representing the Georgia Chapter, American College of Physicians as its alternate member. Dr. Watkins’ CV was presented for review. Dr. Walsh stated that Chairman of the Council on Legislation Scott Bohlke, M.D., favored the appointment.

A motion (Donoghue/Perry-Gilkes) was duly adopted appointing Clyde Watkins, Jr., M.D., (Internal Medicine) of Lithonia to the Council on Legislation to represent the Georgia Chapter, American College of Physicians as its alternate member. **MOTION PASSED**

II. MEGA ISSUE

A. **Council on Legislation:** A written report was presented to the Executive Committee by the Chairman of the Council on Legislation, Scott Bohlke, M.D. Dr. Bohlke called on MAG Executive Director Donald Palmisano to provide an oral legislative summary on several legislative bills because MAG Director of Government Relations, Derek Norton, was still at the Capitol as the legislature had not yet recessed for the evening.

Mr. Palmisano gave an update on various legislative bills still working their way through the House and Senate, including the following:

**HB 165 - Maintenance of Certification,** which will prevent the Medical Practice Act from being used or interpreted to require Maintenance of Certification for licensure, employment in a state hospital, insurance panels or medical malpractice insurance. The bill is currently in the Senate Rules Committee.

**SB 8 -** The out-of-network insurance payment gap, is moving forward. MAG and others conducted a public relations campaign to amend the bill that would favor a fairness in insurance payments for services rendered by out-of-network physicians in an emergency setting while not compromising a patient inability to pay what his/her insurance plan will not. The legislature heard from a huge number of physicians on this legislation. MAG agreed to the transparency portion of SB 8 but not its payment methodology. The bill was remitted to the Rules Committee.

**SB 153 –** which will allow optometrist to inject drugs into the eyelid and around the eye. MAG opposes the bill as does the Georgia Society of Ophthalmology. Many physicians responded to the call for action to oppose the legislation and provided additional information on the consequences to the safety of patients.
HB 249 – which is designed to reduce opioid abuse in the state. The measure would 1) required physicians and others to report instances of neonatal abstinence syndrome to the Georgia Department of Public Health and 2) codify the Governor’s executive order to make naloxone available on an over-the-counter basis in the state and 3) require dispensers to update the state’s PDMP every 24 hours. The civil and criminal penalties in the original bill against physicians were removed.

The Executive Committee thanked Mr. Palmisano, Mr. Norton and Ms. Sherrer for their efforts on behalf of MAG and accepted the report for information.

B. American Health Care Act: MAG legal analyst Kimberly Ramseur distributed for information a document highlighting some of the key provisions of the American Health Care Act (AHCA) legislation. However, the bill was pulled from the calendar and Congress did not vote on the bill. The current law prevails and continues unchanged.

III. TREASURER

Financial Activities for the month of February 2017: The Executive Committee received a written report from the Treasurer. On behalf of the Treasurer who could not attend the meeting, Mr. Palmisano gave a summary on MAG’s operating budget addressing both income and expenses. He reported that MAG is expecting income from Piedmont. He stated that a radiology group and anesthesiology group have joined under group membership. The revenue figures on these groups will show up on the next financial statement in April. He stated that administrative expenses are over projections but should be reduced by April when additional revenue figures are counted. He commended Ms. Dayna Jackson for her efforts to manage MAG’s membership database since the departure of Ms. Boyenga. After the financial summary, the Executive Committee rendered the following action.

A motion (Donoghue/McDonald) was duly adopted accepting the financial statements for the two months ended February 2017. (A copy of the Financial Statement is attached to these Minutes.) MOTION PASSED

IV. EXECUTIVE DIRECTOR

Strategic Plan of Work: The Executive Committee received a written report providing a status report on the strategic plan of work. There was a call for questions and hearing no questions, the Executive Committee thanked Mr. Palmisano for the report.

V. SECRETARY

Approving of Minutes: The Executive Committee received for approval the Minutes of January 27, 2017 and the Chairman called for a vote to approve which was later recalled and amended. Secretary Andrew B. Reisman, M.D. accepted the amended language as read.
An amended motion (Donoghue/duly seconded) was duly adopted approving the January 27, 2017 Executive Committee Minutes as amended. **MOTION PASSED**

VI. INFORMATIONAL REPORTS

The Executive Committee received for information written reports from the Committee on Continuing Medical Education, Correctional Medicine Committee, Membership & Marketing Department, Health Policy & Third Party Payer Department and Department of Communications.

VII. OLD/NEW BUSINESS

Executive Committee member William Clark III, M.D., requested that the President consider an Executive Committee meeting in August or September prior to October to offset the length of time between the June and October meetings. Dr. Walsh stated that he would take the request under advisement.

Dr. Walsh gave a brief update on continued discussion with Dr. Walker Ray and Dr. Alan Plummer regarding the Physicians Foundation. He stated that a meeting occurred on March 2 with Drs. Ray and Plummer at which time Dr. Walsh stated he outlined the opportunity for greater understanding in the realm of the Physicians Foundation travel policy, feedback from stakeholders, including MAG and current and future Foundation projects. Dr. Walsh stated that he would keep the Executive Committee updated on the status of the discussions.

Executive Committee member John S. Harvey, M.D., gave an update on the success of the resident rotation internship between MAG and the Gwinnett Medical Center’s Graduate Medical Education program. Residents that have interned at MAG have become involved in the legislative process and has shared their experience with other residents. The Executive Committee thanked Dr. Harvey for spearheading the project.

Second Vice President Steven M. Huffman, M.D., announced his plans to run for the office of Vice Chairman of the Board this October and asked for Executive Committee support.

VIII. FOR INFORMATION ONLY

The Executive Committee received for information a copy of its yearly attendance record and a copy of the AMA letter that MAG and other state and specialty societies signed requesting deferment from implementing the 2015 Edition certified electronic health record technology (CEHRT) until such technology is widely available and in no event sooner than January 2019.

IX. NEXT MEETING

The next Executive Committee meeting is scheduled at 6:00 p.m., on Friday, April 21, 2017 at MAG Headquarters.
ADJOURN

Having no further business, the March 24 meeting of the Executive Committee of the Board of Directors of the Medical Association of Georgia was adjourned at 7:10 p.m.

APPROVED BY: __________________________________________________________

ANDREW B. REISMAN, M.D., SECRETARY

DATE: ______________________________________

RECORDED BY: __________________________________________________________

DONNA T. GLASS
### Revenues

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<th>Administration &amp; Operations</th>
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<th>YTD Actual 2/28/2017</th>
<th>Bud vs Actual Fay (Unfav)</th>
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<td>Special Meetings</td>
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<td>218,110</td>
<td>35,855</td>
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<td>Government Relations</td>
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<tr>
<td>Third Party Payer Advocacy</td>
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<td>500</td>
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<td>Total Revenues</td>
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### Expenses

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<th>Third Party Payer Advocacy</th>
<th>Education</th>
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<td>1845 The Exchange</td>
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<td>Total Administration &amp; Operations</td>
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### Restricted Funds, Designated & Undesignated Net Assets

| PR Media Fund               | 29,821 | 50 | 50 | 29,871 |
| Partnership w/Medicine      | 9,700  | -  | -  | 9,700  |
| Good Medicine               | 30,411 | -  | -  | 30,411 |
| Tort Reform                 | 430,069| 650| 650| 430,069|
| CMS Revenue                 | 24,543 | -  | -  | 24,543 |
| Healthcare Research, Inc.:Physicians Educ Programs. | (0) | - | - | (0) |
| GHA - HEN                   | 5,387  | 25,000 | (2,750) | 22,250 |
| MRC                         | 3,500  | -  | -  | 3,500  |
| MRC                         | (13,773)| 75,000 | (6,323) | 68,677 |
| Temporarily Restricted Net Assets | 519,598| 100,700 | (9,073) | 91,627 |

| Undesignated                | 3,566,806 | 672,686 | (597,607) | 75,061 | 3,641,867 |
| Total Internally Restricted | 3,566,806 | 672,686 | (597,607) | 75,061 | 3,641,867 |

| TOTAL NET ASSETS            | 3,566,806 | 318,448 | 519,598 | 773,368 | 611,224 |
EXECUTIVE COMMITTEE ATTENDANCE
March 24, 2017

PRESIDENT ................................................................. STEVEN M. WALSH
PRESIDENT-ELECT ..................................................... FRANK MCDONALD
IMMEDIATE PAST PRESIDENT ..................................... JOHN S. HARVEY
FIRST VICE PRESIDENT ............................................. STEVEN M. HUFFMAN
SECOND VICE PRESIDENT ......................................... LISA PERRY-GILKES
SECRETARY ............................................................... ANDREW REISMAN
TREASURER .......................................................................... STEVEN M. WALSH
CHAIRMAN OF THE BOARD ................................................. RUTLEDGE FORNEY
VICE CHAIRMAN OF THE BOARD................................. FRED FLANDRY
SPEAKER OF THE HOUSE ........................................... EDMUND DONOGHUE
VICE SPEAKER OF THE HOUSE ........................................
CHAIRMAN, GA. DELEGATION TO AMA ................... S. WILLIAM CLARK
CHAIRMAN, COUNCIL ON LEGISLATION .................. SCOTT BOHLKE

STAFF
Andrew Baumann
Donna Glass
Dayna Jackson
Sally Jacobs
Tom Kornegay
Susan Moore
Donald Palmisano
Kimberly Ramseur
Mark Reitman
MINUTES

The January meeting of the Board of Directors of the Medical Association of Georgia was called to order at 10:05 a.m. Rutledge Forney, M.D., Chair, presided. A quorum was met.

Dr. Forney reported that elections were held at the Medical Association of Atlanta. Fonda Mitchell, M.D. was elected director replacing Lisa Perry-Gilkes, M.D., who is currently serving as Second Vice President, and Randy Rizor, M.D. was elected alternate director replacing Fonda Mitchell, M.D., who was elected director.

Dr. Forney reported that elections were held at the Georgia Medical Society. E. Dan DeLoach, M.D., was elected alternate director replacing Kelly Erola, M.D. who moved from Georgia to North Carolina.

Attendance: (See Attached)

(EDITORIAL NOTE: In accordance with the prerogative of the Chair, reports may be given in an order different from that of the agenda. However, for clarification, the minutes will reflect the order indicated on the agenda.)

Dr. Forney introduced Ellen Shavor, M.D., Mr. Phil Kent and Mr. Don O’Neill of CopernicusMD. The Board received a brief overview of CopernicusMD. A one-page description of the company was distributed to members of the Board. The Board thanked CopernicusMD for sponsoring today’s lunch and accepted the report for information.

I. BOARD ORIENTATION

The Board of Directors received a PowerPoint presentation outlining its fiduciary responsibilities, duties and legal obligations to the Medical Association of Georgia, and the governance of the Medical Association of Georgia. The orientation was presented by MAG Chairman of the Board Rutledge Forney, M.D., and MAG Executive Director, Mr. Donald Palmisano. Members received a conflict of interest document to sign and return to MAG staff.

II. MEGA ISSUES

A. Council on Legislation: The Board of Directors received from the Council on Legislation a written report providing an update on MAG’s legislative priorities including updates on out-of-network billing, Medicaid payment parity, maintenance of certification (MOC) and patient safety.
Dr. Bohlke presented to John S. Harvey, M.D., a resolution from the Georgia State Senate in honor of Dr. Harvey as President of the Medical Association of Georgia.

The Board of Directors saw a video on Surprise Insurance Coverage Gap produced by Physicians for Fair Coverage. The video was released on January 24, 2017 during a rally at the State Capitol.

MAG President Steven Walsh, M.D., presented to Michael E. Greene, M.D., a special gift in honor of his years of service and dedication as Chairman of the Council on Legislation.

John S. Harvey, M.D., announced the Trauma Awareness Day at the Capitol on February 7. He encouraged members to register for the event. During the luncheon, a training session for legislators will be held on using the Stop the Bleed kits. One of the kits will be installed in the Medical Aid Station.

Chairman of the Council on Legislation, Scott Bohlke, M.D. addressed several legislative issues moving through the legislature. The following issues were noted separately:

Presentation by Georgia Representative Allen Peake on medical marijuana: The Board of Directors welcomed Rep. Allen Peake. Rep. Peake gave a PowerPoint presentation on the status on the proposed Marijuana legislation. He reported on H.B. 65, a bill to establish a Low THC Oil Patient Registry, to remove certain reporting requirements and to repeal conflicting laws. He stated that a House subcommittee intends to discuss the bill within the week. He asked that MAG support H.B. 65. The Board expressed concerns over the lack of clinical trials and other scientific research. There were also concerns that data currently gathered may not be the data needed to render a positive outcome and pointed out that there could be long-term problems. After considerable discussion on the merits of H.B. 65, the Board of Directors rendered the following action:

A motion (Greene/Perry-Gilkes) was duly adopted establishing a task force of the Board of Directors on medical marijuana. MOTION PASSED

Prescription Drug Monitoring Program: Dr. Bohlke reported that a Senate study committee on opioid abuse met over the summer and released its final report. S.B. 81 would modify Georgia’s Prescription Drug Monitoring Program (PDMP) significantly with a provision of criminal penalties for physicians who failed to check the system. The Board shared its dissatisfaction of such penalties against physicians. The Board offered an amendment to the bill to strike the word prescriber and insert dispenser in the bill. However, the Board agreed that physicians should register with the PDMP but that it was unable to support the bill as written. After a lengthy debate, on recommendation of the Executive Director, Mr. Palmisano, the Board rendered the following action:

A motion (Harvey/Oliver) was duly adopted opposing a mandatory PDMP check by physicians on every narcotic medications prescribed. MOTION PASSED
A motion (Lisa Perry-Gilkes/Donoghue) was duly adopted approving an alternative to legislative language to mandate a PDMP check by the dispensing physician and/or pharmacy on every narcotic medications. **MOTION PASSED**

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Board recessed at 12:20 p.m. for lunch and reconvened at 12:30 p.m.

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B. Health Care Reform – MAG’s Letter to Governor Deal: The Board of Directors received for information a copy of MAG’s letter to Governor Nathan Deal to offer MAG’s perspective on health care reform beyond the Affordable Care Act.

III. TREASURER

A. Preliminary Financial Activities: The Board of Directors received a written report submitted by MAG Treasurer, Thomas Emerson, M.D. Dr. Emerson gave a PowerPoint presentation highlighting MAG’s operating budget revenue and expenses, dues revenue and non-dues revenue, and operating expenses.

A motion (Silver/Perry-Gilkes) was duly adopted approving the preliminary financial statements for the year ended December 31, 2016. **MOTION PASSED**

B. MAG Foundation’s Section 170 Plan: Dr. Emerson presented a historical background and financial breakdown of the Section 170 Plan. He reported that MAG Foundation has reach the point in which its expenses are exceeding the investment growth. It has been creating losses on the financial statements for the Foundation. He stated that a MAG Foundation task force was convened to investigate the Section 170 Plan to find a solution. The task force returned with a recommendation calling for MAG to allocate $100,000 per year from the $200,000 surplus to the Section 170 Plan account. The Finance Committee asked that the Board approve the recommendation.

A motion (Finance Committee recommendation) was duly adopted approving using $100,000 of the MAG $200,000 surplus to fund the shortfall in the MAG Foundation Section 170 Plan until 2025 or until the shortfall is met. **MOTION PASSED**

C. MAG Investment Policy: Dr. Emerson reported that MAG’s Investment Policy was last updated in 2010. Dr. Emerson reported that the Finance Committee made a thorough review of the investment policy and recommended that MAG adopt the proposed policy submitted. Dr. Emerson requested that MAG re-opens the “sweep” account as referenced in the policy.

A motion (Donoghue/Brooks) was duly adopted approving to reopen the “sweep” account at Fidelity Bank. **MOTION PASSED**
A motion (Finance Committee recommendation) was duly adopted approving the proposed updated Investment Policy as submitted by the Treasurer.  **MOTION PASSED**

D. **Transfer funds for Surprise Coverage Gap Campaign:** Mr. Palmisano reported that funds were needed to continue MAG’s efforts to join with others to negotiate for a positive legislative bill on surprise insurance coverage gap and help fund the distribution of the video played earlier to the Board. Dr. Emerson stated that the Finance Committee recommended re-allocating funds from Good Medicine restricted funds.

A motion (Finance Committee Recommendation) was duly adopted authorizing the president and treasurer in consultation with the executive director to use the Good Medicine restricted funds on the surprise insurance coverage gap issues.  **MOTION PASSED**

IV. **PRESIDENT**

A. **Strategic Plan of Work:** The Board of Directors received the 2017 Strategic Plan of Work (SPOW). Dr. Walsh gave a PowerPoint presentation outlining four basic provisions outlined in the 2017 SPOW including physician autonomy, patient advocacy, public health and financial stability. He emphasized the continued need to grow membership and stated he will continue the recruitment efforts started by John Harvey, M.D., asking that each Board member recruit at least one member.

A motion Donoghue/Reisman) was duly adopted approving the Strategic Plan of Work as submitted by the President.  **MOTION PASSED**

B. **Task Forces/Subsidiary Appointments:** Dr. Walsh submitted for information his task forces for 2017. These task forces and members will be made available online.

Dr. Walsh presented his nominees for appointments MAG’s Institute for Excellence in Medicine (PIEM) Board of Directors with staggered terms of service.

A motion (Perry-Gilkes/Barber) was duly adopted appointing the following members to the Physician Institute for Excellence in Medicine Board of Directors:  **MOTION PASSED**

- Adam Berman, M.D., Augusta (Internal Medicine) (2 year term)
- Aaron Davidson, M.D, Statesboro (Ophthalmology) (1 year term)
- Kelly Degraffenreid, M.D., Atlanta (General Practice) (2 year term)
- John Harvey, M.D., Atlanta (General Surgery) (1 year term)
- Drazen Jukic, M.D., Savannah (Dermatology) (2 year term)
- Manoj Shah, M.D., Warner Robins (OBG) (1 year term)

The Board of Directors thanked the following members for their service on the PIEM Board of Directors:  Walker L Ray, M.D., Alan L Plummer, M.D., Jack M. Chapman, Jr., M.D.,
John S. Antalis, M.D., William A. Bornstein, M.D., Madalyn N. Davidoff, M.D. and Howard M. Maziar, M.D.

C. Actions taken by the Executive Committee: Dr. Walsh submitted Executive Committee actions taken on July 30, 2016, October 6, 2016, December 13, 2016, and January 6, 2017 and asked that the Board of Directors ratify these Executive Committee actions.

A motion (Barber/Perry-Gilkes) was duly adopted to ratify the July 30, 2016, October 6, 2016, and December 13, 2016 Executive Committee actions. (Editorial note: The Board of Directors at its October 14 meeting approved the recommendation of the Executive Committee as recorded in the October 6, 2016 actions). MOTION PASSED

A motion (Barber/Perry-Gilkes) was duly adopted ratifying the following January 6, 2017 Executive Committee Email action: “Authorizing MAG to file an amicus brief in the case of Sean M. Elliot v. Resurgens, P.C. d/b/a Resurgens Orthopaedic and Tapan K. Daftari, M.D.” MOTION PASSED

V. EXECUTIVE DIRECTOR

A. 2016 Actions of the MAG House of Delegates: The Board of Directors received status reports on actions adopted at the 2016 HOD.

B. Resolution 304C.16 – Board Referral: Mr. Palmisano presented Resolution 304C.16 referred to the Board of Directors from the House of Delegates. A copy of the resolution, current policy and final action were distributed to the Board for background information. He announced that the authors of the resolution requested that MAG not pursue further action on Resolution 304C.16. The Board heard from John S. Antalis, M.D., Chairman of the Georgia Composite Medical Board, and Alexander S. Gross, M.D., Past Chairman of the Georgia Composite Medical Board, on the process in which rules are promulgated by the medical board. At the conclusion of discussions on this issue, the Board rendered the following action:

A motion (Donoghue/Huffman) was duly adopted approving to take no further action at this time on Resolution 304C.16 (Advertisement of Board Certification in Georgia) and work with the Composite Medical Board in its rules making processing. MOTION PASSED

VI. SECRETARY

A. Approval of Minutes: Secretary Andrew Reisman, M.D., presented two sets of minutes to the Board for approval.

A motion (Perry-Gilkes/Barber) was duly adopted approving the October 14, 2016 Board of Directors Minutes as submitted by the Secretary. MOTION PASSED
A motion (Perry-Gilkes/Barber) was duly adopted approving the October 16, 2016 Organizational Board Minutes. **MOTION PASSED**

B. **2018 Board of Directors Meetings:** Dr. Reisman submitted proposed dates for 2018 Board meetings. The dates recommended were Saturday, January 27 at 10:00 a.m. and Saturday, April 21 at 10:00 a.m. The Board of Directors received a copy of the meeting planner used in the scheduling process.

A motion (Perry/Gilkes/Oliver) was duly adopted approving the 2018 Board of Directors meetings. (Editorial note: An October Board meeting will be scheduled in conjunction with the meeting of the annual session.) **MOTION PASSED**

VII. **AMA DELEGATION**

Chairman of the AMA Delegation William Clark, M.D., submitted his written report on the activities and actions taken by the American Medical Association at its Interim Meeting on November 12-18 in Orlando, Florida. He asked that the Board of Directors approve the delegation’s action at the meeting and thanked members who rejoined the AMA.

A motion (Reisman/Harvey) was duly adopted approving Delegation activities and actions that occurred at the 2016 AMA Interim meeting. **MOTION PASSED**

VIII. **MAG FOUNDATION**

Dr. Chapman gave a report on the activities of the MAG Foundation. He stated that the Georgia Physicians Leadership Academy (GPLA) had a very successful year with promoting and teaching future physician leaders. He reported that GPLA grant funds will expire this year and new funds are being requested. He thanked the Physicians Foundation for its past grants and requested that Dr. Alan Plummer, Chairman of the Physicians Foundation Committee on Grants send MAG’s proposed grant request to the committee for its consideration. MAG will request that the grant, if approved, be extended for a longer period of time. He stated that currently the grant provides only for a two year maximum at $150,000 per year.

Dr. Chapman reported on the MAG Foundation “Think About It” campaign. He announced that MAG is working to receive grant funds from the Georgia Department of Behavioral Health and Development Disabilities that will be used for education and training of the Prescription Drug Monitoring Program.

Dr. Chapman stated that at its last meeting, the Foundation approved to nominate William Silver, M.D., for a seat on the MAG Foundation Board of Trustees and requested that MAG’s Board of Directors give favorable consideration to the appointment.

A motion (Perry-Gilkes/Zeanah) was duly adopted appointing William E. Silver, M.D., of Atlanta to the MAG Foundation Board of Trustees. **MOTION PASSED**
IX. INFORMATION REPORTS

The following reports were extracted for oral reports with the remainder of reports accepted for information:

MAG Alliance

MAG Alliance President Merrilee Gober reported on recent activities including participation in the Physicians Day at the Capitol. She reported that the MAG Alliance will co-sponsor with Healthy Mothers, Healthy Babies (HMHB) a luncheon in early February for both the House and Senate HHS members. She said that during that lunch, HMHB will recognize Senator Dean Burke, M.D. and others for their efforts to pass H.B. 649, the Georgia Lactation Consultant Practice Act. She announced that she was asked to serve on the advisory group for the implementation of the new law and assist in the draft of an AMA application for lactation consultation CPT codes. She reported that the MAG Alliance fund a grant to the Georgia NW Technical College for start-up supplies and a student scholarship for the school’s new Lactation Consultant program. The first class will start in the fall. She and others will present the grant and scholarship to the school in early spring and welcomed any area MAG physicians and/or spouses to attend – a media release will be included. Mrs. Gober stated that in early February several members of the MAG Alliance plan to attend the Annual AMA Alliance Southern Regional Conference. The Board thanked Mrs. Gober for her report.

Alliant/GMCF:

The Board of Directors received for information a written Alliant/GMCF report. Adrienne Mims, M.D., reported that the Alliant GMCF serves as the Quality Innovation Network – Quality Improvement Organization for Georgia and North Carolina, and also serves as a contractor for Medical Management for the Department of Community Health (Medicaid). She reported that Alliant GMCF received a contract from the Centers for Medicare and Medicaid Services (CMS) to support the development of outpatient antibiotic stewardship programs in physician offices, urgent care centers, emergency rooms and federally qualified health care centers. She stated that the focus will be to assist clinicians in ensuring that each patient receives the right antibiotic, at the right time, at the right dose for the right duration according to current evidence based guidelines. The Board thanked Dr. Mims for her report.

Physicians Foundation

The Board of Directors received from Drs. Ray and Plummer a written report from the Physicians Foundation that included a memorandum from its general counsel addressing questions raised by the MAG Board of Directors. The Board thanked Drs. Ray and Plummer but it also expressed dissatisfaction with the answers provided by legal counsel and concern that a meeting between the leadership of MAG and the Physicians Foundation did not come to fruition. After a lengthy discussion with Drs. Ray and Plummer regarding the governance of the Foundation to its member societies, the Board of Directors rendered the following action:

A motion (Wilson/Perry-Gilkes) was duly adopted directing MAG’s representatives on the Physicians Foundation Board of Directors to report on the more specific questions
asked of them earlier and set a meeting date and time with members of the MAG Board of Directors and the leadership of the Physicians Foundation before the next Board meeting. MOTION PASSED

X. OLD/NEW BUSINESS

XI. FOR INFORMATION ONLY

The Board of Directors received for information its yearly attendance record.

XII. NEXT MEETING

The next meeting of the Board of Directors of the Medical Association of Georgia will be at 10:00 a.m. on Saturday, April 22, 2017 at the Doubletree by Hilton Atlanta-Marietta hotel.

ADJOURN

Having no further business, the Board of Directors of the Medical Association of Georgia adjourned its January 28, 2017 meeting at 2:20 p.m.

APPROVED BY: ______________________________
ANDREW B. REISMAN, M.D., SECRETARY

DATE: ______________________________

RECORDED BY: ______________________________
DONNA T. GLASS
MAG BOARD OF DIRECTORS ATTENDANCE RECORD

DATE: January 28, 2017

President ....................................................................................................... Steven M. Walsh
President-elect .......................................................................................... E. Frank McDonald
Immediate Past President ........................................................................... John S. Harvey
First Vice President .................................................................................. Steven M. Huffman
Second Vice President ................................................................................. Lisa Perry-Gilkes
Chairman, Board of Directors ................................................................. Rutledge Forney
Vice Chairman, Board of Directors ............................................................ Fred Flandry
Secretary .................................................................................................. Andrew B. Reisman
Treasurer ...................................................................................................... Thomas Emerson
Speaker, MAG House of Delegates ............................................................ Edmund R. Donoghue
Vice Speaker, MAG House of Delegates ...................................................... James W. Barber
Chairman, AMA Georgia Delegation .......................................................... William Clark
Chairman, Council on Legislation ............................................................... W. Scott Bohlke

DIRECTORS/ALTERNATE DIRECTORS

District 1: Aaron H. Davidson, Statesboro, Director
Michelle R. Zeanah, Statesboro, Alternate Director

District 2: G. Ashley Register, Jr., Cairo, Director

District 3: W. Steven Wilson, Warner Robins, Alternate Director

District 6: Leiv M. Takle, Jr., Griffin, Director

District 7: John S. Antalis, Dalton, Director

District 8: Sudhakar Jonnalagadda, Douglas, Alternate Director

District 9: Stephen Jarrard, Clayton, Alternate Director

District 10: Arthur J. Torsiglieri, Conyers, Director
John O. Bowden, Conyers, Alternate Director

Bibb County Medical Society:
William P. Brooks, Macon, Director

Cobb County Medical Society

Crawford W. Long Medical Society
Andrew H. Herrin, Athens, Director
DeKalb Medical Society
   Stanley W. Sherman, Decatur, Director
   Andrea P. Juliao, Tucker, Director

Dougherty County Medical Society

Georgia Medical Society:
   David S. Oliver, Savannah, Director

Gwinnett-Forsyth County Medical Society:
   John Y. Shih, Suwanee, Director
   James L. Smith, Lawrenceville, Alternate Director

Hall County Medical Society:

Medical Association of Atlanta:
   Rutledge Forney, Atlanta, Director (Chairman)
   Michael C. Hilton, Atlanta, Director
   Quentin Pirkle, Atlanta, Director
   Fonda A. Mitchell, Duluth, Director
   Thomas E. Bat, Alpharetta, Alternate Director
   Brian E. Hill, Atlanta, Alternate Director
   Charles I. Wilmer, Atlanta, Alternate Director

Muscogee County Medical Society:
   Frederick C. Flandry, Columbus, Director (Vice Chairman)

Peachbelt County Medical Society

Richmond County Medical Society:
   Michael J. Cohen, Augusta, Director
   John F. Salazar, Augusta, Director

Young Physician Section
   Vinaya Puppala, Carrollton, Director
   Edward Marchan, Atlanta, Alternate Director

Medical Student Section
   Ebony F. Caldwell, Athens (Mercer), Director

Other Voting Members
   William E. Silver, Atlanta, Past President

Ex-officio members:
   Jack M. Chapman, Jr., Gainesville, Past President/AMA Alternate Delegate
   John S. Goldman, Atlanta, AMA Alternate Delegate
Michael E. Greene, Macon, Past President/AMA Delegate
Billie Luke Jackson, Macon, AMA Alternate Delegate
Bob G. Lanier, Atlanta, Past President
Joy A. Maxey, Atlanta, Past President/AMA Delegate
Alan L. Plummer, Atlanta, Past President
Walker L. Ray, Tucker, Past President
Gary C. Richter, Atlanta, Past President/AMA Alternate Delegate

GUESTS
Adrienne Mims, M.D., Alliant/GMCF
Rep. Alan Peake, Georgia House of Representatives
Alex Gross, M.D., MAG Member
Ali Rahimi, M.D., MAG Member
Leonard Lichtenfeld, M.D., MAG Member
Shamie Das, M.D., MAG Member
Merrilee Gober, President, MAG Alliance
Ms. Jeanie Blanc, Fidality Bank
Mr. Phil Kent, CopernicusMD
Mr. Don O’Neill, CopernicusMD
Ms. Ellen Shaver, CopernicusMD
Dennis White, Executive Director, Alliant/GMCF
CaRita C. Connor, Georgia Medical Society
Dale Mathews, Bibb County Medical Society
Joanne Thurston, Cobb County Medical Society
David Waldrep, Medical Association of Atlanta
Rick Ward, Georgia Academy of Pediatrics
Anita Amin, Meeting Planner

STAFF:
  Donna Glass
  Dayna Jackson
  Sally Jacobs
  Fred Jones
  Tom Kornegay
  Susan Moore
  Lori Murphy
  Derek Norton
  Donald Palmisano
  Kimberly Ramseur
  Mark Reitman
162nd HOUSE OF DELEGATES PROCEEDINGS

A SUPPLEMENT TO THE JOURNAL OF THE MEDICAL ASSOCIATION OF GEORGIA
FIRST SESSION
Speaker of the House of Delegates Frank McDonald, M.D., called the first session of the 162 House of Delegates to order at 8:30 a.m. Dr. McDonald reminded members to download the MAG App which contained key information for the meeting including a schedule of events, the Policy Compendium, and reports and resolutions.

Dr. McDonald gave the invocation and then called on the Chatham County Sheriff’s Department Color Guard to present the colors as Ms. Camille Russo sang the National Anthem. The assembly stood for the pledge of allegiance to the United States flag and for the pledge of the Georgia flag. Members joined Dr. McDonald in a round of applause for Georgia’s first responders as well as the men and women who serve in the armed forces.

Introduction and Recognition
Dr. McDonald introduced people on the Dias, which included: John S. Harvey, M.D., President, Joy A. Maxey, M.D., Parliamentarian, Mr. Donald Palmisano Jr., Executive Director/CEO, Edmund Donoghue, M.D., Vice Speaker of the House, Steven M. Walsh, M.D., President-elect, Andrew B. Reisman, M.D., Secretary and Ms. Donna Glass, Executive Assistant.

Dr. McDonald recognized the following House of Delegates sponsors: MAG Mutual Insurance Company, Angel Flight Soars, Atlanta Capital Group, GAMPAC, Georgia Drug Card, Georgia Health Information Network, HealthParadigm, MAG Alliance, MAG Foundation, MAG’s Medical Reserve Corps, the Medical College of Georgia Alumni Association, Privia Health of Georgia, and Suntrust Medical Specialty Group.

Several special guests were recognized including Stephen Imbeau, M.D., a member of the AMPAC Board of Directors, Ms. LaSharn Hughes, the Executive Director of the Georgia Board of Physicians Workforce, Georgia Senator and MAG Member, Dean Burke, M.D., Bainbridge. Other special guests recognized included U.S. Representative Thomas Price, M.D. and U.S. Representative Buddy Carter of Georgia, U.S. Representative Michael Burgess, M.D. of Texas, U.S. Representative Phil Roe, M.D. of Tennessee, Georgia Representative Betty Price, M.D., of Roswell, Georgia Representative-elect Mark Newton, M.D. of Augusta, and Georgia Senator Lester Jackson of Savannah. Executives and staff from county medical and specialty societies were recognized and received a round of applause.

The following members received certificates of appreciation: John S. Harvey, M.D., Steven M. Walsh, M.D., Manoj H. Shah, M.D., Madalyn N. Davidoff, M.D., Steven M. Huffman, M.D., Frank McDonald Jr., M.D., Edmund R. Donoghue, M.D., Alan L. Plummer, M.D., Despina A. Dalton, M.D., Robert C. Jones, M.D., James W. Barber, M.D., Matthew P. Mumber, M.D., Donald C. Siegel,
Members of the House of Delegates honored in silent prayer the following members who passed away during 2016: Harry B. Bechtel, M.D., Sarah L. Clark, M.D., Gary Jay Kaplan, M.D., William Calvin Lively, M.D., James S. Reynolds, M.D., and Frank A. Wilson III, M.D.

Life members were recognized. Life membership is awarded to physicians who are 70 years or older and who have been an active, dues-paying member in a state medical society or in a branch of the armed services for at least 25 consecutive years, including at least two years with MAG. (A list of life members was published in JMAG, 2016, Vol. 105, Issue 4.)

Dr. McDonald recognized the current class of the Georgia Physicians Leadership Academy that included: Drs. Matt Astin, Deepti Bhasin, Brad Bushnell, Ann Conrucci, Kelly Erola, Fred Flandry, Sandra Fryhofer, Yolanda Graham, Brian Hill, Sandra Hollander, Mark Huffman, Jeremy Jones, Matthew Keadey, Faria Khan, Fonda Mitchell, Alyce Oliver, Brian Ribeiro, Eddie Richardson Jr., Al Scott and Jeff Stone.

(Business of the House of Delegates are recorded in JMAG 2016, Vol. 105, Issue 4)

BUSINESS SESSION
Dr. McDonald reported that the House of Delegates is authorized by the MAG Constitution and Bylaws with three primary roles including: the election of officers, reviewing MAG’s policy manual and creating new policy by way of reference committees.

Dr. McDonald reported that the official parliamentary procedure for the meeting would be the American Institute of Parliamentarians Standard Code of Parliamentary Procedure and members were reminded that a ruling of the speaker was final unless immediately overruled by the House. Padgett Communications was engaged again this year to record votes taken by the handheld keypads provided.
Dr. McDonald called for the Credentials Committee report. Chairwoman Fonda Ann Mitchell, M.D., reported that 141 delegates and 8 alternates were registered representing 36 county medical and specialty societies and sections. A quorum was met.

Dr. McDonald announced that late Resolution 112A.16, related to legislation allowing a practice to switch its EMR without incurring cost for obtaining patient records and data from the previous EMR vendor or vendors, was added and assigned to Reference Committee A. Late Resolution 608S.16 related to reducing hepatitis C was also added and assigned to Reference Committee S.

Dr. McDonald announced the following reference committee appointments:

REFERENCE COMMITTEE A – HEALTH CARE POLICY
Chair  Nydia Maria Bladuell, M.D.    Cobb
Vice Chair  Kelly Michelle DeGraffenreid, M.D.    MAA
Loy Dekle Cowart III, M.D.    GAFP
Carmen Michelle Kavali, M.D.    MAA
Karl Daniel Schultz Jr., M.D.    Hall
Benjamin David Spitalnick, M.D.    Pediatrics
Joseph Sealy Wilson Jr., M.D.    Cardiology

REFERENCE COMMITTEE C - LEGISLATION
Chair  Katarina Gabrielle Lequeux-Nalovic, M.D.    Dermatology
Vice Chair  Patrick Leroy Bohlom, M.D.    Georgia
Kathryn Cynette Elmore, M.D.    DeKalb
W. Cody McClatchey, M.D.    MAA
Lionel Dain Meadows, M.D.    Jackson-Banks
Ramana Puppala, M.D.    Stephens-Rabun
Mitzi Beth Rubin, M.D.    GAFP

REFERENCE COMMITTEE F – FINANCE AND ADMINISTRATION
Chair  Deborah Ann Martin, M.D.    MAA
Vice Chair  Abhishek Gaur, M.D.    Cardiology
Donnie P. Dunagan, M.D.    Richmond
Noel Holtz, M.D.    Cobb
James Robert Malcolm, M.D.    Cobb
Donald Carl Siegel, M.D.    DeKalb
William Frank Willett III, M.D.    Muscogee

REFERENCE COMMITTEE S – PRESCRIPTION DRUG ABUSE
Chair  Martha Mary Wilber, M.D.    MAA
Vice Chair  Gurinder Jit Singh Doad, M.D.    Dougherty
Robert Adair Blackwood, M.D.    Richmond
William Robert Lane Jr., M.D.    Bibb
Randy Frank Rizor, M.D.    MAA
P. Tennent Slack, M.D.    Hall
James Lofton Smith Jr., M.D.    GCE

PARLIAMENTARIAN
Joy A. Maxey, M.D.    DeKalb

CREDENTIALS COMMITTEE
Chair  Fonda Ann Mitchell, M.D.    MAA
Fred Lester Daniel, M.D.  Georgia
Nikki Hughes, M.D.   MAA
Andrea Palmer Juliao, M.D.   DeKalb

TELLERS
Masoumeh Ghaftari, M.D.   Cobb
Henry Harris Barnard, M.D.   Dougherty
Albert Farah Johary, M.D.   MAA

Reference Committee room assignments were as followed:
Reference Committee A – Scarbrough 3
Reference Committee C – Scarbrough 4
Reference Committee F – Verelst
Reference Committee S – Scarbrough 2

Minutes
The Minutes of the 2015 House of Delegates were approved by the Board of Directors in April of 2016. The Minutes of this House will be considered by the MAG Board in April of 2017.

Survey Questions
Delegates were surveyed on several important issues throughout the two-day meeting. A summary of the survey results was published in *JMAG, 2016, Vol. 105, Issue 4.*

State of the Association Address
President John S. Harvey, M.D., gave his state of the association address and reported on the key accomplishments of his tenure as president. A summary of his report was published in *JMAG, 2016, Vol. 105. Issue 4.*

Executive Director Report
MAG Executive Director gave a report in the first session of the House of Delegates that highlighted the activities at MAG Headquarters. A summary of his report was published in *JMAG, 2016, Vol. 105. Issue 4*

Elections
Vice Speaker Edmund Donoghue called for and received nominations for the following offices: President-elect, First Vice President, Second Vice President, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, one AMA delegate seat and two alternate delegate seats. Officers and others elected will be recorded under final business.

Consent Calendar
Dr. McDonald called for consideration of the Consent Calendar (Special Report 04.16) which contained policies five-years or older calling for reaffirmation, sunset or replacement. Having no extractions, a vote to approve Special Report 04.16, Appendix I, II, or III, was called and the following actions were rendered:

By electronic voting, the House of Delegates adopted Special Report 04.16--Appendix I that called for the following policies to be reaffirmed: **ACTION TAKEN**
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.

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.

35.994 Psychologists' Hospital Admitting Privileges -- BD 1/1/1996
MAG opposes psychologists having hospital admitting privileges.

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

**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.

**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.

**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.

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.

185.994 Chlamydia Screening -- EC 12/1/1997
MAG supports insurance coverage for Chlamydia screening in Georgia.

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.

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.
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.

205.986 Paternal Responsibility -- HD 10/16/2011
MAG encourages paternal responsibility in the birth and rearing of a child.

205.987 End of Life -- HD 10/16/2011
MAG endorses and promotes patient-physician discussions on end-of-life issues.

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.

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.

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.

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)

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).

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

**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.

**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.”

**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.

**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.

**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.

**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.
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.

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".

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.

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.

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.

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.

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.

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

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.

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.

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.

The Council on Legislation shall be governed by a structure that will be attached to the MAG Master Committee Structure.

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.

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.

555.973 Recruitment -- HD 10/16/2011
MAG encourages medical societies to begin grassroots projects aimed at increasing involvement in organized medicine.

555.982 Fiscal Year -- HD 9/30/2006
MAG's fiscal year shall begin on January 1 of each year.

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.

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.

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.

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.

The House of Delegates adopted Special Report 04.16--Appendix II that contained the following policies recommended for sunset: ACTION TAKEN

280.993 Physicians and Long-Term Care Patients -- HD 5/1/1995
290.987 Physician Assistant Medicaid Billing -- EC 5/1/1997
MAG's Ethical Principles of Managed Care
MAG opposes any de-selection of physicians from managed care plans based on physicians reporting of any managed care deviations from these ethical guidelines. MAG also adopts the following principles related to the effect of managed care (i.e., IPAs, PPOs, HMOs and ACOs) on the patient/physician relationship and advocates for governmental leaders to take appropriate actions to ensure that no entity inserts itself between the physician and his/her ability to treat and care for his/her patient: (1) that the physician/patient relationship is a covenant that is sacrosanct. This covenant includes concern for the patient, advocacy on behalf of the patient and a desire to assist in the healing of the patient; (2) that the profit motives and inappropriate cost containment strategies currently influencing the entire health care delivery system threatens to transform this covenant into a mere business contract; (3) that medicine and nursing must not be diverted from their primary tasks, which include the relief of suffering, the prevention and treatment of illness and the promotion of health; (4) that financial incentives that reward inappropriate care, whether through over utilization or under-utilization of health care services, should be prohibited; (5) that all patients should have the freedom to choose any physician they desire to see; (6) that all patients should have access to affordable health care coverage; (7) that health care decisions should be based on concern for the individual, and patients should be treated with dignity, compassion and respect; (8) in no way is this to be construed as support for a single payer national health care system; (9) MAG supports studies which address the impact and ethical implications of financial incentives, including discounted fee for service, withholds and capitated payments, on the quality of patient care delivered in managed care plans and on patient access to specialty care.

Pay for Performance
MAG encourages the use of physician data to benefit both patients and physicians and to improve the quality of patient care and the efficient use of resources in the delivery of health care services. While MAG respects innovations in assessing quality of care and cost efficiency, we do not believe the claims-driven profiling methods that insurance companies use in their pay for-performance programs are accurate and effective in achieving this goal.

Journal Directives
The following directives regarding the MAG Journal shall be used: 1) The JMag Editorial Board will be a strategic oversight group that meets four times a year or as needed to discuss editorial content and other applicable issues; 2) JMag should strive to remain budget neutral or better; and 3) MAG Journal should be published on a quarterly basis and include a recap of MAG’s House of Delegates meeting each year that is supplemented by a detailed HOD meeting report which is printed as needed. The detailed HOD report will also be posted on www.mag.org so that all members can access the information. The Journal’s editorial content should address key issues that are pertinent to physicians, including MAG’s advocacy efforts in the legislative (state and national) and legal areas; MAG’s subsidiaries; health policy; education/CME; third party payer (e.g., Medicare/Medicaid); county/member/specialty/Alliance news; medical schools; and case reports, etc. Standard Journal features will include messages from MAG’s president and the executive director and editor.
Candidates for Office
Candidates for offices including AMA delegates and alternate delegates must, prior to the House of Delegates meeting, explicitly state their stand on current issues affecting the practice of medicine in their letter announcing their candidacy or any other campaign vehicle used in order for voting members to properly vet the candidates.

New Business and Announcements
Dr. McDonald thanked MAG’s Medical Reserve Corps for sponsoring the breakfast. Dr. Harvey received a round of applause for his leadership of the Medical Reserve Corps. Dr. Harvey gave brief remarks on MAG’s MRC that began in 2015. The MRC is an active MAG program that works closely with the Georgia Department of Public Health.

Dr. McDonald reported that Steven Walsh, M.D., will be installed as MAG’s President in the Scarbrough Room at 6:00 p.m. The installation ceremony will be followed by a reception and dinner. He asked that past presidents and members of the Executive Committee assemble outside the Scarbrough Room by 5:30 p.m. Dr. McDonald thanked Atlanta Capital Group for sponsoring the evening’s dinner and reception.

Dr. McDonald announced that MAG Mutual’s 12:00 p.m. lunch will feature Alan Lembitz, M.D., Chief Medical Officer with Copic, the leading medical professional liability company based in Colorado as the keynote speaker. He presentation was entitled, “The Journal from Risk Management to Patient Safety – Lessons Learned.”

Dr. McDonald announced that the MAG IMG Section will meet in the Vernon Room from 4:00 p.m. to 4:30 p.m. MAG MSS Section will be in the Percival Room from 4:30 p.m. to 5:00 p.m. He encouraged delegates and others to visit MAG’s Medical Student Abstract Competition Exhibits on display from 1:00 p.m. to 7:30 p.m.

Dr. McDonald announced that the Georgia’s AMA Delegation will hold a breakfast meeting at 6:30 a.m. in the Vernon Room on Sunday morning.

Dr. McDonald announced that the 2017 annual session will be held at the Hyatt Regency Savannah Hotel on October 21-22. He reminded the delegates to assemble for the group picture.

Having no further business for the first session of the 162 House of Delegates, the Speaker called the House of Delegates recessed at 9:50 a.m. for reference committee hearings.

SECOND SESSION
INSTALLATION AND AWARDS
At 6:00 p.m., members of the Executive Committee and former MAG presidents were led into Scarbrough 1-3 by bagpipe.

Speaker of The House of Delegates McDonald called the second session to order and welcomed the delegates and others to the President’s Installation Ceremony for the 162 House of Delegates of the Medical Association of Georgia. MAG President John S. Harvey, M.D. was called forward to give the oath of office to President-elect Steven Walsh, M.D. Afterwards Dr. Harvey presented Dr. Walsh
with the president’s pin to wear in his official capacity as president during his tenure. Dr. Harvey presented to Dr. Walsh the president’s medallion to be worn on special occasions. Dr. Harvey passed the gavel to Dr. Walsh to symbolize the transfer of leadership.

Dr. Walsh presented to Dr. Harvey his past president medallion, past president pin and plaque to honor his year as president.

Dr. Walsh gave his inaugural address to outline his vision for MAG going forward in 2017. This speech to members of the House and others was published in *JMAG, 2016, Vol. 105, Issue 4*.

Immediately on adjournment of the president’s installation, members of the House and invited guests proceeded to the Regency Ballroom for a reception and dinner sponsored by MAG Mutual and Atlanta Capital Group followed by the Awards Ceremony.

**Award Ceremony**

A summary each award recipient is provided below. Full details were published in *JMAG, 2016, Vol. 105, Issue 4*.

The Lamartine Hardman Cup was awarded to J. Patrick O’Neal, M.D. The award was established by Dr. Lamartine Hardman who served as Governor of the State of Georgia from 1927-1931. He was a successful physician, entrepreneur and farmer from Jackson County. Dr. O’Neal, Director of Health Protection for the Georgia Department of Public Health was honored with the award because of the key role he played to address the Ebola epidemic as well as his efforts to support Georgia’s Trauma Care System. Dr. O’Neal was also instrumental in the development, adoption and enhancement of Georgia’s immunization registry system and play a major role in the development of MAG’s Medical Reserve Corps.

The recipient of the Joseph P. Bailey Jr., M.D. Physicians Distinguished Service Award was S. William Clark III, M.D. Dr. Clark practices ophthalmology in Waycross, Georgia. Dr. Clark, a former MAG president, was a founder to the Georgia Physicians Leadership Academy (GPLA), which was established to develop physician leaders who will “enhance the medical profession and the health care system and the quality of life in the state.”

The Physician’s Award for Community Service was given to Charles B. Gillespie, M.D. The award recognizes a physician who demonstrates a love for his/her community outside the regular scope of practice. Dr. Gillespie was a tireless advocate for the universal 911 service in Atlanta and is widely considered to be the “father of emergency medical services in Georgia.”

J. Harold Harrison, M.D., was the recipient of the Jack A. Raines Humanitarian Award. The award recognizes a physician who made an outstanding humanitarian contribution to his fellow man and community beyond the normal practice of medicine. Shortly before he passed away in 2012, Dr. Harrison donated $10 million to build the Education Commons at the Medical College of Georgia (MCG) at Augusta University.
Mr. Marcus W. Downs was the recipient of the Donna Glass Non-Physician Distinguished Service Award. In his role as the director of Government Relations for MAG, Mr. Downs helped to build MAG’s brand and reputation as the leading voice for physicians in Georgia at the state Capitol.

The John B. Rabun Award was presented to the Richmond County Medical Society (RCMS). The award is presented to a county medical society that performs outstanding community service to make medicine prominent in its community. RCMS has a long history of leadership within the medical profession and the community. RCMS was nominated for the award because of its “continued development of impactful leaders and the community service it provides.

At the conclusion of the award presentation, the House of Delegates recessed until Sunday, October 16 for the final session of the 162 House of Delegates.

FINAL SESSION
Speaker McDonald called the final session to order at 8:30 a.m., on Sunday, October 16, 2016. He thanked HealtheParadigm for sponsoring the morning breakfast.

Former Senator Eric Johnson addressed the House and reported on the safe harbor constitutional amendment. The amendment will be on the ballot in November. He urged favorable consideration be made for adopting the amendment to establish a fund for victims and will set federal guidelines for services to children who were victims of such crimes.

Dr. McDonald announced that each report would be on a consent calendar basis and for the items that are extracted, the chairman of the reference committee will be asked to read the report. At the conclusion of each extracted item, the chair will read the committee’s recommendation. The committees were given five options for action including adoption, adoption as amended, adoption by substitution, not adopted or referral to the Board of Directors. A recommendation of “not adopt” means a reference committee is recommending a no vote. The original resolution remains the items of business and a vote “yes” will mean that delegates were voting for the original resolution.

Credential Report
Dr. McDonald called on Credentials Committee Chair, Fonda Mitchell, M.D. to give the final Credentials Committee report. Dr. Mitchell stated that there were 173 delegates and 7 alternates representing 39 county medical and specialty societies, and sections. A quorum was met. (The final Credential Committee Report will be attached to these Minutes.)

Election Results
Nominations for offices were received on Saturday, October 15. There were no contested races and all candidates seeking office were elected. The following officers were elected for 2016-2017: (A copy of the 2017 Board of Directors is attached to these Minutes.)

President Steven M. Walsh, M.D., Roswell, anesthesiology
President-elect Frank McDonald Jr., M.D., Gainesville, neurology
First Vice President S. Mark Huffman, M.D., Marietta, anesthesiology
Second Vice President Lisa Perry-Gilkes, M.D., Atlanta, otolaryngology
Speaker Edmund R. Donoghue Jr, M.D., Savannah, forensic pathology
Vice Speaker James A. Barber, M.D., Douglas, Orthopaedic surgery
AMA Delegate Joy A. Maxey, M.D., Atlanta, pediatrics
AMA Alternate Delegate John S. Antalis, M.D., Dalton, family medicine
AMA Alternate Delegate Jack M. Chapman Jr., M.D., Gainesville, ophthalmology
Judicial Council Member Faria Khan, M.D., Marietta, allergy/immunology

The following elections were held by districts and county medical societies for officers serving on the MAG Board of Directors:

Second District Medical Society
Barbara H. McCollum, M.D., Thomasville, 2018 (to fill the unexpired term of Sandra Reed, M.D.)

Eighth District Medical Society
Keith Russell Johnson, M.D., Waycross, 2017 (to fill the unexpired term of Jim Barber, M.D.)
Sudhakar Jonnalagadda, M.D., Douglas, 2017 (to fill the unexpired term of Keith Johnson, M.D.)

Bibb County Medical Society
William P. Brooks, M.D., Macon, Director, 2019
Madalyn Davidoff, M.D., Warner Robins, Alternate Director, 2019

Cobb County Medical Society
Despina D. Dalton, M.D., Austell, Director, 2017 (elected to fill the term left by Steven Huffman, M.D.)
Nydia Bladuell, M.D., Marietta, Alternate Director, 2018 (elected to fill the unexpired term of Despina D. Dalton, M.D.)

Georgia Medical Society
David S. Oliver, M.D., Savannah, Director, 2019
Kelly A. Erola, M.D., Savannah, Alternate Director, 2019

Gwinnett-Forsyth Medical Society
John Y. Shih, D.O., Suwanee, Director, 2019
James L. Smith, M.D., Lawrenceville, Alternate Director, 2019

Muscogee County Medical Society
Frederick C. Flandry, M.D., Columbus, Director, 2019
W. Frank Willett III, M.D., Columbus, Alternate Director, 2019

Richmond County Medical Society
John F. Salazar, M.D., Augusta, Director, 2019
Donnie P. Dunagan, M.D., Augusta, Alternate Director, 2019

Section Elections
The MAG International Medical Graduate Section held officer elections on Saturday afternoon, October 15 and elected the following governing council members:

- Deepti Bhasin, M.D., Chair
- Masoumeh Ghaffari, M.D., Vice-Chair
- Ayman Rihavi, M.D., Secretary
- Kailash Sharma, M.D., Treasurer
- Dilip C. Patel, M.D., MAG Delegate
- Arvind Gupta, M.D., MAG Alternate Delegate
- Rani Swaroopa Reddy, M.D., Member at Large
- Leiv Takle Jr., M.D., Member at Large

MAG’s Resident Physician Section held officer elections on Saturday afternoon. The following governing council members were elected to serve as its 2016-2017:

- Shoheb Ali, M.D., Chair
- Maegan Lazaga, M.D. Vice-Chair
- Benjamin Hayes, M.D, Secretary/Treasurer
- Shoheb Ali, M.D., MAG HOD Delegate
- Maegan Lazaga, M.D., MAG HOD Alternate Delegate

MAG’s Medical Student Section held elections for its officers on Saturday afternoon. The following governing council members were elected to serve as its 2016-2017:

- Ebony Caldwell, Chair (MCG)
- Brian Wright, Vice Chair (Mercer)
- Sehrish Viqar, Secretary (MCG)
- Courtney Alvis, Treasurer (MCG)
- Hannah Childs, MAG Delegate (MCG)
- Max Green, MAG Alternate Delegate (MCG)

(Editorial Note: The Young Physician Section held elections earlier in the year and elected the following members who will continue to serve until 2017 elections are held: Zachary Lopater, M.D., Chair, Manuel Rodriguez, D.O., Vice-Chair and Delegate to the MAG HOD, Vinaya Puppala, M.D., Director to MAG BOD, Ed Marchan, M.D., Secretary and Alternate Director to MAG BOD. Two seats are currently vacant, these are: Alternate Delegate to MAG HOD and Member-At-Large.)

Student Abstract Competition
MAG’s medical students held abstract competition during the HOD meeting. The competition included the following four categories: basic science/bench work, clinical research, public health, and case studies. It also featured a “Best Pitch Competition” whereby the student had 45 seconds to give their best “pitch” to a panel of physician judges. The contest was open to every student in every class in every medical school in the state. The following were award winners: (More information on the competition and winners was published in *JMAG, 2016, Vol 105, Issue 4*)
Saadia Hassan, (MCG/AU at UGA) -- Basic Science
Brooke Schirmerhorn (MCG/AU) -- Case Report
Alexandra Vagasl (MCG/AU at UGA) -- Clinical Science
Brittany Truitt (MCG/AU) -- Public Health
Schrish Vigar and Mohit Shiv Agarwal (MCG/AU) -- Tied for Best Pitch

Final Actions of the House of Delegates
Reference Committee reports were presented to the House for consideration of the reports and resolutions submitted. The following actions were adopted by the House of Delegates on October 16, 2016. The order of business was determined by the Speaker of the House of Delegates and recorded in such order:

Reference Committee F
Officer 04.16, Report of the Treasurer
   Filed the report of Officer 04.16.

Officer 06.16, Report of the AMA Delegation
   Filed the report of Officer 06.16

Special Report 07.16, Georgia Physicians Leadership Academy
   Adopted with commendation resolve 1 of Special Report 07.16, that MAG endorse the GPLA as an integral program in training future and emerging leaders of medical societies in Georgia.
   Adopted with commendation resolve 2 of Special Report 07.16, that MAG members who are not alumni of the GPLA are elected to the MAG Executive Committee, will be courage to join the upcoming class if at all possible.
   Adopted with commendation resolve 3 of Special Report 07.16, that all MAG members who are considering future physician leadership positions with any of our county medical or state medical specialty societies should be encouraged to seek nominations from their societies to undergo GPLA training.

Resolution 401F.16, Charter Rome Area Medical Society
   Adopted Resolution 401F.16, that the Medical Association of Georgia House of Delegates grant a charter to the combined counties of Floyd, Polk, Chattooga, and Bartow for a new multi-county medical society to be entitled the Rome Area Medical Society.

Resolution 402F.16, Charter North Georgia Mountains Medical Society
   Adopted Resolution 402F.16, that the Medical Association of Georgia House of Delegates grant a charter to the combined counties of Stephens, Rabun, Habersham and Towns for a new multi-county medical society to be titled the North Georgia Mountains Medical Society.

Reference Committee S
Resolution 601S.16, Controlled Drug Disposal for Pharmacies
   Adopted as amended Resolution 601S.16, that the Medical Association of Georgia will work with the Georgia Board of Pharmacy to advocate for placing drug collection boxes for unwanted/unused medications in retail pharmacies.
Resolution 602S.16, Substance Abuse Curriculum and CME Opportunities
   Adopted as amended resolve 1 of Resolution 602S.16, that the Medical Association of Georgia (MAG) policy is to make substances abuse continuing education materials, including but not limited to screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria, readily available to its membership.
   DID NOT ADOPT resolve 2 of Resolution 602S.16, that called for a MAG policy to support the inclusion of screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria into medical histories.

Resolution 603S.16, Expansion of Project Dan (Death Avoided by Naloxone)
   DID NOT ADOPT resolve 1 of Resolution 603S.16 that called for MAG to expand the scope of the project to make Naloxone/Narcan available to all remaining counties in Georgia
   DID NOT ADOPT resolve 2 of Resolution 603S.16, that MAG seek funding to help agencies obtain the life-saving medication.
   DID NOT ADOPT resolve 3 of Resolution 603S.16, that MAG facilitate the training of first responders to the use of Naloxone.

Resolution 604S.16, Prescription Drug Abuse Education in Medical Schools.
   Adopted as amended, Resolution 604S.16, that the Medical Association of Georgia (MAG) support the incorporation of education regarding the prevention and management of prescription drug misuse into medical school curriculums.

Resolution 605S.16, Position on CDC Opioid Prescription Guidelines
   DID NOT ADOPT resolves 1 of Resolution 605S.16 that called for MAG to support the current version of the Centers for Disease Control and Prevention (CDC) Opioid Prescription Guideline but with the following exception, primary care physicians may act outside of said guidelines if the physician deems it medically appropriate.
   DID NOT ADOPT resolve 2 of Resolution 605S.16 that MAG not support the application of the CDC Opioid Prescription guidelines to specialties, which include but are not limited to surgery and all its subspecialties, pain medicine, oncology, and rheumatology, which deploy opioid therapy as part of their standards daily medical practice.
   Adopted resolve 3 of Resolution 605S.16, that MAG does not support the use of the CDC Opioid Prescription Guidelines by third party payers as a basis for restricting or obstructing access to opioid therapy.

Resolution 606S.16, Mandatory Opioid Prescribing
   Adopted as amended Resolution 606S.16, that the Medical Association of Georgia (MAG) supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids.

Resolution 607S.16, Over-the-Counter Naloxone
   Adopted as amended Resolution 607S.16, that the Medical Association of Georgia supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.
Resolution 608S.16, Hepatitis C Reduction
Adopted as amended resolve 1 of Resolution 608S.16, that the Medical Association of Georgia (MAG) encourages policymakers to pursue the extensive application of needle and syringe exchange and distribution programs and the modifications of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes.

Adopted resolve 2 of Resolution 608S.16, that MAG strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases.

Reference Committee C

Resolution 301C.16, MAG Alignment with the Medical Practice Act
Adopted Resolution 301C, that the Medical Association of Georgia (MAG) adopt policy and correct all existing policies such that these policies will align with the Medical Practice Act and other laws and rules and regulations such that they include the following:
1. Only a physician may enter a medical diagnosis for a patient;
2. A physician licensed in the state of Georgia may delegate certain specific medical acts to an APRN, with whom the physician has entered into an agreement in accordance with state law;
3. Written clinical nurse protocols for the delegation of medical acts will contain at a minimum:
   a) recognizable signs and symptoms and other data supported by the APRN's observation, b) the delegating physician's medical diagnosis pertinent to the observations and c) treatments appropriate to the diagnosis; and
4. Treatments ordered, including prescriptions under protocol, will be limited to those contained in the written protocol for the certain medical act delegated.

Resolution 302C.16, Network Transparency and Network Management to Benefit Patients
Adopted as amended, Resolution 302C.16, that the Medical Association of Georgia (MAG) supports legislation that would have insurers do the following:
1. Provide information that allows patients and physicians to evaluate network adequacy within their hospitals, which include publishing an accurate and timely provider in-network ratio and list of in-network physicians by medical specialty and medical groups within the hospital.
2. In cases involving non-emergency care: a) patients will be given statements that services may be provided by out-of-network providers, b) hospitals will have to post names and links of all contracted insurers for the benefits of both consumers and medical staff, and c) insurers must create and support a system for network navigation to provide in-network consumer protection and to inform consumers as to whether a physician is in-network and the consequences of using an out-of-network provider.

Resolution 303C.16, Maintenance of Certificate (MOC)
Resolution 310C.16 Protect Physician Practices from MOC
Adopted as amended Resolution 303C.16 in lieu of Resolution 310C.16, that the Medical Association of Georgia supports the introduction and adoption of legislation that prohibits the use of Maintenance of Certification (MOC) as a condition of medical licensure or as a prerequisite for hospital or staff privileges, employment in state medical facilities, reimbursement from third parties or insurance of malpractice insurance.

Resolution 304C.16, Advertisement of Board Certification in Georgia
Referred resolve 1 of Resolution 304C.16 to the Board of Directors, that the Medical Association of Georgia (MAG) update the Policy Compendium to state that a licensed physician in Georgia may lawfully declare certification by a medical board if such physician meets the stated qualifications of such board, and earn certification by an ABMS or AOA board of the same or related specialty at least once.

Referred resolve 2 of Resolution 304C to the Board of Directors, that MAG introduce a bill in the Georgia General Assembly that substitutes language in H.B. 1043, which would provide that a licensed physician in Georgia may lawfully declare certification by a medical board if such physician meets the stated qualifications of such board, and earned certification by an ABMS or AOA board of the same or related specialty at least once.

Resolution 305C.16, Protection for Visiting Athletes and Team Physicians
Adopted as amended Resolution 305C.16, that the Medical Association of Georgia supports the passage of legislation that will protect visiting athletes by providing for limited exemption of licensure for visiting team physicians who are licensed in their home state, to care for visiting athletes, coaches, and support staff while participating in sporting events within the state of Georgia.

Resolution 306C.16, Nurse Protocol Agreement
DID NOT ADOPT resolve 1 of Resolution 306C.16, that the Medical Association of Georgia (MAG) encourages the degree granting advance practice registered nurse (APRN) programs in Georgia to teach by commonly accepted protocols similar to those that may be used in practice under their delegating physician who may delegate certain selected medical acts to the APRN.

DID NOT ADOPT resolve 2 of Resolution 306C.16, that MAG reports to the Georgia Composite Medical Board the discrepancy in education and illegal nursing practice by performance of physician delegated medical acts under the laws of Georgia that may be easily corrected by this modification of using selected common clinical nurse protocols for delegation of certain medical acts.

DID NOT ADOPT resolve 3 of Resolution 306C.16 that MAG advises the Georgia Board of Nursing that such a state of disparity exists where the mechanism of delegation of medical acts, that is the written clinical nurse protocol from delegating physician to the agreement bound APRN, is not being commonly used, thereby putting the delegating physician at risk of discipline for failure to comply with these provisions of the Medical Practice Act.

Resolution 307C.16, Review of Delegated Medical Acts
Adopted resolve 1 of Resolution 307C.16 as amended by the HOD, that the Medical Association of Georgia (MAG) encourages the Georgia Composite Medical Board (GCMB) to rewrite the instruction to Form C similar to the pre-December 14 revision to address these requirements of the law and periodically monitor those mechanisms of delegation of medical acts which included, 1) written protocols with acknowledgement of updates; 2) annual nurse protocol agreement review and renewal; 3) pharmacological training by the delegating physician for the APRN; and 4) chart review/patient examination by the delegating physician sufficient to ensure compliance with the law.
Adopted resolve 2 of Resolution 307C.16, that MAG supports a process that may be performed by a simple check-off on a license renewal form like other questions to the physicians acknowledging compliance with the law by use of written protocols, education and oversight of APRN performance of physician delegated medical acts.

Adopted resolve 3 of Resolution 307C.16, that MAG supports legislative funding sufficient for periodic assessment of compliance with the law governing the delegation of medical acts for the assurance of patient safety and the standard of practice.

Adopted new resolve 4 of Resolution 307C.16 that MAG support legislation to bring the APRNs or others who may perform delegated medical acts under the jurisdiction of the Georgia Composite Medical Board.

Resolution 308C.16, Health Care Insurer Contracts

Adopted as amended Resolution 308C.16, that the Medical Association of Georgia supports providers having the opportunity to discuss insurance contracts during the time of year that grants patients sufficient notice prior to open enrollment and only end coverage for the patient at the end of open enrollment.

Resolution 309C.16, Step Therapy Protocols with First Fail Protocols

Adopted as amended Resolution 309C.16, that the Medical Association of Georgia (MAG) works in concert with the Specialty Tiers Coalition of Georgia (STCGA) to develop Step Therapy legislation in Georgia that accomplishes as many of the following as possible:
1. Permits a prescriber to override the step therapy when patients are stable on a prescribed medication;
2. Permits a physician to override the step therapy if the physician expects the treatment to be ineffective based on the known relevant physical characteristics of the patient and the known characteristics of the drug regimen; will cause or will likely cause an adverse reaction by or physical harm to the patient; or is not in the best interest of the patient, based on medical necessity;
3. Requires health insurance plans to incorporate step therapy approval and override processes in their preauthorization applications;
4. Prohibits insurers from requiring insured patients from having to fail a prescription medication more than once;
5. Limits any single step therapy protocol to a maximum of 60 days;
6. Prohibits a previously insured patient from having to repeat step therapy for a condition they are undergoing treatment for when they are in the process of changing insurers;
7. Prohibits plans from limiting or excluding coverage for a drug, if it has been previously approved when plans make formulary design changes; and
8. Supports a single standardized prior authorization form, in paper or electronic format, on all insurance formulary websites to be utilized by patients during the provision of medical services.

Resolution 311C.16, Physician Control of Admissions to Hospitals

Adopted resolve 1 of Resolution 311C.16, that the Medical Association of Georgia (MAG) updates its policy compendium to state that the surgeon, and not the insurance company, shall determine the need for hospitalization for a post-surgical complication, for the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.

Adopted resolve 2 of Resolution 311C.16, that MAG supports legislation requiring insurance companies to defer to the surgeon regarding the need for hospitalization for post-operative complications for
the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.

Resolution 312C.16, Improving Access to Health Care in Georgia

Adopted Resolution 312C.16, that the Medical Association of Georgia supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and providers which includes, but is not limited to the following:
1. That patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing.
2. That such a waiver eliminates regulatory barriers to providing proven, cost-effective care; and seek parity for all physician services with the Medicare fee schedule.

Reference Committee A

Resolution 101A.16, Georgia Medical License for International Medical School Graduates

Adopted Resolution 101A.16, that the Medical Association of Georgia advocates to allow international medical school graduates not included in the current statutes of the Georgia Composite Medical Board to apply for an unrestricted medical license following completion of the second year of their residency program.

Resolution 102A.16, Improving Communications among Health Care Clinicians

Adopted resolve 1 of Resolution 102A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) that it, in association with the American Hospital Association, assess the national impact of communication barriers and their negative impact on direct patient care in the hospital and after discharge between physician-physician in the hospital, in-hospital and after discharge care, and physician-patients and report to the AMA HOD by I-17.

Adopted resolve 2 of Resolution 102A.15, that MAG submits a resolution to the AMA to research and develop guidelines that physicians can initiate in their communities to improve communication between physician-physician in the hospital, hospital and after discharge care, and physician-patients and report to the AMA HOD by I-17.

Resolution 103A.16, Signing of Death Certificates

Referred to the Board of Directors Resolution 103A.16, that the Medical Association of Georgia’s policy is the physician who declares a patient deceased be the physician responsible for signing the death certificate at the time of death.

Resolution 104A.16, Physician Shortage

Adopted as amended resolve 1 of Resolution 104A.16, that the Medical Association of Georgia (MAG) work with the American Medical Association (AMA) and the Georgia legislature to accomplish the following: 1) increase the physician workforce in Georgia; 2) develop a legacy program which would facilitate physicians who are 60 years and above to continue to practice and be licensed in the state of Georgia, and decrease the regulatory burdens to retain the physicians while in practice.
Resolution 105A.16, MACRA

Adopted as amended from the floor of the House resolve 1 of Resolution 105A.16, that the Medical Association of Georgia (MAG) continues to support the AMA in its advocacy efforts on behalf of physicians related to MACRA with the Center for Medicare & Medicaid Services.

Adopted as amended from the floor of the House new resolve 2 of Resolution 105A.16, that MAG continue to convey information, education, educational and technical support opportunities to its members in a timely and regular fashion.

Resolution 106A.16, Distracted Driver Reductions

Adopted as amended resolve 1 of Resolution 106A.16, that MAG will encourage the American Medical Association (AMA) to develop model legislation to limit cell phone use to hands-free only while driving.

Adopted by substitution resolve 2 of Resolution 106A.16, that MAG will establish a public safety awareness initiative and enter into partnerships with community organizations to better educate the public on the pitfalls of distracted driving.

Resolution 107A.16, Control Cost of Brand and Generic Medications

Adopted Resolution 107A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) that advocates for it:
1. To investigate the purchasing of medications from outside the country with FDA guidance, on a temporary basis until availability in the U.S. improves;
2. To advocate to permit temporary compounding with FDA’s guidance until medications are available;
3. To advocate to allow increased competition in the marketing of medications;
4. To advocate for participative pricing;
5. To advocate for accountability for outcomes; and
6. To advocate for increased regulation of the generic drug market.

Resolution 108A.16, Access to Cosmetic Product Ingredients

Adopted as amended from the floor of the House resolve 1 of Resolution 108A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) to encourage the Food and Drug Administration to mandate that all manufacturers of cosmetics, skincare products, nail polish, sunscreen, as well as products used in medical settings (glue, cement, implants, etc.) and when possible, make their full ingredient lists available on the package and online to consumers.

Adopted as amended from the floor of the House resolve 2 of Resolution 108A.16, that MAG submit a resolution the AMA asking that the AMA Council on Science & Public Health prepare a report to increase awareness of acrylate exposure in medical settings (i.e., orthopedic cement, medical glue, materials for orthodontic molds and mouth guards, lens implants), and the best ways and barrier methods to avoid acrylate exposure by susceptible individuals with a report back to the AMA HOD at or before A-2018.

Resolution 109A.16, Electronic Health Records

DID NOT ADOPT resolve 1 of Resolution 109A.16, that the Medical Association of Georgia (MAG) sends a resolution to the American Medical Association (AMA) encouraging a partnership
with the Centers for Medicare & Medicaid Services (CMS) to develop workable Certified Electronic Records.

DID NOT ADOPT resolve 2 of Resolution 109A.16, that MAG submits a resolution to the AMA work with the federal government to develop evidence-based, certified, workable, and streamlined electronic health records.

DID NOT ADOPT new resolve 3 of Resolution 109A.16, that if workable and affordable, streamlined electronic records cannot be developed at present, then they should not be required until they are developed.

Resolution 110A.16, Physician Practice Bill of Rights

DID NOT ADOPT Resolution 110A.16, that the Medical Association of Georgia (MAG) continues to work with the American Medical Association (AMA) to properly assist and educate physicians on rules and regulations affecting the practice of medicine to ensure compliance and the ability to provide quality service to patients.

Resolution 111A.16, Nonpayment for Unspecified Codes by Third Party Payers

Adopted Resolution 111A.16, that the Medical Association of Georgia House of Delegates submits a resolution to the American Medical Association to push for insurance reform that would not penalize physicians and other health care practitioners financially or otherwise from using unspecified codes when appropriate.

Resolution 112A.16, Electronic Medical Records Recovery Fees

Adopted Resolution 112A.16, that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) urging the proposal of legislation that would eliminate the costs to physicians associated with recovering patient health care records from a previous EMR vendor.

Speeches and Reports

AMPAC
Stephen Imbeau, M.D., a member of the American Medical Association Political Action Committee (AMPAC) address the House and encouraged members to join AMA and AMPAC. AMPAC is the bi-partisan political action committee of the American Medical Association, which exists to help elect medicine-friendly candidates to the U.S. Congress. AMPAC supports candidates who have demonstrated an understanding and willingness to fight for the issues most important to physicians, including Medicare payment reform, medical liability reform and expanded access to health care for all Americans.

GAMPAC
Michelle Zeanah, M.D., Chair of the Medical Association of Georgia Political Action (GAMPAC) addressed the House and stated that GAMPAC raises funds to promote candidates at the state level. She encouraged member to join GAMPAC and attend the exclusive GAMPAC luncheon that will include a health care panel to feature Reps. Price, Carter, Burgess and Roe.

MAG Foundation
MAG Foundation President Jack M. Chapman Jr., M.D., gave an update on its several programs under the auspices of the MAG Foundation including “Think About It” campaign established to reduce prescription drug abuse in the state and Project “DAN” which provided first responders in Georgia with naloxone – which can be used to save patients who are suffering from a drug overdose. He reported that the Georgia Physicians Leadership Academy (GPLA) celebrated its 100 graduate in 2016 and stated that among those graduated were former MAG president Scott Bohlke, M.D., Manoj Shah, M.D., and Steven Walsh, M.D. He reported that John Sy, M.D., became chairman of the steering committee replacing S. William Clark III, M.D., who stepped down to pursue other interests. Dr. Clark was honored by MAG for his leadership as a founder of GPLA and as its first chairman. An expanded report was published in *JMAG, 2016, Vol. 105, Issue 4*.

**MAG Alliance**
MAG Alliance President Merrilee Gober reported that during the past year, the MAG Alliance rallied around Representative Sharon Cooper and her bill for Georgia’s mothers and babies. She stated that with the support of the medical community the legislation passed. Mrs. Gober stated that she along with others went to the MCG Athens campus for its medical student organization fair and was pleased with the turnout and the opportunity this outreach provided. An expanded report was published in *JMAG, 2016, Vol. 105, Issue 4*.

**Special Presentation**
MAG President Steven Walsh, M.D., presented to Immediate Past President John Harvey, M.D., a special gift to honor his dedication and service as president during 2015. Dr. Harvey thanked Dr. Walsh and MAG for the gift of a model airplane and thanked MAG for its support during his tenure as president.

**New Business/Announcements**
There was no new business introduced.

Dr. McDonald reminded members about the GAMPAC luncheon at 12:00 p.m. He stated that the Board of Directors will hold its organizational meeting immediately upon adjournment of the House of Delegates.

**Adjournment**
Having no further business, the 162nd annual session of the Medical Association of Georgia was adjourned at 11:55 a.m.
## 2016 MAG House of Delegates Credentialing Committee Report

### I. County Medical Societies Delegate Entitlement

<table>
<thead>
<tr>
<th>County Medical Societies</th>
<th>Delegate Entitlement</th>
<th>Delegates Credentialed (including Alternates credentialed as Delegates)</th>
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<td>Resident/Fellow Physician Section</td>
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<td><strong>TOTAL:</strong></td>
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**TOTAL:** 312

Respectfully submitted by:
Fonda Ann Mitchell, M.D.
15-Oct-16
Fonda Ann Mitchell, M.D.
16-Oct-16
2017 BOARD OF DIRECTORS OF THE MEDICAL ASSOCIATION OF GEORGIA

PRESIDENT ................................................................. STEVEN M WALSH, ROSWELL
PRESIDENT-ELECT ........................................................ E. FRANK MCDONALD, JR.
IMMEDIATE PAST PRESIDENT .................................. JOHN S. HARVEY, ALPHARETTA
FIRST VICE PRESIDENT ........................................... STEVEN M. HUFFMAN, MARIETTA
SECOND VICE PRESIDENT ....................................... LISA PERRY-GILKES, ATLANTA
CHAIRMAN OF THE BOARD .............................. RUTLEDGE FORNEY, ATLANTA
VICE CHAIRMAN OF THE BOARD ............. FREDERICK C. FLANDRY, COLUMBUS
SECRETARY ................................................................. ANDREW B. REISMAN, OAKWOOD
TREASURER ................................................................. THOMAS E. EMERSON, MARIETTA
SPEAKER, HOUSE OF DELEGATES ............. EDMUND R. DONOGHUE, SAVANNAH
VICE SPEAKER, HOUSE OF DELEGATES .......... JAMES W. BARBER, DOUGLAS
CHAIRMAN, AMA DELEGATION .................. S. WILLIAM CLARK III, WAYCROSS
CHAIRMAN, COUNCIL ON LEGISLATION .......... SCOTT BOHLKE, BROOKLET

DIRECTORS Term ends Oct. ALTERNATE DIRECTORS
1 Aaron H. Davidson, Statesboro 2018 Michelle R. Zeanah, Statesboro 2018
2 G. Ashley Register Jr., Cairo 2018 Barbara McCollum, Thomasville 2018
3 Santanu Das, Warner Robins 2018 W. Steven Wilson, Warner Robins 2018
6 Leiv M. Takle, Jr., Griffin 2018 (vacant) 2018
7 John S. Antalis, Dalton 2017 David C. Bosshardt, Ringgold 2017
8 Keith R. Johnson, Waycross 2017 Sudhakar Jonnalagadda, Douglas 2017
9 Richard A. Wherry, Dahlonega 2017 Stephen Jarrard, Clayton 2017
10 Arthur J. Torsiglieri, Conyers 2018 John O. Bowden, Conyers 2018

Bibb County Medical Society

Clayton-Henry-Fayette Medical Society
Entitled to one director and one alternate director (vacant)

Cobb County Medical Society
Despina D. Dalton, Austell 2017 Anthony Musarra II, Marietta 2017
Jeffrey L. Tharp, Hiram 2018 Nydia Bladuell, Marietta 2018

Crawford W. Long Medical Society
Andrew H. Herrin, Athens 2017 Ryan M. Katz, Athens 2017

DeKalb Medical Society
Stanley W. Sherman, Decatur 2018 Brian A. Levitt, Snellville 2018
Andrea P. Juliao, Tucker 2018 Kathryn C. Elmore, Decatur 2018

Dougherty County Medical Society
Timothy S. Trulock, Albany 2018 Michael D. Daugherty, Albany 2018

Georgia Medical Society
David S. Oliver, Savannah 2019 E. Dan DeLoach, Savannah 2019

Gwinnett-Forsyth Medical Society
John Y. Shih, Suwanee 2019 James L. Smith, Lawrenceville 2019

Hall County Medical Society
Karl D. Schultz, Jr., Gainesville 2017 Abhishek Gaur, Gainesville 2017

Medical Association of Atlanta
Rutledge Forney, Atlanta 2018 Thomas E. Bat, Alpharetta 2017
Michael C. Hilton, Atlanta 2018 Brian E. Hill, Atlanta 2018
Quentin R. Pirkle Jr., Atlanta 2017 Charles I. Wilmer, Atlanta, 2017
Fonda A. Mitchell, Duluth, Atlanta 2018 Randy F. Rizor, Atlanta 2018

Revised 4/5/2017
Muscogee County Medical Society
Frederick C. Flandry, Columbus 2019
W. Frank Willett III, Columbus, 2019

Peachbelt County Medical Society
Karunakar Sripathi, Warner Robins 2018
T. G. Sekhar, Warner Robins, 2018

Richmond County Medical Society
Michael J. Cohen, Augusta 2018
Jill P. Hauenstein, Augusta 2018
John F. Salazar, Augusta 2019
Donnie P. Dunagan, Augusta 2019

Young Physician Section (annual elections)
Vinaya Puppala, Carrollton
Edward Marchan, Atlanta

Medical Student Section (chair and vice chair; annual elections at the HOD)
Ebony F. Caldwell, Athens (Mercer)
Brian Daniel Wright, Macon (Mercer)

Editor of the Journal of the Medical Association of Georgia
Stanley W. Sherman
Ex-officio member of the Board

LIVING PAST PRESIDENTS – EX-OFFICIO MEMBERS OF THE BOARD
Milton I. Johnson, Macon – 1977-78
William D. Logan, Atlanta – 1985-86
John D. Watson, Columbus – 1986-87
Jack F. Menendez, Macon – 1987-88
Joseph P. Bailey, Jr., Augusta – 1988-89
Joe L. Nettles, Savannah – 1989-90
Roy W. Vandiver, Decatur – 1993-94
Bob G. Lanier, Atlanta – 1994-95
Alva L. Mayes, Jr., Macon – 1995-96
Ralph A. Tillman, Buford – 1996-97
Gwynne T. Brunt, Jr., Atlanta – 1997-98
Roland S. Summers, Savannah – 1998-99
Joy A. Maxey, Atlanta – 2000-2001

MAG DELEGATES TO THE AMA – EX-OFFICIO MEMBERS OF THE BOARD

<table>
<thead>
<tr>
<th>Delegates</th>
<th>Term Ending</th>
<th>Alternates</th>
<th>Term Ending</th>
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<tr>
<td>S. William Clark III, Waycross</td>
<td>2017</td>
<td>John S. Antalis, Dalton</td>
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<tr>
<td>Michael E. Greene, Macon</td>
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<td>Jack M. Chapman, Jr., Gainesville</td>
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<td>Joy A. Maxey, Atlanta (vacant)</td>
<td>2017</td>
<td>C. Gary Richter, Atlanta</td>
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<tr>
<td>Sandra B. Reed, Thomasville</td>
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<td>Billie Luke Jackson, Macon</td>
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As you know director and alternate director seats on the Board of Directors are based on official MAG membership as of December 31, 2016. I am pleased to provide to you year-end data that shows how many director seats each district/county medical society is entitled each year.

According to MAG Bylaws, directors and alternate directors are selected as follows:

If a district society has no component county medical society which has separate representation, then it is entitled to one Director and one Alternate Director to be elected by the members of the district society…each component county medical society having the requisite number of active members (who are not in arrears in the payment of dues or assessments to the Association) and Life Members, as indicated in the following table, shall be entitled to have the indicated numbers of Directors and Alternate Directors directly representing each such society:

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Please review the attached document on director entitlement and let Dayna Jackson know if you have questions. There will be no increase or decrease this year in Board representation.
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<th>District</th>
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<th>CMS Name</th>
<th>2016 ACT &amp; Life</th>
<th>2016 Total</th>
<th>2016 Director Entitlement</th>
<th>Change</th>
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2017 Strategic Plan of Work Summary

Please find the update on the 2017 Strategic Plan. For more on MAG’s activities, please go to http://www.mag.org/resources/executive-directors-message.

Goal A
The Medical Association of Georgia (MAG) will be Georgia’s premier physician advocacy organization in advancing a health care system that improves health outcomes and health care delivery at the patient, community and state levels while protecting the patient-physician relationship and ensuring physicians are free and able to exercise their independent medical judgment.

- Resolving public and private payer issues (commercial, Medicare, Medicaid, workers’ compensation) to ensure patients receive the care that they need
  - Step Therapy Protocols with First Fail Protocols (309C)
    - MAG supported HB 519 that addressed Step Therapy Protocols. However, the bill failed to pass prior to Cross Over Day.
  - Physician Control of Admissions to Hospitals (311C)
- Ensuring that physicians receive fair and adequate payment for the services they provide
- Medicaid Parity Payment Program for all areas of primary care.
  - MAG has as a legislative priority payment parity for all areas of primary care. MAG has addressed with the Department of Community Health the lack of funds expended due to the interpretation of General Assembly budget. Money was put into the budget to address the issue. We continue to work with primary care to ensure DCH correctly interprets the rules.

- Network Transparency and Network Management to Benefit Patients (302C)
  - MAG has addressed many bills at the General Assembly – HB 71 and SB 8. The bills failed to pass in the House of Representatives. MAG is using this policy to influence its positions. For a greater summary of the bills and the MAG led coalition, please see the summary below in Goal B.

- Non-payment for Unspecified Codes by Third Party Payers (111A)
  - MAG submitted a resolution at the AMA interim meeting. AMA policy was reaffirmed.

- Electronic Medical Records Recovery Fees (112A)
  - MAG submitted a resolution at the AMA interim meeting. AMA policy was reaffirmed.

- Limiting and reducing government regulations that undermine the patient-physician relationship

- Maintenance of Certification (303C)
  - HB 165 sponsored by Representative Betty Price addresses MOC. This bill now awaits the Governor’s signature.

- Opioid epidemic and proposals to limit physicians' ability to prescribe (605S)
  - MAG vigorously opposed SB 81 sponsored by Senator Renee Unterman that limited a physician’s ability to prescribe, required mandatory checks on the PDMP while threatening criminal penalties on physicians. While this bill passed over to the House chamber, MAG was stopped this bill from advancing.

  - MAG worked with the Representative Kevin Tanner on HB 249. While not a perfect bill, Representative Tanner reduced the physician mandate requirements on the bill. This bill now awaits the Governor’s signature.
• Protection for Visiting Athletes and Team Physicians (305C)
  o MAG supported SB 47 sponsored by Representative Chuck Hufstetler. This bill has passed both chambers and is off to the Governor for his signature.

• Actively advocate the importance of the physician-patient relationship through appropriate channels with any healthcare changes that result from a new President of the United States and a Republican Congress
  o MAG submitted a letter to the Governor outlining House of Delegate policies on health care reform.
  o MAG is timely analyzed the American Health Care Act that failed to pass the House of Representative Republicans in Congress.
  o AMA is hosting an event at MAG offices to study the next steps in healthcare reform by speaking to physicians and patient groups.

Promoting physicians as the primary resource in guidance in local and statewide quality, patient safety, performance improvement initiatives and population health

• Controlled Drug Disposal for Pharmacies (601S)
  o MAG has had meetings with the Georgia Pharmacy Association regarding drug collection boxes in pharmacies. While our discussion was progressing, the executive director took another position in another state. Thus, we have had to wait on a new person to fill the position.

• Substance Abuse and Curriculum and CME Activities (602S)
  o MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.

• Prescription Drug Abuse Education in Medical Schools (604S)
  o The MAG Foundation convened stakeholders from around the state, which included the Medical College of Georgia. MCG is incorporating prescription drug abuse prevention in its education curriculum.

• Mandatory Opioid Prescribing (606S)
  o The Georgia Composite Medical Board passed a rule requiring physicians to take a mandatory CME on opioid prescribing. MAG submitted comments in opposition to the rule, and MAG advocated for voluntary CME rather than mandatory. MAG also submitted other potential solutions which were not accepted.
• Over the Counter Naloxone (607S)
  o MAG worked with the Governor’s office on the executive order to make naloxone more readily accessible under a statewide protocol with the Department of Public Health. MAG has supported many bills in the General Assembly that would codify the executive order into existing law.

• Hepatitis C Reduction (608S)
  o MAG supported HB 161 by Representative Betty Price. The bill failed to get out of the House of Representatives by Cross Over Day.

• Work closely with MagMutual on its Patient Safety Institute
  o MAG began working closely with the PSI. MAG has multiple monthly calls with the PSI to move it forward. MAG also has legislative calls with the PSI to update them on patient safety issues.

• Access to Cosmetic Product Ingredients (108A)
  o MAG will submit the resolution to the June AMA meeting in Chicago.

• Improving Communication among Health Care Clinicians (102A)
  o MAG submitted the resolution to the AMA House of Delegates. AMA is developing model guidelines as per the MAG resolution.

  ▶ Supporting the adoption of physician-led and MAG-approved information technology, e-health and health information exchanges

  ▶ Promote HealtheParadigm adoption by physicians and other healthcare providers
    o MAG has held multiple meetings with specialty and county medical societies across the state promoting HealtheParadigm. While attendance has been great, we are actively seeking our first commitment.

  ▶ Limiting inappropriate scope of practice beyond that safely permitted by non-physician practitioner’s education, training and skills

  ▶ Oppose scope of practice infringements that occur at the General Assembly
    o MAG and the organized medicine defeated multiple scope of practice bills this session from optometry to nursing. Optometry had various bills (HB 36, HB 416, and SB 221).

    o MAG opposed SB 153 that addressed a hearing aid bill. However, the bill was replaced with the optometric bill that passed both chambers. MAG is seeking a veto on the issue.
MAG also opposed SB 242 that would expand the number of APRN’s a physician can oversee in a minute clinic from four to eight. GAFP supported the bill resulting in MAG dropping its opposition. The bill is awaiting the Governor’s signature.

- Ensuring that there is an adequate physician workforce, including in rural and other underserved areas
  - Physician Shortage (104A)
  - Georgia Medical License for International Medical School Graduates (101A)
    - MAG secured a meeting with the Georgia Composite Medical Board. MAG and GAFP Presidents discussed the issue with GCMB. All parties agreed the best approach to the resolution was to send a letter to all the foreign medical schools not recognized by the GCMB and encourage them to move forward with recognition in GA. The letters have been sent.
  - Closing the Coverage Gap in Georgia (312C)
    - MAG, GHA and the GA Chamber of Commerce worked on a plan to address the issue of Medicaid Expansion. With the Republicans now controlling the legislative and executive branches of government, Medicaid Expansion is now on hold for the state of Georgia.

Goal B
MAG will be an indispensable, value-added resource for its members in a number of key areas, including education, networking, information and services.

- Enhance MAG/physicians’ brand and reputation with patients and other stakeholders
  - Distracted Driver Reductions (106A)
    - Representative Betty Price sponsored House Bill 163 to address resolution 106A. However, the bill did not get out of committee. Representative John Carson sponsored HR 282 that forms a study committee on distracted driving that passed. MAG played a prominent role in getting the study committee passed. MAG is also working with MAA on a public relations campaign.
Utilize the Top Docs talk-radio format to promote issues of importance to
the organization, physicians, patients and others
  - MAG secured a grant to continue the Top Docs talk radio format. Issues
    being discussed include medical marijuana, Angel Flight, Distracted
    Driving and the Georgia General Assembly.

Ensuring the Think About It and DAN campaigns prominently reflect the
MAG brand
  - The MAG Foundation secured a grant from the Department of
    Behavioral Health and Development in the amount of $30,000 to study
    prescription drug abuse. The MAG Foundation also had a stakeholder
    meeting to put forth a strategic plan for TAI.

Continuing the work of the Medical Reserve Corps to promote MAG
member participation in statewide emergency preparation and response
activity
  - The MRC secured another grant from the Georgia Trauma Commission
    to further prepare for a natural disaster. In addition, the training program
    continues with the physicians flying a Black Hawk helicopter to simulate
    preparations in the event of a natural disaster.

Promote Education Accreditation and Correctional Medicine programs
  - Be a trusted resource for practice information (e.g., EHR, ICD-10, Affordable Care Act)

Promoting appropriate MACRA resources developed by AMA and other
organizations (105A)
  - MAG continues to promote the AMA MACRA resources and had a town
    hall with the AMA in Atlanta.
  - MAG promotes HealtheParadigm as a MACRA resource to assist
    physicians in their population and APM needs.
  - MAG is working with the Physicians Advocacy Institute in releasing
    further MACRA resources.

Enhance the working relationship between MAG and the American Medical Association,
specialty medical societies and county medical societies on issues affecting all physicians

Cost Control of Brand and Generic Medications (107A)
  - MAG submitted a resolution to the AMA at the interim meeting.
• Continue the work group to address out-of-network billing and its impact on patients
  o MAG has led the opposition to various proposals at the General Assembly. MAG’s coalition includes the Georgia Society of Anesthesiologists, Georgia Orthopaedic Society, Georgia Ophthalmology Society, Georgia Psychiatric Physicians Association, Georgia Radiology Society, Georgia Society of the American College of Surgeons and various others.
  o The coalition defeated HB 71, a bill requiring physicians, as a condition of medical staff privileges, to accept all insurance plans of the hospital. HB 71 was the biggest threat to the profession in 10 years.
  o MAG has worked on SB 8 sponsored by Senator Renee Unterman that did not pass the House of Representatives.

• Continue MAG opposition to health insurance mergers
  o MAG worked closely with the AMA and various state medical societies in opposing the health insurance mergers. As of February, Aetna/Humana have decided not to appeal the district court’s ruling in opposition to the mergers. Aetna/CIGNA are proceeding in appealing the district court’s ruling. MAG has supported AMA’s efforts in filing an amicus brief to the Court of Appeals.

Goal D
MAG will secure sufficient financial and other resources that are needed to achieve and sustain its vision and strategic goals.

▪ Achieve at least a $200,000 surplus per year to protect the MAG brand

▪ Secure grant from Georgia Trauma Commission to support the MAG MRC
  • MAG secured a grant from the Georgia Trauma Commission in the amount of $150,000 from June 2016/2017.
  • MAG secured a federal grant in the amount of $15,000.
  • MAG submitted a grant proposal to the Georgia Trauma Commission in the amount of $150,000 from June 2017/2018.

▪ Pursue opportunities to acquire supplemental funds in support of programs such as Top Docs, Think About It and other priorities as they arise.
2016 HOUSE ACTIONS – STATUS REPORTS/REFERRALS

1. REFERENCE COMMITTEE A
2. REFERENCE COMMITTEE C
3. REFERENCE COMMITTEE F
4. REFERENCE COMMITTEE S
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<td>Resolution 101A.16, Georgia Medical License for International Medical School Graduates</td>
<td>Council on Legislation (Derek Norton)</td>
<td>G AFP and MAG have a meeting set with the Georgia Composite Medical Board in January. MAG/GAFP agreed with the Composite Medical Board’s recommendation to contact the international medical schools directly via correspondence asking the schools to apply for accreditation in Georgia. MAG has sent the letters.</td>
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<td>Resolution 102A.16, Improving Communications among Health Care Clinicians, Resolves 1-2</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>Resolution 102A.16, Resolves 1 and 2 was submitted to the AMA Interim Meeting for action. At the AMA Interim meeting Resolution 818 was combined with Report 7 of the Council on Medical Services. The HOD adopted Council on Medical Service Report 7 as amended in lieu of Resolution 818. Report 7 was amended by the additional of following new recommendations: 1) that our AMA support making hospital discharge instructions available to patients in both printed and electronic form, and specifically via online portals accessible to patient and their designated caregivers; and 2) that our AMA develop model guidelines for physicians to improve communications to other physicians, hospital staff and patients, and promote these guidelines to payers, hospitals and patients.</td>
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<td>Resolution 103A.16, Signing of Death Certificates</td>
<td>Board of Directors (Donald Palmisano)</td>
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<td>Referred to the Board of Directors that the Medical Association of Georgia’s policy is the physician who declares a patient deceased be the physician responsible for signing the death certificate at the time of death.</td>
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<td>Resolution 104A.16, Physician Shortage</td>
<td>Council on Legislation (Derek Norton)</td>
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<td>Adopted as amended that the Medical Association of Georgia (MAG) work with the American Medical Association (AMA) and the Georgia legislature to accomplish the following: 1) increase the physician workforce in Georgia; 2) develop a legacy program which would facilitate physicians who are 60 years and above to continue to practice and be licensed in the state of Georgia, and decrease the regulatory burdens to retain the physicians while in practice.</td>
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<td>Resolution 105A.16, MACRA</td>
<td>Advocacy (Kimberly Ramseur)</td>
<td>AMA/MAG/MAA/Cobb/DeKalb held a joint meeting in December on MACRA. MAG continues to push the AMA advocacy efforts to the membership.</td>
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<td>Adopted as amended from the floor of the House resolve 1 that the Medical Association of Georgia (MAG) continues to support the AMA in its advocacy efforts on behalf of physicians related to MACRA with the Center for Medicare &amp; Medicaid Services.</td>
<td>Communications (Tom Kornegay)</td>
<td>MAG has a dedicated space on its Website with MACRA materials. MAG continues to push information to members via newsletter, JMAG, etc. MAG has held monthly MACRA meetings sponsored jointly with the county medical societies.</td>
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<td>Resolution 106A.16, Distracted Driver Reductions, Resolves 1-2</td>
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<td>Resolve 1 of Resolution 106A.16 was submitted to the AMA Interim Meeting for action.</td>
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<td>Adopted as amended resolve 1 that MAG will encourage the American Medical Association (AMA) to develop model legislation to limit cell phone use to hands-free only while driving.</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>At the AMA interim meeting Resolution 220 – Distracted Drive Reduction was adopted.</td>
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<td>Adopted by substitution resolve 2 that MAG will establish a public safety awareness initiative and enter into partnerships with community organizations to better educate the public on the pitfalls of distracted driving.</td>
<td>Administration (Kimberly Ramseur &amp; Tom Kornegay)</td>
<td>MAG passed a House Resolution in the General Assembly that will study the matter this summer. MAG held a TopDocs show focused on this issue. MAG Foundation has agreed to collect donated funds from interested groups to pay for this PR campaign. MAG is also working the Alliance and MAA to push this matter. MAG has used its social media outreach on this issue.</td>
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<td>Resolution 107A.16, Control Cost of Brand and Generic Medications</td>
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<td>Resolution 107A.16 was submitted to the AMA Interim Meeting for action.</td>
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<td>Adopted that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) that advocates for it:</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>At the AMA interim meeting, the HOD accepted Reference Committee J recommendation and adopted in lieu of Resolution 817 – Brand and Generic Drug Costs the following policies: D-100.983; H-120.934; H-120.945; D 120.949; H-110.987; H-110.989; H-155.962 and H-110.988. These policies can be access at the following link: <a href="http://www.mag.org/affiliates/american-medical-association">http://www.mag.org/affiliates/american-medical-association</a></td>
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<td>1. To investigate the purchasing of medications from outside the country with FDA guidance, on a temporary basis until availability in the U.S. improves;</td>
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<td>2. To advocate to permit temporary compounding with FDA’s guidance until medications are available;</td>
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<td>3. To advocate to allow increased competition in the marketing of medications;</td>
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<td>4. To advocate for participative pricing;</td>
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<td>5. To advocate for accountability for outcomes; and</td>
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<td>6. To advocate for increased regulation of the generic drug market.</td>
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Reference Committee A  
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<td>AMA Delegation (Donald Palmisano) (Kimberly Ramseur)</td>
<td>A resolution will be submitted to the AMA 2017 Annual Meeting for action.</td>
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Adopted as amended from the floor of the House resolve 1 that the Medical Association of Georgia (MAG) submits a resolution to the American Medical Association (AMA) to encourage the Food and Drug Administration to mandate that all manufacturers of cosmetics, skincare products, nail polish, sunscreen, as well as products used in medical settings (glue, cement, implants, etc.) and when possible, make their full ingredient lists available on the package and online to consumers.

Adopted as amended from the floor of the House resolve 2 that MAG submit a resolution the AMA asking that the AMA Council on Science & Public Health prepare a report to increase awareness of acrylate exposure in medical settings (i.e., orthopedic cement, medical glue, materials for orthodontic molds and mouth guards, lens implants), and the best ways and barrier methods to avoid acrylate exposure by susceptible individuals with a report back to the AMA HOD at or before A-2018.
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<tbody>
<tr>
<td>Resolution 109A.16, Electronic Health Records, Resolves 1-2</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required.</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 1 that the Medical Association of Georgia (MAG) sends a resolution to the American Medical Association (AMA) encouraging a partnership with the Centers for Medicare &amp; Medicaid Services (CMS) to develop workable Certified Electronic Records.</td>
<td>Administration (Donald Palmisano)</td>
<td>No further action is required</td>
<td>✓</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 2 that MAG submits a resolution to the AMA work with the federal government to develop evidence-based, certified, workable, and streamlined electronic health records.</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required</td>
<td>✓</td>
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<tr>
<td>DID NOT ADOPT new resolve 3 that if workable and affordable, streamlined electronic records cannot be developed at present, then they should not be required until they are developed.</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 110A.16, Physician Practice Bill of Rights</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required</td>
<td>✓</td>
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<tr>
<td>DID NOT ADOPT that the Medical Association of Georgia (MAG) continues to work with the American Medical Association (AMA) to properly assist and educate physicians on rules and regulations affecting the practice of medicine to ensure compliance and the ability to provide quality service to patients.</td>
<td>Administration (Kimberly Ramseur)</td>
<td>No further action is required</td>
<td>✓</td>
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<tr>
<td>Resolution 111A.16, Nonpayment for Unspecified Codes by Third Party Payers</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>A resolution was submitted to the AMA Interim Meeting for action. The final action rendered at the AMA Interim meeting was that existing policy was reaffirmed in lieu of Resolution 819 via the Reaffirmation Consent Calendar.</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 112A.16, Electronic Medical Records Recovery Fees</td>
<td>AMA Delegation (Donald Palmisano)</td>
<td>A resolution was submitted to the AMA Interim Meeting for action. At the AMA Interim meeting, the HOD reaffirmed policy D-478-972 in lieu of Resolution 221. Final action can be accessed through the following link: <a href="http://www.mag.org/affiliates/american-medical-association">http://www.mag.org/affiliates/american-medical-association</a></td>
<td>✓</td>
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</table>
Resolution 301C.16, MAG Alignment with the Medical Practice Act

Adopted that the Medical Association of Georgia (MAG) adopt policy and correct all existing policies such that these policies will align with the Medical Practice Act and other laws and rules and regulations such that they include the following:

1. Only a physician may enter a medical diagnosis for a patient;
2. A physician licensed in the state of Georgia may delegate certain specific medical acts to an APRN, with whom the physician has entered into an agreement in accordance with state law;
3. Written clinical nurse protocols for the delegation of medical acts will contain at a minimum: a) recognizable signs and symptoms and other data supported by the APRN's observation, b) the delegating physician's medical diagnosis pertinent to the observations and c) treatments appropriate to the diagnosis; and
4. Treatments ordered, including prescriptions under protocol, will be limited to those contained in the written protocol for the certain medical act delegated.

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<tr>
<td>Resolution 301C.16, MAG Alignment with the Medical Practice Act</td>
<td>Advocacy (Kimberly Ramseur &amp; Derek Norton)</td>
<td>Policy Statement (2/15/17) MAG shall align its policies with the provisions of the Medical Practice Act, and other laws and rules and regulations such that they include the following eliminates:</td>
<td>✓</td>
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<tr>
<td>1. Only a physician may enter a medical diagnosis for a patient;</td>
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<tr>
<td>2. A physician licensed in the state of Georgia may delegate certain specific medical acts to an APRN, with whom the physician has entered into an agreement in accordance with state law;</td>
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<td>3. Written clinical nurse protocols for the delegation of medical acts will contain at a minimum: a) recognizable signs and symptoms and other data supported by the APRN's observation, b) the delegating physician's medical diagnosis pertinent to the observations and c) treatments appropriate to the diagnosis; and</td>
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<td>4. Treatments ordered, including prescriptions under protocol, will be limited to those contained in the written protocol for the certain medical act delegated.</td>
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A review of MAG policies related to the Medical Practice Act shall be conducted to revise all existing policies. MAG will align with the Medical Practice Act and other laws, and rules and regulations and include the items outlined in the resolution.
Resolution 302C.16, Network Transparency and Network Management to Benefit Patients

Adopted as amended that the Medical Association of Georgia (MAG) supports legislation that would have insurers do the following:

1. Provide information that allows patients and physicians to evaluate network adequacy within their hospitals, which include publishing an accurate and timely provider in-network ratio and list of in-network physicians by medical specialty and medical groups within the hospital.

2. In cases involving non-emergency care: a) patients will be given statements that services may be provided by out-of-network providers, b) hospitals will have to post names and links of all contracted insurers for the benefits of both consumers and medical staff, and c) insurers must create and support a system for network navigation to provide in-network consumer protection and to inform consumers as to whether a physician is in-network and the consequences of using an out-of-network provider.

Policy Statement
MAG supports legislation that will ensure network transparency and network management to benefit patients with the following elements:

1. Providing information by insurers that allows patients and physicians to evaluate network adequacy within their hospital which will include publishing accurate and timely provider in-network ratio, and list in-network physicians by medical specialty and medical groups.

2. Providing in a non-emergency care setting that a) patients be given statements that services may be provided by out-of-network physicians; b) hospitals post names and links of all contracted insurers for benefits of both consumers and medical staff; and c) having insurers create and support a system for network navigation to provide in-network consumer protection, and to inform consumers as to whether a physician is in-network and the consequences of using an out-of-network physician.

This issue is on MAG’s 2017 Legislative Priorities. MAG submitted SB 277 that addresses this issue. MAG spent considerable amount of resources defeating SB 8 and HB 71 that was considered “health insurance” friendly legislation.
<p>| Title/Action                                                                                                                                   | Referral                                    | Status                                                                                                                                  | Completed |
|----------------------------------------------------------------Adamad as amended Resolution 303C.16 in lieu of Resolution 310C.16 that the Medical Association of  | Council on Legislation (Derek Norton)     | Policy Statement (2/13/17): MAG supports legislation that prohibits the use of Maintenance of Certification (MOC) as a condition of medical licensure or as a prerequisite for hospital or staff privileges, employment in state medical facilities, reimbursement from third parties or insurance of malpractice insurance. (Editorial Note: This policy statement supersedes policy 230.992 which will be sunset) | ✓         |
| Resolution 303C.16, Maintenance of Certificate (MOC) Resolution 310C.16 Protect Physician Practices from MOC |                                      | The issue is on MAG’s 2017 legislative priorities. HB 165 awaits the Governor’s signature.                                                | ✓         |
| Adopted as amended Resolution 303C.16 in lieu of Resolution 310C.16 that the Medical Association of Georgia supports the introduction and adoption of legislation that prohibits the use of Maintenance of Certification (MOC) as a condition of medical licensure or as a prerequisite for hospital or staff privileges, employment in state medical facilities, reimbursement from third parties or insurance of malpractice insurance. |                                      |                                                                                                                                       | ✓         |
| Resolution 304C.16, Advertisement of Board Certification in Georgia, Resolves 1-2 Referred to the Board of Directors resolve 1 that the Medical Association of Georgia (MAG) update the Policy Compendium to state that a licensed physician in Georgia may lawfully declare certification by a medical board if such physician meets the stated qualifications of such board, and earn certification by an ABMS or AOA board of the same or related specialty at least once. | Board of Directors (Donald Palmisano)     | Resolution 304C.16 was presented to the Board of Director for action. Mr. Palmisano reported that the authors of the resolution requested that MAG not pursue further action on Resolution 304C.16. Members of the Board of Directors of the Composite Medical Board suggested that the issue be left to the regulatory agency to promulgate the rules on the advertisement of Board certification and that MAG offer assistance at that time. | ✓         |
| Referred to the Board of Directors resolve 1 that the Medical Association of Georgia (MAG) update the Policy Compendium to state that a licensed physician in Georgia may lawfully declare certification by a medical board if such physician meets the stated qualifications of such board, and earn certification by an ABMS or AOA board of the same or related specialty at least once. |                                      | Members of the Board of Directors of the Composite Medical Board suggested that the issue be left to the regulatory agency to promulgate the rules on the advertisement of Board certification and that MAG offer assistance at that time. | ✓         |
| Referred to the Board of Directors resolve 2 that MAG introduce a bill in the Georgia General Assembly that substitutes language in H.B. 1043, which would provide that a licensed physician in Georgia may lawfully declare certification by a medical board if such physician meets the stated qualifications of such board, and earned certification by an ABMS or AOA board of the same or related specialty at least once. | Board of Directors (Donald Palmisano)     | The Board approved to take no further action at this time on Resolution 304C.16 (Advertisement of Board Certification in Georgia) and work with the Composite Medical Board in its rules making processing. | ✓         |
| Resolution 304C.16 was presented to the Board of Director for action. Mr. Palmisano reported that the authors of the resolution requested that MAG not pursue further action on Resolution 304C.16. |                                      | The General Assembly repealed this law.                                                                                               | ✓         |</p>
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<td><strong>Resolution 305C.16, Protection for Visiting Athletes and Team Physicians</strong>&lt;br&gt;Adopted as amended that the Medical Association of Georgia supports the passage of legislation that will protect visiting athletes by providing for limited exemption of licensure for visiting team physicians who are licensed in their home state, to care for visiting athletes, coaches, and support staff while participating in sporting events within the state of Georgia.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>Policy Statement&lt;br&gt;MAG supports legislation that protects visiting athletes by providing limited exemption of licensure for visiting team physicians who are licensed in their home state, to care for visiting athletes, coaches, and support staff while participating in sporting events within the state of Georgia.&lt;br&gt;MAG supported SB 47 which awaits the Governor’s signature.</td>
<td>✓</td>
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<tr>
<td><strong>Resolution 306C.16, Nurse Protocol Agreement, Resolves 1-3</strong>&lt;br&gt;DID NOT ADOPT resolve 1 that the Medical Association of Georgia (MAG) encourages the degree granting advance practice registered nurse (APRN) programs in Georgia to teach by commonly accepted protocols similar to those that may be used in practice under their delegating physician who may delegate certain selected medical acts to the APRN.&lt;br&gt;DID NOT ADOPT resolve 2 that MAG reports to the Georgia Composite Medical Board the discrepancy in education and illegal nursing practice by performance of physician delegated medical acts under the laws of Georgia that may be easily corrected by this modification of using selected common clinical nurse protocols for delegation of certain medical acts.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>No further action is required.</td>
<td>✓</td>
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<td>Council on Legislation (Derek Norton)</td>
<td>No further action is required.</td>
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<tr>
<td>Resolution 306C.16, Nurse Protocol Agreement, Resolves 1-3 (cont.)</td>
<td>Council on Legislation (Derek Norton)</td>
<td>No further action is required.</td>
<td>✓</td>
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<tr>
<td>DID NOT ADOPT resolve 3 that MAG advises the Georgia Board of Nursing that such a state of disparity exists where the mechanism of delegation of medical acts, that is the written clinical nurse protocol from delegating physician to the agreement bound APRN, is not being commonly used, thereby putting the delegating physician at risk of discipline for failure to comply with these provisions of the Medical Practice Act.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>The Composite Medical Board has been contacted on this issue.</td>
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<td>Resolution 307C.16, Review of Delegated Medical Acts, Resolves 1-3</td>
<td>Council on Legislation (Derek Norton)</td>
<td>Adopted as amended from the floor resolve 1 that the Medical Association of Georgia (MAG) encourages the Georgia Composite Medical Board (GCMB) to rewrite the instruction to Form C similar to the pre-December 14 revision to address these [medical practice acts]requirements of the law and periodically monitor those mechanisms of delegation of medical acts which included, 1) written protocols with acknowledgement of updates; 2) annual nurse protocol agreement review and renewal; 3) pharmacological training by the delegating physician for the APRN; and 4) chart review/patient examination by the delegating physician sufficient to ensure compliance with the law.</td>
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<td>Adopted resolve 2 that MAG supports a process that may be performed by a simple check-off on a license renewal form like other questions to the physicians acknowledging compliance with the law by use of written protocols, education and oversight of APRN performance of physician delegated medical acts.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>The Composite Medical Board has been contacted on this issue.</td>
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<td>MAG supports physicians and other providers having the opportunity to discuss insurance contracts during the time of year that grants patients sufficient notice prior to open enrollment and only end coverage for the patient at the end of open enrollment.</td>
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<td></td>
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<td>MAG sent a letter to the Commissioner of Insurance and met with the Commissioner. MAG outlined the concerns and asked for regulatory action. MAG has subsequent meetings scheduled. MAA also attended the meeting.</td>
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Adopted resolve 3 that MAG supports legislative funding sufficient for periodic assessment of compliance with the law governing the delegation of medical acts for the assurance of patient safety and the standard of practice.

Adopted new resolve 4 that MAG support legislation to bring the APRNs or others who may perform delegated medical acts under the jurisdiction of the Georgia Composite Medical Board.

Resolution 308C.16, Health Care Insurer Contracts

Adopted as amended Resolution 308C.16, that the Medical Association of Georgia supports providers having the opportunity to discuss insurance contracts during the time of year that grants patients sufficient notice prior to open enrollment and only end coverage for the patient at the end of open enrollment.

Adopted as amended Resolution 308C.16, that the Medical Association of Georgia supports providers having the opportunity to discuss insurance contracts during the time of year that grants patients sufficient notice prior to open enrollment and only end coverage for the patient at the end of open enrollment.

Adopted as amended Resolution 308C.16, that the Medical Association of Georgia supports providers having the opportunity to discuss insurance contracts during the time of year that grants patients sufficient notice prior to open enrollment and only end coverage for the patient at the end of open enrollment.
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<tr>
<td>Resolution 309C.16, Step Therapy Protocols with First Fail Protocols</td>
<td>Council on Legislation (Derek Norton)</td>
<td>MAG supported HB 519 which failed to pass the General Assembly.</td>
<td>✓</td>
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<tr>
<td>Adopted as amended that the Medical Association of Georgia (MAG) works in concert with the Specialty Tiers Coalition of Georgia (STCGA) to develop Step Therapy legislation in Georgia that accomplishes as many of the following as possible:</td>
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<tr>
<td>1. Permits a prescriber to override the step therapy when patients are stable on a prescribed medication;</td>
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<td>2. Permits a physician to override the step therapy if the physician expects the treatment to be ineffective based on the known relevant physical characteristics of the patient and the known characteristics of the drug regimen; will cause or will likely cause an adverse reaction by or physical harm to the patient; or is not in the best interest of the patient, based on medical necessity;</td>
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<td>3. Requires health insurance plans to incorporate step therapy approval and override processes in their preauthorization applications;</td>
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<td>4. Prohibits insurers from requiring insured patients from having to fail a prescription medication more than once;</td>
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<td>5. Limits any single step therapy protocol to a maximum of 60 days;</td>
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<td>6. Prohibits a previously insured patient from having to repeat step therapy for a condition they are undergoing treatment for when they are in the process of changing insurers;</td>
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Reference Committee C
MAG House of Delegates 2016
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<tr>
<td>Resolution 309C.16, Step Therapy Protocols with First Fail Protocols (cont.)</td>
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<tr>
<td>7. Prohibits plans from limiting or excluding coverage for a drug, if it has been previously approved when plans make formulary design changes; and&lt;br&gt;8. Supports a single standardized prior authorization form, in paper or electronic format, on all insurance formulary websites to be utilized by patients during the provision of medical services.</td>
<td>Administration (Kimberly Ramseur)</td>
<td></td>
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<tr>
<td>Resolution 311C.16, Physician Control of Admissions to Hospitals, Resolves 1-2</td>
<td>Council on Legislation (Derek Norton)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Adopted resolve 1 that the Medical Association of Georgia (MAG) updates its policy compendium to state that the surgeon, and not the insurance company, shall determine the need for hospitalization for a post-surgical complication, for the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.</td>
<td>Policy Statement&lt;br&gt;MAG believes that surgeons, not insurance companies shall determine the need for hospitalization for a post-surgical complication, for the first three weeks after surgery for non-neurosurgical patient, and the first six weeks for neurosurgical patients.</td>
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<tr>
<td>Adopted resolve 2 that MAG supports legislation requiring insurance companies to defer to the surgeon regarding the need for hospitalization for post-operative complications for the first three weeks after surgery for non-neurosurgical patients and for the first six weeks for neurosurgical patients.</td>
<td>Policy Statement&lt;br&gt;MAG supports legislation requiring insurance companies to defer to the surgeon regarding the need for hospitalization for post-operative complications for the first three weeks after surgery for non-neurosurgical patients and the first six weeks for neurosurgical patients.</td>
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<tr>
<td>Resolution 312C.16, Improving Access to Health Care in Georgia</td>
<td>Third Party Payer Advocacy (Kimberly Ramseur)</td>
<td>Policy Statement</td>
<td>✓</td>
</tr>
<tr>
<td>Adopted that the Medical Association of Georgia supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and providers which includes, but is not limited to the following:</td>
<td></td>
<td>MAG supports a Medicaid waiver to close the coverage gap in Georgia in a fiscally responsible and sustainable way that meets the needs of patients and physicians which includes, but is not limited to, the following: 1) that patients receive proven, cost-effective care that is not impeded by unnecessary barriers to enrollment or unaffordable cost-sharing; and 2) that such a waiver eliminate regulatory barriers to providing proven, cost-effective care, and seek parity for all physician services with the Medicare fee schedule.</td>
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<tr>
<td>Officer 04.16, Report of the Treasurer</td>
<td>Filed</td>
<td>The report will be filed in the historical documents</td>
<td>✓</td>
</tr>
<tr>
<td>Officer 06.16, Report of the AMA Delegation</td>
<td>Filed</td>
<td>The report will be filed in the historical documents</td>
<td>✓</td>
</tr>
<tr>
<td>Special Report 07.16, Georgia Physicians Leadership Academy, Resolves 1-3</td>
<td>Administration (Susan Moore)</td>
<td>Revised Policy Statement (2/13/1016) MAG endorses the Georgia Physicians Leadership Academy as an integral program in training future and emerging leaders of medical societies in Georgia, and encourages present and future leaders of MAG and/or component society to enroll in a GPLA class.</td>
<td>✓</td>
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<tr>
<td>Adopted with commendation resolve 1 that MAG endorse the GPLA as an integral program in training future and emerging leaders of medical societies in Georgia.</td>
<td>Administration (Susan Moore)</td>
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<tr>
<td>Adopted with commendation resolve 2 that MAG members who are not alumni of the GPLA are elected to the MAG Executive Committee, will be courage to join the upcoming class if at all possible.</td>
<td>Administration (Susan Moore)</td>
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<tr>
<td>Adopted with commendation resolve 3 that all MAG members who are considering future physician leadership positions with any of our county medical or state medical specialty societies should be encouraged to seek nominations from their societies to undergo GPLA training.</td>
<td>Administration (Susan Moore)</td>
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<tr>
<td>Resolution 401F.16, Charter Rome Area Medical Society</td>
<td>Administration (Dayna Jackson) (Kimberly Ramseur)</td>
<td>A charter was signed and will be presented to the leadership of the Rome Area Medical Society at the next available opportunity. A copy of the charter will remain on file at MAG Headquarters.</td>
<td>✓</td>
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<tr>
<td>Adopted that the Medical Association of Georgia House of Delegates grant a charter to the combined counties of Floyd, Polk, Chattooga, and Bartow for a new multi-county medical society to be entitled the Rome Area Medical Society.</td>
<td>Administration (Dayna Jackson) (Kimberly Ramseur)</td>
<td>Dr. Walsh presented to North Georgia Mountain Medical Society its new charter on February 23 at a CMS membership meeting. A copy of the charter was filed at MAG Headquarters</td>
<td>✓</td>
</tr>
<tr>
<td>Resolution 402F.16, Charter North Georgia Mountains Medical Society</td>
<td>Administration (Dayna Jackson) (Kimberly Ramseur)</td>
<td>DR. WALSH PRESENTED TO NORTH GEORGIA MOUNTAIN MEDICAL SOCIETY ITS NEW CHARTER ON FEBRUARY 23 AT A CMS MEMBERSHIP MEETING. A COPY OF THE CHARTER WAS FILED AT MAG HEADQUARTERS</td>
<td>✓</td>
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### Resolution 601S.16, Controlled Drug Disposal for Pharmacies

Adopted as amended that the Medical Association of Georgia will work with the Georgia Board of Pharmacy to advocate for placing drug collection boxes for unwanted/unused medications in retail pharmacies.

**Referral**: Advocacy (Derek Norton)

**Status**: MAG had a meeting with the Georgia Pharmacy Association on January 25 to further discuss this matter. GPhA’s executive director resigned. Prior to his resignation, he expressed concerns on the cost of this initiative to independent pharmacies. Further discussions will be had on this issue.

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<tbody>
<tr>
<td>Resolution 601S.16, Controlled Drug Disposal for Pharmacies</td>
<td>Advocacy (Derek Norton)</td>
<td>MAG had a meeting with the Georgia Pharmacy Association on January 25 to further discuss this matter. GPhA’s executive director resigned. Prior to his resignation, he expressed concerns on the cost of this initiative to independent pharmacies. Further discussions will be had on this issue.</td>
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### Resolution 602S.16, Substance Abuse Curriculum and CME Opportunities, Resolves 1-2

Adopted as amended resolve 1 that the Medical Association of Georgia (MAG) policy is to make substances abuse continuing education materials, including but not limited to screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria, readily available to its membership.

**Referral**: Education (Andrew Baumann)

**Status**: Policy Statement

MAG supports substance abuse curriculum and CME opportunities to its membership with continuing education materials made available including but not limited to screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria.

- **MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.**

**Complated**: ✓

**Referral**: Administration

**Status**: No further action required

- **DID NOT ADOPT resolve 2 that called for a MAG policy to support the inclusion of screening, brief intervention, and referral to treatment (SBIRT) diagnostic criteria into medical histories.**

**Complated**: ✓
<table>
<thead>
<tr>
<th>Title/Action</th>
<th>Referral</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolution 603S.16, Expansion of Project Dan (Death Avoided by Naloxone, Resolves 1-3)</td>
<td>MAG Foundation – DAN Project (Susan Moore/Lori Murphy)</td>
<td>No further action required.</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 1 that called for MAG to expand the scope of the project to make Naloxone/Narcan available to all remaining counties in Georgia</td>
<td>Administration (Donald Palmisano)</td>
<td>No further action required.</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 2 that called for MAG seek funding to help agencies obtain the life-saving medication.</td>
<td>Administration (Lori Murphy)</td>
<td>No further action required.</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 3 that called for MAG to facilitate the training of first responders to the use of Naloxone.</td>
<td>MAG Foundation – DAN Project (Susan Moore/Lori Murphy)</td>
<td>No further action required.</td>
</tr>
<tr>
<td>Resolution 604S.16, Prescription Drug Abuse Education in Medical Schools.</td>
<td>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</td>
<td>Policy Statement: MAG supports the incorporation of education regarding the prevention and management of prescription drug misuse into medical school curriculum. The MAG Foundation held a strategic planning meeting with the stakeholders, which included MCG. Opioid misuse is being incorporated into the education platform.</td>
</tr>
<tr>
<td>Adopted as amended that the Medical Association of Georgia (MAG) support the incorporation of education regarding the prevention and management of prescription drug misuse into medical school curriculums.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolution 605S.16, Position on CDC Opioid Prescription Guidelines, Resolves 1-3</td>
<td>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</td>
<td>No further action required.</td>
</tr>
<tr>
<td>Title/Action</td>
<td>Referral</td>
<td>Status</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Resolution 605S.16, Position on CDC Opioid Prescription Guidelines, Resolves 1-3 (cont.)</td>
<td>MAG Foundation – Think About It (Susan Moore/Lori Murphy)</td>
<td>No further action required.</td>
</tr>
<tr>
<td>DID NOT ADOPT resolve 2 that called for MAG to not support the application of the CDC Opioid Prescription guidelines to specialties, which include but are not limited to surgery and all its subspecialties, pain medicine, oncology, and rheumatology, which deploy opioid therapy as part of their standards daily medical practice.</td>
<td>Third Party Advocacy (Kimberly Ramseur)</td>
<td>Policy Statement MAG opposes the use of the CDC Opioid Prescription Guidelines by third party payers as a basis for restricting or obstructing access to opioid therapy.</td>
</tr>
<tr>
<td>Adopted resolve 3 that MAG does not support the use of the CDC Opioid Prescription Guidelines by third party payers as a basis for restricting or obstructing access to opioid therapy.</td>
<td>Third Party Advocacy (Kimberly Ramseur)</td>
<td>Policy Statement MAG opposes the use of the CDC Opioid Prescription Guidelines by third party payers as a basis for restricting or obstructing access to opioid therapy.</td>
</tr>
<tr>
<td>Resolution 606S.16, Mandatory Opioid Prescribing</td>
<td>Education (Andrew Baumann)</td>
<td>Policy Statement MAG supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids. MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.</td>
</tr>
<tr>
<td>Adopted as amended that the Medical Association of Georgia (MAG) supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids.</td>
<td>Education (Andrew Baumann)</td>
<td>Policy Statement MAG supports voluntary continuing medical education (CME) for all physicians as it pertains to the prescribing of opioids. MAG provides a web page online course option for pain, opioid prescribing and substances abuse curriculum, and the web page is monitored throughout the year so that updated information is added. These courses are promoted in MAG’s publications.</td>
</tr>
<tr>
<td>Resolution 607S.16, Over-the-Counter Naloxone</td>
<td>MAG Foundation – Think About it (Susan Moore/Lori Murphy)</td>
<td>Policy Statement MAG supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.</td>
</tr>
<tr>
<td>Adopted as amended that the Medical Association of Georgia supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.</td>
<td>MAG Foundation – Think About it (Susan Moore/Lori Murphy)</td>
<td>Policy Statement MAG supports over-the-counter dispensing of intranasal naloxone through standing orders or collaborative practice agreements for use in a manner consistent with state law.</td>
</tr>
<tr>
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</tr>
<tr>
<td>Resolution 608S.16, Hepatitis C Reduction. Resolves 1-2</td>
<td>Council on Legislation (Derek Norton)</td>
<td>MAG supported HB 161 which included this language. Unfortunately, the bill did not pass the General Assembly.</td>
</tr>
<tr>
<td>Adopted as amended resolve 1 that the Medical Association of Georgia (MAG) encourages policymakers to pursue the extensive application of needle and syringe exchange and distribution programs and the modifications of restrictive laws and regulations concerning the sale and possession of needles and syringes to maximize the availability of sterile syringes and needles, while ensuring continued reimbursement for medically necessary needles and syringes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopted resolve 2 that MAG strongly supports the ability of physicians to prescribe syringes and needles to patients with injection drug addiction in conjunction with addiction counseling in order to help prevent the transmission of contagious diseases.</td>
<td>Council on Legislation (Derek Norton)</td>
<td>Policy Statement MAG strongly supports the ability of physicians to prescribe syringes and needles to patient with injection drug addiction in conjunction with addiction counseling to help prevent the transmission of contagious diseases.</td>
</tr>
</tbody>
</table>
Last month, the Physicians’ Institute for Excellence in Medicine (PIEM) had its first meeting with the new board of directors. At that meeting, the board of directors set forth a new direction that the PIEM would focus – HealtheParadigm (data analytics and data repository) and the Medical Reserve Corps.

The board of directors also voted to change its name to the MAG Institute for Excellence in Medicine. Per MAG Bylaws, the PIEM BOD requests approval of the name change from the Medical Association of Georgia. The board of directors wanted the name to reflect the PIEM as a supporting organization of MAG and wanted to further the branding of MAG.

**Action Item**

1. Approve the name change to the MAG Institute for Excellence in Medicine.
2. Approve Amin Yehya as a member of the PIEM board of directors.
AMIN YEHYA, MD, MS, FACC

Official Address:

95 Collier Road, Suite 3000
Atlanta, Georgia 30309
(404) 933 9445

CLINICAL APPOINTMENTS

Clinical Assistant Professor in Medicine, Mercer University School of Medicine, Health Sciences Center

Advanced Heart Failure and Heart Transplant Cardiologist and Director of Heart Failure Research with Piedmont Heart Institute, Atlanta, Georgia

EDUCATION

<table>
<thead>
<tr>
<th>Dates</th>
<th>Program</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 13- Jun 14</td>
<td>Advanced Heart Failure and Transplant Fellowship</td>
<td>Stanford University</td>
</tr>
<tr>
<td>Jul 10- Jun 13</td>
<td>Cardiovascular Diseases Fellowship</td>
<td>Medical College of Georgia- Georgia Regents University</td>
</tr>
<tr>
<td>Jul 07- Jun 10</td>
<td>Internal Medicine Residency</td>
<td>Emory University School of Medicine</td>
</tr>
<tr>
<td>Jul 06- Jun 07</td>
<td>Masters of Science- Biochemistry</td>
<td>American University of Beirut</td>
</tr>
</tbody>
</table>

Thesis: Potential Role of the NFATC1 Gene in Congenital Heart Disease

<table>
<thead>
<tr>
<th>Dates</th>
<th>Degree</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul 02- Jun 06</td>
<td>Medical Degree</td>
<td>American University of Beirut</td>
</tr>
<tr>
<td>Sep 99- Jun 02</td>
<td>Bachelor of Science- Chemistry</td>
<td>American University of Beirut</td>
</tr>
</tbody>
</table>

LICENSE

- California license (Active)
- Georgia license (Active)

CERTIFICATION

- American Board of Advanced Heart Failure and Transplant Cardiology (2014)
- American Board of Cardiovascular Diseases (2013)
- American Society of Nuclear Cardiology (2013)
- American Society of Echocardiography (2012)
- American Board of Internal Medicine (2010)

ELECTED HONOR SOCIETY

- Alpha-Omega-Alpha Honor Medical Society (AOA): Since September 2006

ACADEMIC AWARDS

- Award for Outstanding Contributions and Service as President of House staff Organization 2012-2013, Georgia Regents University, May 13, 2012, Augusta, Georgia
- Resident of the Year Award, Finalist, Georgia Regents University, May 13, 2012, Augusta, Georgia
- 2007 AHA Basic Cardiovascular Sciences New Traveler Investigator Award
  4th Annual Symposium of the American Heart Association (AHA), August 2007, Keystone, Colorado
AMIN YEHYA, MD, MS, FACC

APPONTMENT TO NATIONAL AND INTERNATIONAL CLINICAL TRIALS/LEADERSHIP ROLES

- **Piedmont Leadership Academy (PLA) in Healthcare** member. The leadership academy will familiarize with the following components: Leadership and management of individuals, teams and organizations; performance improvement, patient safety and high reliability; planning and finance; creating and maintaining a personal eldership development plan.
- **Coordinating and Establishing Monthly Heart Failure Sessions CME Conference.** A monthly heart failure conference discussing various topics pertaining to managing patients with advanced heart failure, May 2016
- **Principal Investigator** at Piedmont Heart Institute on VICTORIA Study: “A Randomized Parallel-Group, Placebo-Controlled, Double-Blind, Event-Driven, Multi-Center Pivotal Phase III Clinical Outcome Trial of Efficacy and Safety of the Oral sGC Stimulator Vericiguat in Subjects With Heart Failure With Reduced Ejection Fraction (HFrEF) - VerICiguaT Global Study in Subjects With Heart Failure With Reduced Ejection Fraction (VICTORIA)”, since December 2016
- **Principal Investigator** at Piedmont Heart Institute on PARAGON Study: “A multicenter, randomized, double-blind, parallel group, active-controlled study to evaluate the efficacy and safety of LCZ696 compared to Valsartan on morbidity and mortality in heart failure patients (NYHA Class II-IV) with preserved ejection fraction”, since January 2016
- **Sub-Investigator** at Piedmont Heart Institute on SCOUT Study. “Early Feasibility of the Mitralign Percutaneous Tricuspid Valve Annuloplasty System (PTVAS) for Symptomatic Chronic Functional Tricuspid Regurgitation”, since March 2016.
- **Sub-Investigator** at Piedmont Heart Institute on FIX-HF-5C Study: “Evaluation of the Safety and Efficacy of the OPTIMIZER® System in Subjects with Moderate-to-Severe Heart Failure with Ejection Fraction between 25% and 45%: FIX-HF-5C”, since December 2015
- **Sub-Investigator** at Piedmont Heart Institute on the SMILE study: “Sensible Medical Innovations Lung Fluid Status Monitor Allows Reducing Readmission Rate of Heart Failure Patients – a Randomized Controlled Study (SMILE)”, since December 2015
- **Sub-Investigator** at Piedmont Heart Institute on the ENHANCE CRT study: “CRT Implant Strategy Using The Longest Electrical Delay For Non-Left Bundle Branch Block Patients”, since November 2015
- **Sub-Investigator** at Piedmont Heart Institute on the study titled AdaptResponse Clinical Study (ADAPT) sponsored by Medtronic, since April 2015
- **Sub-Investigator** at Piedmont Heart Institute on the study titled Cardiovascular Outcomes Assessment of the MitraClip Percutaneous Therapy for Heart Failure Patients with Functional Mitral Regurgitation (The COAPT Trial), since January 2015
- **Sub-Investigator** at Piedmont Heart Institute on HeartMate III/MOMENTUM Trial: “Multi-Center Study of MagLev Technology in Patients Undergoing MCS Therapy with HeartMate 3™”, since January 2015

ACTIVE MEMBER IN PROFESSIONAL ASSOCIATIONS

- **Fellow of the American College of Cardiology:** Since July 2014
- **International Society of Heart and Lung Transplantation:** Since June 2013
- **Heart Failure Society of America:** Since May 2013
- **Political Action Committee- American College of Cardiology:** Since October 2012
- **American College of Cardiology:** Since July 2010
- **American Heart Association:** Since June 2007

INVITED COMMITTEE MEMBERSHIPS

- **Clinical Review Council (CRC)- Co-chair- for Atlanta Piedmont Clinic.** CRC leads performance and accountability in clinic’s performance improvement program at regional levels, since May 2016
- **Ethics Committee member** for Piedmont Heart Institute, since April 2016
- **Samsky Advanced Heart Failure Center- Educational Committee.** Leading the efforts to developing Samsky education content to patients and eventually improve overall health management, since March 2016
AMIN YEHYA, MD, MS, FACC

- **Clinical Endpoints Committee** for an Investigator Initiated Study titled ‘PERSPECTIVE.’ Piedmont Heart Institute, since January 2016
- **Scientific Review Committee** for Piedmont Heart Institute, since December 2015
- **Mechanical Circulatory Support and Heart Transplant Council**- Piedmont Heart Institute, since October 2014
- **Heart Failure Committee**- Piedmont Heart Institute, since October 2014
- **President of Resident House Staff Organization Committee - Graduate Medical Education**, Medical College of Georgia- Georgia Regents University, July 2012- June 2013
- **Operational Executive Leadership Team at Medical College of Georgia - Georgia Regents University**, Search committee member for Chief Medical Officer at Georgia Regents University, November 2012- June 2013
- **American Heart Association, Council Member of Clinical Cardiology**, since June 2013
- **Georgia Regents University Strategic Plan Steering Committee**, November 2012- June 2013
- **Georgia Regents University Physician-Nursing Relations Committee Task Force**, March 2013
- **Elected Voting House Officer - Graduate Medical Education Committee**, Medical College of Georgia- Georgia Regents University, July 2010- June 2013

**CONFERENCE PRESENTATIONS**

- “LVADs: Giving Patients A New Lease on Life” Kimmerling MCG Faculty and Graduate Cardiovascular Showcase 2016, Augusta, Georgia, September 3-4, 2016 (Invited Speaker)
- “Chasing Zebras on Peachtree: Clinical Cases” Southeast Cardiovascular Update 2016, Atlanta, Georgia, August 26-27, 2016 (Invited Speaker)
- “Creatine phosphokinase utility in diagnosing new onset heart failure”. Heart Failure: 3rd World Congress on Acute Heart Failure, Florence, Italy, May 23, 2016 (Invited Speaker)
- “Initial Evaluation of HF in the Clinic and Emergency Setting.” St. Jude Medical, The Path of the Heart Failure Patient Conference, February 20, 2016, Tampa, Florida (Invited Speaker)
- “Identifying patients for referral to an advanced heart failure center.” Piedmont Heart Institute 20th Annual Southeastern Cardiovascular Update. October 24th, 2015 (Invited Speaker)
- “Clinical significance of elevated troponin in the setting of supraventricular tachycardia.” American College of Cardiology Annual Meeting-Georgia Chapter. Oral Presentation. Lake Oconee, Georgia, November 2012
- “What’s the next best step?” Update in cardiovascular disease management for primary care providers. Augusta, Georgia, October 2012 (Invited Speaker)
- “One academic institution’s peripheral arterial disease screening: A report card.” American College of Cardiology Annual Meeting-Georgia Chapter. Oral Presentation. Lake Oconee, Georgia, November 2011
- “Cardiac tamponade in a patient with severe hypothyroidism.” American College of Cardiology Annual Meeting- Georgia Chapter. Oral Presentation. Lake Oconee, Georgia, November 2010
- “Stress cardiomyopathy (Takotsubo) in a patient with presumptive autoimmune polyendocrine syndrome II.” 10th Annual Southern Hospital Medicine Meeting in New Orleans. Poster presentation. New Orleans, Louisiana, October 2009

**INVITED SPEAKER**

- “Managing heart failure in the outpatient setting” Piedmont Heart Institute, June 2015
AMIN YEHYA, MD, MS, FACC

- “Managing heart failure” presenting information and education to the medical staff at WellStar Health System regarding managing patients with advanced heart failure, January 2015
- “Heart Transplant Listing Criteria,” Heart Failure Division and Committee at Piedmont Atlanta Hospital, December 2, 2014
- “Cardio-Pulmonary Exercise Testing,” Heart Failure Division and Committee at Piedmont Atlanta Hospital, November 18, 2014
- “Recent advances in managing patients with end stage heart failure.” Invited speaker, Cardiology grand rounds. American University of Beirut, Beirut, Lebanon, May 2012
- “Preventing and managing heart failure in an outpatient setting.” New Orient Academy, Lebanon, May 2012

GRANDROUNDS

- “Identifying patients with advanced heart failure” Mercer University, Macon, Georgia, August 10, 2016 (invited speaker)
- “Advanced heart failure patients: When to refer?” Piedmont Heart Institute, Atlanta, Georgia May 5th 2016 (invited speaker)
- “Identifying patients with end stage heart failure” West Georgia Medical Center, LaGrange, Georgia, February 2016 (Invited Speaker)
- “Advanced heart failure therapies: When to pull the trigger?” Georgia Regents University, Augusta, Georgia, September 2014 (Invited Speaker)
- “Identifying patients with advanced heart failure” University Hospital, Augusta, Georgia, September 2014 (Invited Speaker)
- “Should the current heart transplant allocation system be modified to eliminate the prioritization for stable candidates supported with left ventricular assist devices (LVAD)?” Stanford University, Palo Alto, California, March 2014
- “Role of Cytomegalovirus infection after heart transplantation: In acute rejection and cardiac allograft vasculopathy.” Stanford University, Palo Alto, California, October 2013
- “Pulmonary hypertension and left heart disease.” Medical College of Georgia. Cardiology Grand Rounds, Augusta, Georgia, March 2013
- “BNP: A comprehensive review.” Medical College of Georgia. Cardiology Grand rounds, Augusta, Georgia, January 2013
- “The nuts and bolts in managing patients with heart failure.” Medical College of Georgia. Internal Medicine Grand Rounds, Augusta, Georgia, October 2012
- “Living with heart failure: Sink or Swim.” Cardiac rehabilitation Heart- to- Heart Series Lecture. Medical College of Georgia, Augusta, Georgia, February 2012
- “Left ventricular assist devices: The future of heart failure therapy.” Medical College of Georgia. Cardiology Grand Rounds, Augusta, Georgia, November 2011
- “Peripheral arterial disease: Importance of early detection.” Cardiac rehabilitation Heart- to- Heart Series Lecture. Medical College of Georgia, Augusta, Georgia, March 2011
- “Left ventricular assist devices, a second chance?” Senior Grand Rounds. Emory University School of Medicine, Atlanta, Georgia, April 2010

POSTER PRESENTATIONS

- The Use of INTERMACS Score and Discharge Disposition to Target Quality Improvement Efforts. INTERMACS 10th Annual Meeting, March 11-12, 2016, Atlanta, Georgia
- Multidisciplinary Approach to Managing GI Bleeding in the LVAD Population, presented at the 35th International Society for Heart and Lung Transplantation (ISHLT) Annual Meeting and Scientific Sessions in Nice, France on April 15, 2015
AMIN YEHYA, MD, MS, FACC

PEER REVIEW

- Editor of a book titled Heart Failure: What a non-heart failure specialist needs to know, for Nova Publishing (invited, 2015)
- Manuscript reviewer for: The American Heart Journal
- Manuscript reviewer for: American Journal of Cardiology

OUTREACH, EDUCATION, AND MENTORSHIP

- “Guidelines for using Entresto and Corlanor within the Piedmont Health Care System” presented at the Piedmont Heart Institute, Heart Failure Center of Excellence (COE) on September 13, 2015
- “Heart transplant saves lives” presented as part of the Heart Transplant Education Series at Piedmont Heart Institute, on September 15, 2015 (Invited Speaker)
- “Rejection and post transplant care in heart transplant patients” Education Seminar. Piedmont Atlanta Hospital, Atlanta, GA, February 2015 (Invited Speaker)
- “Immune system and heart transplantation” Education Seminar. Piedmont Atlanta Hospital, Atlanta, GA, February 2015 (Invited Speaker)
- “Heart Failure: Diagnosis and Therapy” Education Seminar. Piedmont Heart Institute, Atlanta, GA, December 2014 (Invited Speaker)
- “Managing acute heart failure exacerbation” Education Seminar. Piedmont Heart Institute, Atlanta, GA, December 2014 (Invited Speaker)
- Working closely with Wellstar Hospital in Kennestone, Georgia, and University Hospital in Augusta, Georgia as part of the shared care program. It entails educating the medical staff on managing patients with advanced heart failure and patients with left ventricular assist devices; since September 2014
- Working closely with Piedmont Atlanta Hospital, Education Division to enhance academic development of the staff; since September 2014
- Mentoring medical students and internal medicine residents and Cardiology fellows from Mercer University, Atlanta Medical Center, and Medical College of Georgia-Georgia Regents University and involving them in research projects at Piedmont Atlanta Hospital; since January 2015

PUBLICATIONS


BOOK CHAPTER
AMIN YEHYA, MD, MS, FACC


**ABSTRACTS**


**THESIS**

- **Yehya A.** Potential role for the NFATC1 gene in Congenital Heart Disease [Master’s Thesis]. [Lebanon]: American University of Beirut; 2007. 66p.

**OTHER NOVEL RESEARCH WORK IN PROGRESS**

- Book titled “Heart failure: What an Non-Heart Failure Specialist Needs to Know.”

**NEWSLETTER CONTRIBUTION**


**FEATURED AND QUOTED IN ONLINE VIDEOS**

- *Severe Tricuspid Regurgitation Due to Deceleration Injury* (December 2015)
  - [https://vimeo.com/149801060](https://vimeo.com/149801060)
  - [https://www.youtube.com/watch?v=ZrLWbYIbb4Q&feature=youtu.be](https://www.youtube.com/watch?v=ZrLWbYIbb4Q&feature=youtu.be)

- *Ventricular assist devices revolutionize heart failure treatment* (July 2015)
  - [https://www.youtube.com/watch?v=e5f1jNrxs7E](https://www.youtube.com/watch?v=e5f1jNrxs7E)
MEDICAL ASSOCIATION OF GEORGIA
YOUNG PHYSICIAN SECTION

BYLAWS


I. Young Physician Section. There shall be a special section for young physician members of the Medical Association of Georgia to be known as the MAG Young Physician Section (MAG-YPS).

II. Purpose. The purpose of the Young Physician Section is to encourage increased participation of young physicians in the activities of MAG, to provide for an open forum for discussion of mutual concerns to young physicians, and to suggest ways for MAG to address these concerns.

III. Membership. Members of the YPS must be under the age of 40 or within their first eight years of medical practice. YPS members and officers must be active physician members of MAG who are not residents or fellows.

IV. Governing Council. There shall be a Governing Council of the Young Physician Section which will direct the programs and activities of the Section.

A. Authority. The Governing Council will have authority to conduct the administrative business of the Section between scheduled meetings of the Section. It will also serve to ensure general dissemination of all programs and services developed to serve the needs of the YPS membership.

B. Members. The Governing Council will consist of voting members, eight elected at large at the annual meeting and one appointed by the Council. Approval by a simple majority of the Section members in attendance at the annual meeting will be required to elect members of the Governing Council. If two consecutive meetings are missed, the office may be declared vacant by majority vote of the Governing Council. Any extenuating circumstances will be considered upon submission to the Chairman prior to the second meeting to be missed.

1. Chairman and Chairman-Elect.

   a. Duties. The Chairman shall be the presiding officer of the Section and the Governing Council. The Chairman-Elect shall assist the Chairman and preside in the absence of the Chairman.

   b. Term. The Chairman and Chairman-Elect shall each serve a term of one year. The Chairman-Elect shall be elected at the annual meeting of the Section, will assume office at the conclusion of the meeting and will assume the office of Chairman at the conclusion of the next meeting. The Chairman shall be allowed to complete his/her unexpired term should he/she exceed the age or years of practice limit to the completion of that term.
c. **Vacancy.** Should the position become vacant in the office of Chairman, the duties of the office shall be assumed by the Chairman-Elect, who shall serve the remainder of the unexpired term of the Chairman and then assume the Chair for his elected term. If the office of the Chairman and Chairman-Elect both become simultaneously vacant, both offices shall be elected at the next business meeting of the Section, with the office of the Chairman to be filled first, and each officer so elected shall serve for the unexpired term remaining for each office. The AMA-YPS/MAG-YPS delegate shall conduct the election.

2. **General Secretary.**

   a. **Duties.** The General Secretary shall keep minutes of the YPS and Governing Council meetings and generate correspondence as required.

   b. **Term.** The Secretary shall serve a one year term commencing at the conclusion of the annual Section meeting at which he is elected.

   c. **Vacancy.** Should the position become vacant in the interim, the Chairman may appoint one of the other Governing Council members to fulfill the duties of this office.

3. **Delegate and Alternate Delegate to the MAG House of Delegates.**

   a. **Qualifications.** The Delegate and Alternate Delegate to the MAG-YPS shall be members of MAG.

   b. **Duties.** The Delegate and Alternate Delegate to the MAG-YPS shall represent the Section in the MAG House of Delegates.

   c. **Term.** The Delegate and Alternate Delegate to the MAG-YPS shall serve from the conclusion of the annual meeting at which they were elected, and shall be elected every year. The Delegate and Alternate Delegate may succeed themselves up to five terms.

   d. **Vacancy.** Should the Delegate position be vacated, the Alternate Delegate will assume his unexpired term. A new Alternate Delegate will be chosen by simple majority at the next Governing Council meeting to serve until the annual business meeting at which time the unexpired term of Alternate Delegate will be filled.

4. **Delegate and Alternate Delegates to the AMA-YPS.**

   a. **Qualifications.** The Delegates and Alternate Delegates to the AMA-YPS shall be members of the AMA. One delegate shall be the Chairman of the MAG-YPS. The second and subsequent delegates shall be elected at large.

   b. **Duties.** The Delegates and Alternate Delegates to the AMA-YPS shall represent the MAG-YPS at all annual and interim AMA-YPS meetings.
c. **Term.** The Delegates and Alternate Delegates to the AMA-YPS shall serve from the conclusion of the annual meeting at which they were elected and shall serve a one year term. The Delegates and Alternate Delegates elected at large may succeed themselves up to five terms.

d. **Vacancy.** Should the Delegate position be vacated, the Alternate Delegate will assume his unexpired term. A new Alternate Delegate will be chosen by simple majority at the next Governing Council meeting to serve until the annual business meeting at which time the unexpired term of Alternate Delegate will be filled.

5. **Members-At-Large.** Three members of the Governing Council will be elected at large.

   a. **Duties.** Members-At-Large will participate in all deliberations of the Governing Council and will perform other duties as needed.

   b. **Term.** Members-At-Large will assume office at the end of the annual meeting at which they are elected and serve a term of one year. Tenure in office shall not exceed two consecutive terms.

   c. **Vacancy.** Should any position become vacant, it will be filled at the next business meeting.

6. **Immediate Past Chairman.** The Immediate Past Chairman will serve on the Governing Council.

   a. **Duties.** The Immediate Past Chairman will participate in all deliberations of the Governing Council and will perform other duties as needed.

   b. **Term.** The Immediate Past Chairman will assume office for one year.

   c. **Vacancy.** Should this position become vacant, it will be filled again at the next annual meeting.

V. **Meetings.** The meeting of the Section will be held in conjunction with the annual MAG House of Delegates and at other meetings of the Association as deemed appropriate by the MAG-YPS Governing Council.

A. **Purpose.** The purpose of the Section meetings shall be:

1. To provide a forum for all young physicians, including those already elected as representatives of their respective county societies to the MAG House, to hear, debate and adopt such reports as may come before the meeting.

2. To consider and adopt resolutions as may be submitted to the meeting.

3. To submit all business adopted by the Section to the MAG House of Delegates, or the AMA Young Physician Section, as deemed appropriate by the Governing Council or at the direction of the Section at the Business Meeting.
4. To consider and vote upon issues of concern to young physicians as may be submitted to the Section for consideration.

5. To elect officers to the Section.

B. Voting and Voice. Any member of the Section may attend, introduce resolutions or reports, debate issues, and vote in the Business Meeting of the Section. Any physician may be permitted a voice in the Section at the discretion of the Chairman.

C. Quorum. A quorum for the transaction of business shall be declared without objection of the majority of the Governing Council.

D. Relations with County Medical Societies. County Medical Societies will be encouraged to select one or more young physicians who meet the membership requirements of the Section to attend the Section Business Meeting.

E. Reference Committee. The Governing Council, at its discretion, shall have the authority to form reference committees to receive testimony on business before the meeting, to report to the floor on the content of the testimony and to introduce recommendations to the floor of the Business Meeting.


G. Advance Notice. Notice of the meeting to be held shall be provided to the membership of the Section at least 45 days prior to the meetings. Each county society president will also receive a copy in order to circulate it among his interested young constituents.

VI. Funding. Activities of the YPS shall be financed by budget requests submitted for consideration to the Finance Committee and subsequently to the MAG Board of Directors.

VII. Amendments. The Section may amend these Bylaws by a two-thirds vote of its members present and voting at any regular meeting. Amendments will become effective at the time they are approved by the MAG House of Delegates or Board of Directors.
Proposed
Bylaws of the
Resident Fellow Section
of the
Medical Association of Georgia

Article I. Name

The name of this organization shall be the Resident Physician Section (RFS) of the Medical Association of Georgia.

Article II. Purpose

A. The purpose of the RFS is to:

1. Encourage and support the active participation of Residents in the RFS, the various Local/County Medical Societies (CMS), the Medical Association of Georgia (MAG), and the American Medical Association (AMA);

2. Provide a representation of resident opinions and ideas in organized medicine;

3. Promote and maintain programs which enhance the quality of health care in the community;

4. Promote the active improvement of graduate medical education;

5. Educate residents about the importance of organized medicine;

6. Periodically reevaluate the above objectives and ensure that they are carried out in a proper fashion.

B. A Chapter shall be organized at each Institution to carry out the objectives in Article II.A.

C. An Institution is defined as encompassing those residents under the auspices of a single university or community hospital even if within different specialties.

1. As of April 1, 1992, the following Institutions are recognized:

Atlanta Emory University
Georgia Baptist Hospital
Morehouse University
Augusta Medical College of Georgia
Fort Gordon
Columbus Medical Center
Macon Medical Center of Central Georgia
Rome Floyd Memorial Hospital
Savannah Memorial Medical Center

2. New programs shall be granted institutional status upon receipt of A.C.G.M.E. accreditation.

Article III. Membership

A. Eligibility

The RFS shall be composed of Resident members of MAG. Any Resident employed in an A.C.G.M.E. accredited residency may seek membership in the RFS, attend meetings of the RFS, and speak to issues before the RFS. Only members of the RFS shall have the right to vote on matters before the section, be able to hold office in the RFS, and be eligible for appointment as Resident members of councils and/or committees of the CMS, MAG, or AMA. Resident members shall pay annual membership dues established by the AMA, MAG, appropriate CMS, and RFS.

B. MAG and CMS membership shall be required. AMA membership shall be encouraged; except that AMA membership shall be required for a RFS member to hold office as a Delegate, committee member, or otherwise represent the RFS at a national level.

Article IV. Officers

A. The elected officers of the RFS shall be a Chairperson, Vice-Chairperson, and a Secretary/Treasurer. The other RFS officers shall be one Delegate from each Chapter, who shall be elected by the Chapter members at the Institution where they are enrolled, each selected along with an Alternate Delegate.

B. Term of Office

1. The term of office for each officer shall be one year and each shall serve until a successor has been installed.

2. Elected officers shall assume office at the conclusion of the annual RFS meeting.

3. No officer shall serve more than one term in the same office unless no successor is available.
C. Election

1. Election of officers shall take place at the RFS annual meeting.

2. Election shall be by individual office in the order presented in Section A.
   
a. Nominations for each office shall be accepted from the floor and shall not be closed until immediately prior to casting ballots for that office. Only members of the RFS can run for and hold office.

b. Residents who are scheduled to graduate from programs prior to the next annual meeting of the RFS shall not be eligible to run for or hold the office of Chairperson, Vice-Chairperson, Secretary/Treasurer, Delegate, or Alternate Delegate.

c. Residents who wish to be considered for an office, but who cannot be at the meeting due to clinical obligations, may submit their name in the form of a Statement of Interest along with a Curriculum Vitae to the Chairperson of the RFS prior to the meeting. The Chairperson shall present these residents to the RFS when nominations are accepted for the office for which the resident wishes to be considered. This presentation shall consist of a reading of the Statement of Interest (the Curriculum Vitae will not be read unless a motion to do so is made from the floor) and will be considered to be the same as a nomination from the floor.

d. Voting shall be in the manner prescribed in Article V.E.

   (1) Where there is only one nominee, the vote may be by acclamation.

   (2) In the event that no candidate achieves a majority, a secondary election will be held between the top two vote-receiving candidates. If a tie exists for the second vote-receiving position, all candidates who are tied shall remain in the election.

   (3) If no one receives a majority in the secondary election, the winner of the election shall be decided by the members of the current Governing Council, including its ex-officio members, excluding any member who is or was a candidate for that office.

D. Duties

1. The Chairperson shall:
a. Preside over all business meetings of the RFS and the RFS Governing Council;

b. Be responsible for executing the directives of the Governing Council or the RFS Membership;

c. Represent the Section in all inter-organization and inter-residency affairs including the MAG-HOD, MAG Leadership Conference, MAG Board of Directors and Executive Council Meetings;

d. Serve as Delegate to MAG-HOD;

e. Serve as Head of the Georgia Delegation to the AMA-RFS;

f. Coordinate and facilitate communication with the RFS in Georgia, MAG, AMA, and with any organizations and administrators within the MAG;

g. Serve as advisor to the Chapter Delegates of the RFS;

h. Call meetings of the RFS as provided for in Article V and Article VI.B.;

i. Coordinate resident participation in AMA, MAG, and RFS programs which are pertinent to resident affairs;

j. Perform or delegate any other reasonable duties necessary for carrying out the business of the RFS.

2. The Vice-Chairperson shall:

a. Preside over all business meetings of the RFS and of the RFS Governing Council in the absence of the Chairperson;

b. Attend, in the absence of the Chairperson, meetings or functions which the Chairperson is to attend;

c. Serve as Alternate Delegate to MAG-HOD and AMA-RFS;

d. Serve as parliamentarian at meetings of the RFS and the RFS Governing Council;

e. Assist the Chairperson in the performance of his/her duties.

3. The Secretary/Treasurer shall:
a. Keep all financial records;

b. Be responsible for the development of an annual budget;

c. Keep all membership records and work with the CMS, MAG, and AMA, as necessary, on matters pertaining to membership;

d. Record and distribute minutes of all Governing Council and RFS meetings;

e. Insure that any correspondence addressed to the RFS and/or the RFS Membership and any correspondence from the RFS is promptly and properly distributed/posted.

4. The Chapter Delegates shall:

a. Serve as Delegate to the MAG-RFS and in that capacity shall:

   (1) Represent their Chapter and be responsible for introducing any resolutions authorized/sponsored by their Chapter;

   (2) Solicit the opinions of their Chapter membership on proposed RFS and AMA-RFS reports and resolutions and convey those opinions to the Chairperson and Governing Council;

   (3) Serve as the contact person and liaison for the Chairperson and Governing Council with their individual Chapters;

   (4) Assure that a designate/delegate is sent if he/she is unable to attend a specific meeting or function.

b. Shall keep abreast of legislation at both the state and national level that may impact residents and coordinate responses and initiatives to same from their individual Chapters.

5. The Chapter Alternate Delegate shall:

a. Serve as Alternate Delegate to the MAG-RFS and in that capacity shall:

   (1) Represent their Chapter to the AMA-RFS in the absence of the Chapter Delegate;
(2) Assist the Delegate, as necessary, in carrying out his/her responsibilities.

Article V. Section Meetings

A. Time

The RFS shall have the authority to meet as often as deemed necessary, but shall hold a business meeting at least once annually, at the MAG-HOD.

B. Purpose. At its meeting, the RFS shall:

1. Address internal resolutions;
2. Address resolutions to be submitted to the MAG or AMA-RFS Assembly;
3. Receive reports from the Governing Council, the Chapter representatives of their Institution, and RFS committee members;
4. Elect officers;
5. Conduct any other business.

C. Meeting Notice

The membership shall be notified at least fourteen (14) days prior to all called RFS meetings. Notice shall not be required for the regular annual meeting. Notice shall be sent to all members detailing the time, place, and other appropriate information (e.g. credentialing process, resolution process, election procedures, and educational programs for the meeting).

D. Quorum

A quorum for the conduct of business at RFS meetings shall be

E. Voting

1. Each Chapter Delegate shall have the right to a single vote at RFS meetings on the business presented therein and on the election of officers, unless otherwise specifically provided for in these bylaws.
2. In consideration of business matters other than elections, the Chairperson shall, in the event of a tie, have the determining vote.

3. Absentee Ballots and/or Vote by Proxy shall not be counted as a cast ballot.

4. Abstentions shall not be counted as a cast ballot.

**Article VI. Governing Council**

A. Membership

The Governing Council shall be composed of the Chairperson, Vice-Chairperson, Secretary/Treasurer, and the Chapter Delegates. All officers of the Immediate Past Governing Council (who are still employed at an Institution, but not serving in a Governing Council position) and residents who are Officers or Immediate Past Officers of the AMA-RFS may be ex-officio members of the Council, but shall not have a vote in Council business, unless specifically provided for in other parts of these bylaws.

B. Duties

1. The Governing Council shall jointly:
   
   a. Coordinate the activities of the RFS;
   
   b. Create and make appointments to the RFS Ad-hoc committees;
   
   c. Make appointments to RFS Standing committees;
   
   d. Conduct at least four (4) meetings a year; one shall occur at the MAG-HOD prior to the RFS business meeting; the others may be in conjunction with other MAG meetings or may take place by conference call;
   
   e. Approve a budget submitted by the Treasurer for submission to MAG;
   
   f. Produce a yearly report for the MAG and the AMA Department of Resident Physician Section (DRFS) including information on elections and RFS activities;
   
   g. Coordinate the recruitment of RFS members.

2. Other duties prescribed by these bylaws.
C. Recall of Governing Council Members

1. If a person is deemed derelict in his/her duties, a recall election for any elected Governing Council member shall be called upon petition of one-fifth (1/5) of the membership of the RFS or upon a two-thirds (2/3) majority of the Governing Council, including its ex-officio members.

2. In the event of a recall election, each member of the Governing Council, excluding the member under threat of recall and including ex-officio members, shall have the right to vote.

3. A recall vote shall require a two-thirds (2/3) majority of those members casting ballots in the recall election in order to remove the elected Governing Council member from office.

D. Vacancies

Vacancies in an elected Governing Council position shall be filled at the next scheduled business meeting following the vacancy.

1. A vacancy in the position of Chairperson shall be filled by the Vice-Chairperson and the position of Vice-Chairperson shall become vacant.

2. A vacancy in the position of Vice-Chairperson or Secretary/Treasurer shall be filled in the same manner as described in Article IV.C.

Article VII. Delegates to MAG, AMA

A. The RFS is entitled to and shall provide a Delegate and Alternate Delegate to the MAG-HOD. These positions shall be filled by the Chairperson and Vice-Chairperson respectively.

B. The Georgia RFS is entitled to Delegates to the AMA-RFS based on total AMA membership, which may vary from year to year.

1. The Chairperson shall serve as the Head of the Georgia Delegation.

2. Other AMA-RFS Delegates and Alternate Delegates shall be chosen at the annual MAG-RFS meeting.

   a. If the number of Delegates allotted is equal to or greater than the number of Chapters that request to participate, then:
(1) A Delegate or Alternate Delegate position shall be allotted to each Chapter;

(2) Additional positions shall be allotted based on vote of the Chapter Delegates present.

b. If the number of Delegates allotted is less than the number of Chapters that request to participate, then all Delegates shall be chosen by vote of the Chapter Delegates present.

c. No Chapter may provide more than one Delegate/Alternate Delegate unless all other Chapters wishing to do so have been allotted such a position.

C. Any member attending either the MAG-HOD or AMA-RFS as an official member of the MAG-RFS shall be expected and required to attend all official functions at these meetings. Failure to do so shall result in forfeiture of any reimbursement of expenses they may be due and prohibition from serving in such a capacity again.

D. The Head of the Georgia Delegation shall assign Delegates to attend various reference committees and to summarize the debate therein for the remainder of the Delegation.

E. The Delegation as a whole shall be responsible for providing a synopsis of the events to the MAG and membership as a whole through the Chapter Delegates.

Article VIII. Committees

A. Committees deemed necessary must be enacted by the Section and shall be appointed by the Governing Council after soliciting statements of interest from the RFS members. Statements of Interest may be written or verbal. The RFS Governing Council shall determine when a RFS committee shall submit reports to the RFS. RFS committees shall maintain regular contact with a Governing Council liaison.

B. Standing committees shall be enacted only by amendment of the bylaws.

Article IX. Parliamentary Authority

For those matters not covered by the RFS bylaws, the Rules of Order for the transaction of business shall be the Rules of Order of the MAG House of Delegates.

Article X. Amendment of Bylaws
These bylaws may be amended by the RFS at any of its meetings provided the amendment shall have been proposed and publicized to the entire membership not less than thirty (30) days prior to the meeting. The amendment requires a two-thirds (2/3) majority vote of those Delegates in attendance.

**Article XI. Policy**

The AMA-RFS Internal Handbook and Policy Manual shall guide policy in so far as its policies do not conflict with the policies of the MAG.

**Article XII. Funding**

A. Activities of the RFS shall be financed by budget requests submitted for consideration to the Finance Committee and subsequently to the MAG Board of Directors or by dues raised by the RFS. Authorization for expenditures of budgeted monies shall be by approval of the Chairperson. No amount greater than $100.00 shall be expended without prior approval of the Governing Council.

B. Fund raising events (for Section benefit or for the benefit of other organizations) shall require prior approval of the RFS membership and the MAG.

C. Only RFS members shall have the right to receive funds to participate in state and national meetings.

**Article XIII. Communication**

A. Library

1. Each Chapter shall be encouraged to maintain a central and accessible location to receive RFS, CMS, MAG, AMA-RFS, and AMA related materials and inform the local Chapter's residents and the RFS Governing Council of this location.

2. The purpose of the library shall be to facilitate the transfer of information between RFS members through time, to provide resources for interested residents, and to prevent the loss of valuable information generated by the RFS.

3. The library shall include the Constitution and/or Bylaws of the RFS, the CMS in which the Institution is located, MAG, AMA-RFS, and AMA; the AMA-RFS Policy Manual; the proceedings of all RFS business meetings, MAG-HOD meetings, the AMA-RFS annual and interim meetings; reports of RFS officers and delegates which are not part of the previously listed proceedings; and any other publications that might be of interest to the membership.
B. Annual Reports. The MAG and DRFS shall be given yearly reports of the RFS activities and the results of officer elections.

1. Each Chapter of the RFS will provide the CMS responsible for maintaining the membership of the residents of that Chapter and the RFS with a yearly report of Chapter activities and a list of Chapter officers prior to the RFS annual meeting.

2. Each Chapter shall submit a list of current and immediately graduated residents to the MAG and RFS Governing Council no later than July 21 of each year.

Article XIV. Section Advisor

The Chairperson of the MAG and the MAG staff person responsible for the RFS affairs shall be the advisors to the RFS. The advisors or their designees shall be invited to attend all business meetings of the RFS and shall be kept current on the affairs of the RFS by the Governing Council.
Whereas, Almost a fourth of men and women between the age of 18 and 50 currently have a tattoo;  

Whereas, The FDA regulates cosmetics, which are generally pigments used on the surface of the skin, but does not regulate tattoo and permanent makeup inks which are pigments injected with needles below the skin’s surface;  

Whereas, some risks, such as the spread of infections through the use of unsterilized needles, have long been known;  

Whereas, The long term safety of permanent tattoo inks has not been previously studied;  

Whereas, Research has also shown that some pigment migrates from the tattoo site to the body’s lymph nodes;  

Whereas, Many pigments used in tattoo inks are industrial-grade colors suitable for printers’ ink or automobile paint;  

Whereas, Azo pigments, the organic pigments making up about 60% of the colorants in tattoo inks are not of health concern while chemically intact, they can degrade with the help of bacteria or ultraviolet light and potentially can turn into cancer-causing primary aromatic amines;  

Whereas, Some surveys show that up to 50% of tattoo owners come to regret getting a tattoo;  

Whereas, Lasers are often used to blast apart pigments, sending problematic degradation products into the body and researchers do not know how the degradation products are distributed in the body or how they get excreted;  

Whereas, a study by the Australian government’s National Industrial Chemical’s Notification and Assessment Scheme (NICNAS) showed the presence of polycyclic aromatic hydrocarbons (PAHs), a group of chemicals known to be carcinogens in more than one-fifth of 49 inks tested and in 83% of the black inks tested;
Whereas, Tattoo inks may also contain potentially harmful metal impurities such as chromium, nickel, copper, and cobalt8;

Whereas, Manufacturers of tattoo and permanent makeup inks in the United States are often protected from divulging the ingredients of tattoo inks under the guise of considering them ‘trademark secrets’;

Whereas, In 2008, the Council of Europe, an organization focused on promoting human rights and the integration of regulatory functions in the continent, recommended policies to ensure the safety of tattoos and permanent makeup, which advocate the banning of sixty-two hazardous chemicals, as well as guidelines which include that Tattoo and permanent makeup products should contain the following information on the packaging:

- The name and address of the manufacturer or the person responsible for placing the product on the market;
- The date of minimum durability9;
- The conditions of use and warnings;
- The batch number or other reference used by the manufacturer for batch identification;
- The list of ingredients according to their International Union of Pure and Applied Chemistry (IUPAC) name, CAS number (Chemical Abstract Service of the American Chemical Society) or Colour Index (CI) number; and
- The guarantee of sterility of the contents10;

Whereas, Our AMA policy H-440.909 currently only encourages the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures to protect the public health; and encourages physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program;

Whereas, Current regulation of tattoo and permanent makeup inks in the United States performed at state or provincial levels generate a wide variety of guidelines and hygiene standards; therefore it be

RESOLVED: That our AMA encourage the FDA to adopt regulatory standards for tattoo and permanent makeup inks that include the disclosure of the name and address of the manufacturer or the person responsible for placing the product on the market; the date of minimum durability; the conditions of use and warnings; the batch number or other reference used by the manufacturer for batch identification; the list of ingredients according to their International Union of Pure and Applied Chemistry (IUPAC) name, CAS number (Chemical Abstract Service of the American Chemical Society) or Colour Index (CI) number; and the guarantee of sterility of the contents; and be it further

RESOLVED: That our AMA encourage the FDA to ban from tattoo and permanent makeup inks at a minimum, the sixty-two chemicals listed in the 2008 Council of Europe Recommendations.

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8 Id.
Fiscal Note: Not yet determined

Relevant RFS Policy and AMA Policy:

Regulation of Tattoo Artists and Facilities H-440.909: The AMA encourages the state regulation of tattoo artists and tattoo facilities to ensure adequate procedures to protect the public health; and encourages physicians to report all adverse reactions associated with tattooing to the Food and Drug Administration MedWatch program.

150.998R Truth in Nutrition Labeling: Asked that the AMA-RFS ask the AMA to support and advocate for changing FDA policy to require manufacturers to include levels of trans fatty acids on the “nutrition facts” portion of food labels; and (2) That the AMA-RFS ask the AMA to support and advocate for the development of guidelines for labeling foods as “low fat” and “low cholesterol” which include levels of trans fatty acids. (Substitute Resolution 9, I-96) (Reaffirmed Report C, I-06)
BYLAWS OF THE
MEDICAL STUDENT SECTION
OF THE
MEDICAL ASSOCIATION OF GEORGIA

ARTICLE I. NAME: The name of this organization shall be The Medical Association of Georgia Medical Student Section (MAG-MSS).

ARTICLE II. PURPOSE: The purpose of the Medical Student Section is to participate in the shaping of the future of medicine in the State of Georgia and in these United States by providing for and soliciting greater medical student involvement in the affairs of the local medical societies, the Medical Association of Georgia, and the American Medical Association.

ARTICLE III. ORGANIZATION:

Chapter A. Membership

Section 1. The Medical Student Section shall be comprised of medical students who are student members of the Medical Association of Georgia, enrolled in Georgia medical schools that are accredited by the Liaison Committee on Medical Education, the Committee on Colleges, Bureau of Professional Education or American Osteopathic Association. The Section shall be entitled to one voting delegate and an alternate from each of the medical schools in Georgia which are accredited by the Liaison Committee on Medical Education.

Section 2. The conduct, rights, and privileges of student membership shall be governed by the Bylaws of the Medical Association of Georgia. Student members may serve as officers of the Medical Student Section, as Medical Student Section Delegates, or as Medical Student Section Alternate Delegates to the Medical Association of Georgia House of Delegates.

Chapter B. Chapters

Chapters of the Medical Student Section may be established at each Georgia school of medicine. Members of each chapter shall be those students currently enrolled in Georgia medical schools that are accredited by the Liaison Committee on Medical Education, the Committee on Colleges, Bureau of Professional Education or American Osteopathic Association who are members in good standing of the Medical Association of Georgia. Each chapter shall be governed by their independently chosen chapter bylaws approved by the Medical Student Section State Executive Council and the MAG Board of Directors. It is the responsibility of the MAG-MSS Chair to periodically review the bylaws of each MAG-MSS chapter. It is the privilege and responsibility of each chapter to work closely with the Georgia State Executive Council to develop benefits and programs to serve the students of that chapter. Communication between the student chapters and their corresponding county medical society are encouraged to further
expand the opportunities for students at each chapter. Voting privileges on committees of a county society should be encouraged to be granted to student members at the discretion of the county medical society.

Chapter C. MAG-MSS Student Delegates

Section 1. Each chapter shall elect a MAG-MSS student delegate from among their own members to serve for a single year. Students who are members of the state Executive Council are not eligible to serve as student delegates.

Section 2. The MAG-MSS delegates shall attend the annual state meeting and Georgia state Executive Council meetings and shall report the activities of the meeting to their respective chapters.

Section 3. The MAG-MSS student delegates shall serve as liaison to maintain lines of communication between the officers of the respective chapter, the officers of the state Executive Council, and their respective student constituencies.

Section 4. The MAG-MSS student delegates shall endeavor to recruit student members and to coordinate Medical Student Section MAG and AMA membership drives in their respective Chapters.

Section 5. Each chapter shall also elect one MAG-MSS alternate student delegate. In the absence of the elected MAG-MSS student delegate during an Executive Council meeting or Georgia state meeting, the MAG-MSS alternate student delegate shall assume all duties and privileges of the absent MAG-MSS Student Delegate. In the unlikely event that the MAG-MSS student delegate and the MAG-MSS alternate student delegate are absent from an Executive Council meeting, the Chapter Chair has the authority to select substitute MAG-MSS student delegates as needed.

Chapter D. Governing Council

Section 1. The MAG-MSS shall be governed by the Governing Council. Only Governing Council voting members shall have the privilege to vote during sessions of the Governing Council. Each voting member shall cast one vote. A simple majority of the Governing members shall constitute a quorum of the Governing Council.

The Governing Council shall be composed of the following voting members: 1. Chair; 2. Vice-Chair; 3. Secretary; 4. Treasurer; 5. Officer-at-Large. There shall be at least one voting member representing each Chapter of the MAG-MSS. If there is not one Executive Council member from each chapter then the elected MSS-MAG delegate from that chapter will have a vote on the Governing Council. This will ensure that each chapter has a voice and a vote on the Governing Council without grossly limiting active chapters from holding more than one Governing Council position. Each chapter may not have more than 2 voting members on the state Governing Council.
The MAG Medical Student Section Governing Council shall also consist of the following non-voting members who shall serve in an advisory capacity.

6. AMA-MSS Region IV Delegate if that student attends a school in the state of Georgia;
7. Student Georgia Medical Political Action Committee (GAMPAC) Representative;
8. AMA-MSS Region IV Alternate Delegate if that student attends school in the state of Georgia;
9. Immediate Past Chair for the MAG-MSS

Governing Council elections shall be held in the following order: Chair, Vice-Chair, Secretary, Treasurer, Officer-at-Large, and finally Student GAMPAC Representative. This order shall be preserved to allow for students to “drop down” after running for a previous office. In this fashion a student running for the office of state Chair would be able to run for a later office if the first election was not tallied in their favor.

**Section 2.**

Officers of the Governing Council may be any student in good standing with the Medical Association of Georgia. Officers of the MAG-MSS Governing Council shall include:

1. Chair; 2. Vice-Chair; 3. Secretary; 4. Treasurer; 5. Officer-at-Large

These five officers, plus the student GAMPAC representative shall serve as the Executive Committee of the MAG-MSS Executive Council.

a. The Chair, Vice-Chair, Secretary, Treasurer, Officer-at-Large, and GAMPAC Representative will be elected during the MAG annual state meeting. Each chapter may have up to two students sitting as voting members on the MAG-MSS Governing Council. At the end of elections, if any chapter is not represented by a voting seat on the Executive Council then their chapter Delegate will be granted a voting seat.

In the event of a tie vote, each student in attendance at the annual state meeting will be granted a single vote for the office in contention thereby encouraging schools to send more than 2 delegates to the state meeting.

b. The MAG-MSS chapter Delegates and Alternate Delegates will be selected by each individual chapter. The GAMPAC Representative shall be elected at the same time as the state Governing Council.

The Chair, Vice-Chair, Secretary, Treasurer, GAMPAC representative, and Officer-at-Large will serve for a term of one year beginning at the conclusion of the Meeting of the Executive Council held during the MAG Annual Meeting. Any one individual cannot hold the position of Chair for more than one year.

c. The Medical Student Section Delegate and Alternate Delegate will be selected as per MAG procedures.

d. An Officer of the MAG-MSS may be removed from office for cause upon a two-thirds vote of the Executive Council, provided a quorum of voting members are present. An
Officer so removed from office may appeal in writing to the MAG Board of Directors. The Officer will be allowed to continue in office until the MAG Board of Directors conducts an investigation and hearing and renders a decision. This decision is final.

e. In the event of a vacancy due to resignation or removal of an officer, the Chair of the MAG-MSS will appoint a replacement who shall serve until the next MAG Annual Meeting.

f. In the event that the officer removed is the state Chair, then the Vice-Chair will appoint a replacement who shall serve until the next MAG Annual meeting.

Section 3. The Governing Council at its sessions shall address proposed resolutions to be submitted on behalf of the Medical Association of Georgia Medical Student Section to the MAG House of Delegates; shall receive and consider action to be taken on reports and recommendations from the Medical Student Section, from MAG-MSS Student Delegates, and from others as designated; and shall conduct any other business of the Medical Student Section as appropriate.

Section 4. There shall be an annual business meeting of the Governing Council of the Medical Student Section. The business meeting shall be held at the annual meeting of the MAG House of Delegates at a time and place to be designated by the state Chair with approval by the MAG Board of Directors. Interim meetings of the Governing Council will be held as necessary. Such interim meetings can be scheduled either by the Chair of the Governing Council, or by a majority vote of the Governing Council.

Section 5. The sessions of the Governing Council shall be open to all members of the MAG, who shall have no vote but may speak to issues before the Council after being recognized by the Chair.

Chapter E. Duties of Officers, Delegates and Alternate Delegates to the Medical Association of Georgia

Section 1. The Chair of the Medical Student Section shall organize and preside over all meetings of the Governing Council and all meetings of the Executive Committee of the Medical Student Section, and shall ensure that all mandates of the Governing Council are faithfully executed. The Chair also shall solicit students interested in serving on the Committees and/or Councils of the Medical Association of Georgia.

Section 2. The Vice Chair of the Medical Student Section, in the absence of the Chair, shall assume the duties of Chair of the Medical Student Section, or such other responsibilities as designated by the Chair. The Vice Chair shall also act as a liaison to each of the medical school chapter chairs and to the elected Delegates and Alternates from each chapter.

Section 3. The Secretary of the Medical Student Section shall record the minutes of all meetings of the Governing Council and disseminate such minutes.
Section 4. The Treasurer shall serve as financial liaison between the Medical Student Section and the MAG; and shall prepare budgetary requests on behalf of the Medical Student Section to be submitted for consideration to the Finance Committee and subsequently to the MAG Board of Directors.

Section 5. The Officer-at-Large shall organize and coordinate all community service, advocacy, and fundraising efforts of the MAG-MSS. They also shall act as an advisor to individual chapters attempting these activities on a local level.

Chapter F. Executive Committee

Section 1. The Executive Committee of the Executive Council shall be composed of the Chair, the Vice Chair, the Secretary, the Treasurer, the Officer-at-Large, and the student GAMPAC representative, each having one vote. The Chair of the governing Council will be the Chair of the Executive Committee.

Section 2. The Executive Committee shall convene upon the call of the Chair as often as deemed necessary between regularly scheduled sessions of the Governing Council.

Chapter G. Standing and Ad Hoc Committees

The Chair shall establish any standing or ad hoc committees of the Medical Student Section as deemed appropriate, subject to the approval of the Executive Council.

ARTICLE IV. BUDGET

The Treasurer shall annually prepare an operating budget for the Medical Student Section to be presented for the approval of the Executive Council at the Annual Meeting of the MAG House of Delegates.

ARTICLE V. BYLAWS

These Bylaws of the Medical Student Section may be amended by a two-thirds affirmative vote of the Governing Council or by a two-thirds affirmative vote on chapters attending the annual MAG-MSS state meeting. Such Bylaw Amendment(s) shall be submitted to the General Counsel of the MAG to ensure that they are not in conflict with the Bylaws of the Medical Association of Georgia. After review by the General Counsel, the Chair of the MAG-MSS will submit such Bylaw Amendment(s) to the MAG Board of Directors for approval. After such approval, the involved Bylaws will become operative.

ARTICLE VI. PARLIAMENTARY PROCEDURE

For those matters not covered by the MSS bylaws, the Rules of Order for the transaction of business shall be the Rules of Order of the MAG House of Delegates.
Thank you for this opportunity to submit the Quarterly Report of Alliant GMCF to the Medical Association of Georgia Board of Directors. Alliant GMCF serves as the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Georgia and North Carolina and also serves as a contractor for Medical Management for the Department of Community Health (Medicaid).

Georgia Medicaid contracts with Alliant GMCF to support its fee-for-service programs through traditional utilization management, home- and community-based waiver management, as well as expert consultation in performance and best practices.

Significant changes to the Current Procedural Terminology (CPT) occurred for 2017. There are 149 code additions, 81 deletions and 498 code revisions. GMCF is working with the Department of Community Health (DCH) on the CPT updates and changes. The surgery section contains the most prominent change. The areas affected are the laryngoscopy/laryngoplasty, bunionectomy, and cardiovascular and spinal surgeries sections.

The GMCF Prior Authorization/Utilization Management (PA/UM) department worked on a process to allow for the smooth transition and crosswalk of the new and deleted codes. The PA/UM team updated the automatic crosswalk and made changes to the Family of Codes (FOC) which allow a provider to request one procedure code and the system will approve that or a related procedure. The updated FOC will eliminate the need to submit a reconsideration for a prior authorization (PA) request for a minor code change which minimizes the provider’s administrative burden. Also, the FOC allows the provider to later bill the code that most closely reflects the services rendered. If the actual procedure performed is not included in the family of codes, then the provider has 30 days from the date the service was performed to submit the update request on the PA.

If a PA request was approved in 2016 and the code has been deleted for 2017, GMCF has created a crosswalk of the new associated codes and these will be automatically added to the PA request for the provider. An example includes the 2016 Physician Therapy (PT) evaluation code 97001 that has been cross-walked to the new 2017 PT (FOC) codes of 97165, 97166 and 97167.

Also, if services billed for date of service on or after January 1, 2017 with the new CPT/HCPCS codes receive a denial, DCH/HP plan to reprocess the claims automatically in March 2017. If the provider billed with CPT/HCPCS codes that were changed or deleted or are no longer valid on or after January 1, 2017, the provider will need to adjust these claims with the 2017 equivalent codes. If these claims are not adjusted, they will be recouped with the mass reprocessing.

For questions, please contact the Hewlett Packard Enterprise (DXC Technology) Call Center at 770-325-9600 or 1-800-766-4456 or via the “Contact Us” link at www.mmis.georgia.gov.
Date: April 10, 2017
For Meeting: Board of Directors
April 22, 2017

Committee/Officer: GAMPAC

Submitted by: Michelle Zeanah M.D., Chairman

Action Items: For Information

**GAMPAC Financial Report**

$277,306.16 cash on hand (As of 2/28/2017).

**GAMPAC Membership Report**

For the past few years GAMPAC membership has remained consistent with 300-350 physicians.

In 2017 we currently have over 900 GAMPAC members, in large part because of the $95 opt out addition to the MAG membership renewal form. Over 650 physicians who had never engaged with GAMPAC are now contributing members. We expect this number to grow as membership renewals continue to come in. At the same time, the number of Chairman’s Circle and Capitol Club members has also increased in 2017 (see below). We are pleased that we will have the largest GAMPAC membership in its history in 2017.

(Reporting from Membership as of April 1, 2017).

**Chairman’s Circle Members 2017 ($2,500) - 21 Members**

- John S. Antalis, M.D.
- James William Barber, M.D.
- Thomas Edward Bat, M.D.
- W. Scott Bohlke, M.D.
- Jack M. Chapman, Jr., M.D.
- S. William Clark, III, M.D.
- John Alfred Cowan, M.D.
- Rutledge Forney, M.D.
- Sudhakar Jonnalagadda, M.D.
Katarina Gabrielle Lequeux-Nalovic, M.D.
Fonda Mitchell, M.D.
John Gilbertson Porter, M.D.
Keith Cassidy Raziano, M.D.
Randy Frank Rizor, M.D.
Manoj H. Shah, M.D.
Michael John Sharkey, M.D.
William E. Silver, M.D.
James Lofton Smith, Jr., M.D.
Steven Michael Walsh, M.D.
Georgia College of Emergency Physicians
Georgia Orthopedic Society

Capitol Club Members 2017 ($1,000) - 26 Members (and 2 commitments)
John O. Bowden, M.D.
Snehal C. Dalal, M.D.
Santanu Das, M.D.
Edmund Roche Donoghue, Jr., M.D.
Thomas Edward Emerson, M.D.
Frederick Charles Flandry, M.D.
David D. Gayle, M.D.
Alexander Steven Gross, M.D.
John S. Harvey, M.D.
Billie Luke Jackson, M.D.
Stephen Jarrard, M.D.
Keith Russell Johnson, M.D.
Deborah Ann Martin, M.D.
Joy A. Maxey, M.D.
E. Frank McDonald, Jr., M.D.
Fonda Ann Mitchell, M.D.
Sid Moore, Jr., M.D.
Cheryl Elaine Perkins, M.D.
John James Rogers, M.D.
Charles Walter Sanderlin, Jr., M.D.
Stacy Elizabeth Seikel, M.D.
Stanley W. Sherman, M.D.
Leiv M. Takle, Jr., M.D.
Arthur Joseph Torsiglieri, M.D.
Roy W. Vandiver, M.D.
Michelle Reynolds Zeanah, M.D.

2017 GAMPAC Events

We held an intimate dinner for Capitol Club and Chairman’s Circle members with legislators the night before this year’s Physicians’ Day at the Capitol. Drs. Ben Watson, Betty Price and Mark
Newton joined the group at the Capital City Club downtown and provided legislative updates.

**Upcoming Events**

The annual GAMPAC Healthcare Panel Discussion & Breakfast is scheduled to coincide with the Saturday, April 22, 2017 MAG BOD meeting. It will be held at the Doubletree Hilton Atlanta-Marietta at 8:00 a.m. At least six members of the House and Senate Health Committees are expected to attend.

The GAMPAC Chairman’s Circle Fly-In to Washington, D.C. was originally scheduled for April 18-19; however, because of a change in the Congressional calendar that was a recess week when members of Congress were home in their districts. The new dates are May 3-4, and Chairman’s Circle members will have various meetings with the Georgia Congressional Delegation and educate them on the issues facing them back home caring for Georgia patients.

Now that the legislative session has adjourned, GAMPAC will resume coordinating members with legislators to schedule check deliveries for the 2018 primary election. This is extremely important in order to maintain relationships and educate legislators on the issues facing physicians and patients.

###
### Action Items: Information Only

The next Committee on Continuing Medical Education meeting is on Wednesday, May 3, 2017.

**Accreditation Services - Overview of Providers**
- MAG has 39 accredited providers (37 in Georgia and 2 in Tennessee)

**Accreditation Schedule - 2017**
- Completed site survey visits
  - American Academy of Pediatrics - Georgia Chapter
- Planned site survey visits
  - Georgia Chapter of the American College of Cardiology
  - Memorial Health Care System (Tennessee)
  - Physicians’ Institute for Excellence in Medicine, Inc.
  - South Georgia Medical Center
  - Covenant Health (Tennessee)
  - Southern Alliance for Physician Specialties CME

**Accreditation Schedule - 2018**
- Planned site survey visits
  - Floyd Medical Center
  - Georgia Society of Ophthalmology
  - Gwinnett Hospital System
  - Mag Mutual Insurance Company
  - Medical Center of Central Georgia
  - Memorial Satilla Health
  - Northeast Georgia Medical Center & Health System, Inc.
  - Piedmont Healthcare
  - Southeast Georgia Health System
  - St. Francis Hospital
  - University Healthcare System
Date: April 10, 2017  For Meeting: Board of Directors
April 22, 2017

Committee/Officer: Correctional Medicine Committee

Submitted by: Wall, Marc M.D., Chairman

Action Items: Information Only

The next Correctional Medicine Committee meeting is scheduled for Sunday, April 30, 2017.

Accreditation Services – Overview of Accredited Facilities and Services

- MAG currently accredits the health care programs at 52 facilities (37 state and 15 county). Facilities are surveyed triennially and complete an annual accreditation maintenance report the interim years. Consultation services provided improve the delivery of a facility’s health care program thru analysis of risk, training of personnel, and preparation for accreditation. The Correctional Medicine Program operates on funds it generates and does not rely on additional monies being drawn from the general budget to cover expenses. First quarter 2017 gross income is estimated at $57,325.00.

- Marc O. Wall, M.D., Cedartown (Family Physician) was appointed Chairman of the Correctional Medicine Committee by the Executive Committee on March 24, 2017.

Accreditation Schedule – 1st Quarter 2017

- Completed site survey visits:
  Augusta State Medical Prison
  Autry State Prison
  Georgia Diagnostic & Classification Prison
  Hays State Prison
  Lee State Prison
  Macon State Prison
  Polk County Jail
  Rutledge State Prison
• Completed accreditation maintenance reports:
  Arrendale State Prison
  Burruss Correctional Training Center
  Central State Prison
  Emanuel Women’s Facility
  Hancock State Prison
  Lumpkin County Jail
  Monroe County Jail
  Riverbend Correctional Facility

Accreditation Schedule – 2nd Quarter 2017

• Planned site survey visits:
  Chatham County Jail - Consultation
  Charles B. Webster Detention Center
  Cobb County Jail
  Hays State Prison
  Rockdale County Jail

• Planned accreditation maintenance reports:
  Augusta State Medical Prison
  Douglas County Jail
  Long State Prison
  Montgomery State Prison
  Phillips State Prison
  Walton County Jail
  Whitworth Women’s Facility
Date: April 10, 2017  
For Meeting: Board of Directors  
April 22, 2017

Officer/Committee/Department: Department of Membership & Marketing

Submitted by: Dayna Jackson

Action Items: Informational Only

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2017 Membership Plan

Dues statements were mailed to all renewing physicians and non-members on October 25, November 23 and January 19. These mailings included a postcard highlighting MAG’s top ten accomplishments and growth. Included in the mailings was a demographic form that is used to gather statistical data on Georgia physicians. Reminder emails are sent to all physicians who have not renewed bi-weekly. The annual MAG exit survey to all non-renewed members is scheduled to be sent April 14.

2017 Marketing

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues statements on the way email</td>
<td>10/19/2016</td>
</tr>
<tr>
<td>October dues mailing</td>
<td>10/25/2016</td>
</tr>
<tr>
<td>November dues mailing</td>
<td>11/23/2016</td>
</tr>
<tr>
<td>Dues reminder email</td>
<td>12/19/2016</td>
</tr>
<tr>
<td>Dues reminder email</td>
<td>1/5/2017</td>
</tr>
<tr>
<td>January dues mailing</td>
<td>1/19/2017</td>
</tr>
<tr>
<td>Don’t forget to renew email</td>
<td>2/2/2017</td>
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<tr>
<td>Membership card sent</td>
<td>2/13/2017</td>
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<tr>
<td>Don’t expire email</td>
<td>2/15/2017</td>
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<tr>
<td>Deadline to renew</td>
<td>3/1/2017</td>
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<td>March dues mailing</td>
<td>3/17/2017</td>
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<tr>
<td>Your membership expired email</td>
<td>3/20/2017</td>
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<tr>
<td>Non-member email</td>
<td>4/5/2017</td>
</tr>
<tr>
<td>Exit survey</td>
<td>4/14/2017</td>
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</tbody>
</table>

We are continuing to focus on increasing the involvement of MAG’s Student, Resident and Young Physicians Sections. In an effort to reestablish the sections we have asked the governing councils of
each section to update their bylaws and their sections of MAG’s website. After several conference calls with the governing councils it was decided to collaborate in hosting a social event during HOD to encourage peer-to-peer communication, educate attendees on the benefits of being a MAG member and help to recruit new members.

MAG continues to be very successful in renewing large group memberships. In 2017, the membership campaign is not only targeting larger groups but smaller practices specifically in the specialty areas of radiology and anesthesiology. Just two of the specialties affected by surprise billing and would greatly benefit from MAG’s ability to be an advocate on their behalf. Several of these groups have verbally committed to joining MAG this year after either receiving a call from Dr. Walsh or meeting with Mr. Palmisano to discuss the benefits of MAG and current legislation.

**2017 Membership Figures**

![Total Membership 2013-2017](chart)

![Dues Collected (as of 4/10/17)](chart)
First Year Members
2012-2017
(as of 4/10/17)

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Count</td>
<td>824</td>
<td>849</td>
<td>620</td>
<td>460</td>
<td>379</td>
<td>685</td>
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Second Year Members
2012-2017
(as of 4/10/17)

<table>
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<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Count</td>
<td>590</td>
<td>736</td>
<td>704</td>
<td>653</td>
<td>419</td>
<td>481</td>
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Third Year Members
2012-2017
(as of 4/10/17)

<table>
<thead>
<tr>
<th>Year</th>
<th>Members</th>
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<tbody>
<tr>
<td>2012</td>
<td>3180</td>
</tr>
<tr>
<td>2013</td>
<td>3421</td>
</tr>
<tr>
<td>2014</td>
<td>3561</td>
</tr>
<tr>
<td>2015</td>
<td>4008</td>
</tr>
<tr>
<td>2016</td>
<td>3924</td>
</tr>
<tr>
<td>2017</td>
<td>4182</td>
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</table>

Total Actives
2012-2017
(as of 4/10/17)

<table>
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<tr>
<th>Year</th>
<th>Members</th>
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<tr>
<td>2012</td>
<td>4594</td>
</tr>
<tr>
<td>2013</td>
<td>5006</td>
</tr>
<tr>
<td>2014</td>
<td>4885</td>
</tr>
<tr>
<td>2015</td>
<td>5121</td>
</tr>
<tr>
<td>2016</td>
<td>4730</td>
</tr>
<tr>
<td>2017</td>
<td>5348</td>
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### 2017 Membership Figures
As of April 10, 2017

<table>
<thead>
<tr>
<th>Total All Categories</th>
<th>2013 YTD</th>
<th>2014 YTD</th>
<th>2015 YTD</th>
<th>2016 YTD</th>
<th>2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Members</strong></td>
<td>169</td>
<td>813</td>
<td>807</td>
<td>603</td>
<td>460</td>
</tr>
<tr>
<td><strong>2nd Year</strong></td>
<td>157</td>
<td>579</td>
<td>729</td>
<td>684</td>
<td>653</td>
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<tr>
<td><strong>Actives</strong></td>
<td>2791</td>
<td>3053</td>
<td>3245</td>
<td>3412</td>
<td>4003</td>
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<tr>
<td><strong>Total Active Dues Paying Members</strong></td>
<td>3117</td>
<td>4445</td>
<td>4781</td>
<td>4699</td>
<td>5116</td>
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### ACTIVE MEMBERSHIP COMPARISON

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<tbody>
<tr>
<td><strong>New Members</strong></td>
<td>807</td>
<td>603</td>
<td>442</td>
<td>362</td>
<td>685</td>
<td>+323</td>
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<tr>
<td><strong>Other Actives</strong></td>
<td>3974</td>
<td>4096</td>
<td>4411</td>
<td>4262</td>
<td>4663</td>
<td>+401</td>
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<tr>
<td><strong>Total Dues Revenue (all categories)</strong></td>
<td>$1,755,325</td>
<td>$1,828,428</td>
<td>$1,856,274</td>
<td>$1,790,931</td>
<td>$1,765,971</td>
<td>-$24,960</td>
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### MEMBERSHIP CATEGORIES RETENTION RATES

<table>
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<th>2016 Total</th>
<th>2017 YTD</th>
<th>% Retained</th>
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<tbody>
<tr>
<td><strong>2017 A2s</strong></td>
<td>427</td>
<td>481</td>
<td>113%</td>
</tr>
<tr>
<td>were 2016 new members</td>
<td></td>
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<tr>
<td><strong>2017 ACT</strong></td>
<td>3924</td>
<td>4182</td>
<td>107%</td>
</tr>
<tr>
<td>Were 2016 A2 and ACT</td>
<td></td>
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### OTHER CATEGORIES OF MEMBERSHIP

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<tbody>
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<td>First Free</td>
<td>1350</td>
<td>1131</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>1096</td>
<td>n/a</td>
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<tr>
<td>Exempt</td>
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<td>0</td>
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<tr>
<td>Affiliate</td>
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<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Int/Res</td>
<td>12</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>26</td>
<td>33</td>
<td>61</td>
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<td>Associate</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Honorary</td>
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<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Life</td>
<td>389</td>
<td>379</td>
<td>379</td>
<td>358</td>
<td>361</td>
<td>356</td>
<td>370</td>
</tr>
<tr>
<td>Retired**</td>
<td>151</td>
<td>149</td>
<td>149</td>
<td>134</td>
<td>71</td>
<td>99</td>
<td>140</td>
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<tr>
<td>Service</td>
<td>19</td>
<td>20</td>
<td>20</td>
<td>19</td>
<td>8</td>
<td>19</td>
<td>19</td>
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<tr>
<td>Students</td>
<td>310</td>
<td>470</td>
<td>470</td>
<td>382</td>
<td>452</td>
<td>454</td>
<td>475</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2242</td>
<td>2162</td>
<td>1030</td>
<td>907</td>
<td>921</td>
<td>2060</td>
<td>1068</td>
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<td>Date: April 10, 2017</td>
<td>For: Board of Directors April 22, 2017</td>
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</table>

**Department/Committee/Officer: MAG Programs and Initiatives**

Submitted by: Susan W. Moore

**Action Items: For Information Only**

This report provides an update regarding highlights and accomplishments since the department’s January 2017 BOD report.

**HealtheParadigm - MAG-Endorsed HealtheParadigm Actively Promoted during its First Quarter of Operation**

After almost two years and three unanimous votes by the MAG BOD, HealtheParadigm is officially “off to the races”, meeting with potential customers. This strategic MAG endeavor will support and empower Georgia’s physicians, hospitals and others with a powerful suite of products and services created in consultation with physicians, other clinicians, health care entities and a technical team of Best in KLAS vendors. HealtheParadigm provides the tools practices need to transition to new models of healthcare delivery, quality reporting and performance-based payments.

HealtheParadigm has been visible at approximately 10 trade shows. It is conducting face to face visits across the state with practices, hospitals and others who are interested in considering HealtheParadigm. A schedule including two webinars a month and two CME presentations every other month has been ongoing beginning in 2017. Two e newsletters have been produced and distributed and we continue to add more content to [www.healtheparadigm.com](http://www.healtheparadigm.com).

Consistent with its mission and brand, MAG is positioned to lead the way with the best interests of physicians and their patients at heart. At present, contracts are under review by several practices.

Many thanks to MAG president Dr. Steve Walsh for his boots on the ground engagement in getting HealtheParadigm up and running.
Please visit [www.healtheparadigm.com](http://www.healtheparadigm.com) to learn more and do contact Dr. Walsh, Cardelia Reid or me with questions or potential venues to promote this MAG supported initiative.

**MAG Medical Reserve Corps Increases its Visibility**

2017 has been active year for training, education and recruitment. MAG MRC leadership group meets at least quarterly to review business and expand its executive and regional leadership infrastructure.

The MAG MRC currently has approximately 50 who are prepared and qualified for deployment and another 30 volunteers who are very close, needing only to complete one training. We are pleased to report the addition of a number of trauma, critical care and ED nurses to the MAG MRC unit as well as several respiratory therapists.

The MAG MRC was up front and center, participating in Georgia’s first Vigilant Guard Exercise. MAG MRC volunteers deployed to Savannah to set up the DPH surge hospital. At that point “moulage” victims were evacuated, triaged, and stabilized in the JADC patient reception “surge” hospital facility by the doctor/nurse/respiratory therapist/paramedic medical teams during the six-hour exercise operational period.

The MAG MRC is supported during 2016-2017 with a 150 K grant by the Georgia Trauma Commission. In addition, it was awarded a 15 K grant by NACCHO to promote the MRC to young physicians and residents. Please contact Dr. Harvey or me should you wish to join the MAG MRC.

**MAG Actively Engaged and Participating on Statewide Programs and Initiatives**

Whether the focus is quality improvement; care coordination; bringing practices together with hospitals around mutual interest; heart health; immunization advocacy; HIT/EHR/MU, MACRA, QPP, etc. MAG has been present and engaged, participating in a meaningful way to represent its members. MAG continues to represent the voice of its membership by participating on several statewide programs and initiatives, including those related to MACRA, COMPASS PTN, Alliant-GMCF, and others.

**Transitional Year Residency Program**

MAG is pleased to have been a rotation for the Gwinnett Transitional Year Residency Program. This one month experience gave insight into the House of Medicine at the national, state and local level and provided an opportunity to work on a special project aimed at informing or improving one of MAG’s active initiatives. The residents also had exposure to MAG’s political advocacy which was an interesting session to witness.

**Hot Topic Forums and Learning Opportunities Offered to Members, Practice Managers and Others.**

This member benefit is established to help MAG’s busy physicians meet their informational
needs by offering the right information on the right topics via a convenient venue. MAG’s TOP DOC talk radio show is supported in 2017 with generous funding by HCR, Alliant GMCF. The MAG Communication’s and programs departments work in close collaboration to bring meaningful programming to its members. Please check out the program recordings for on-demand listening at the www.mag.org.

For information regarding the programmatic activity related to Think About It and GPLA, please reference these updates as submitted by Ms. Murphy and Mr. Jones.

Should you desire additional information or if you have questions, please contact me at 678.303.9275 or at smoore@mag.org.
| Date: April 10, 2017 | Meetings: Board of Directors  
April 22, 2017 |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Committee/Officer: Communications Department</td>
<td></td>
</tr>
<tr>
<td>Submitted by: Tom Kornegay, Director of Communications</td>
<td></td>
</tr>
<tr>
<td>Action Items: <strong>Information Only</strong></td>
<td></td>
</tr>
</tbody>
</table>

MAG is working on the 2Q, 2017 *Journal*, which will focus on national health care – including a feature on what Georgia physicians would like to see in any federal health care reform legislation and articles on physician burnout, federal tort reform, amyloidosis, a MAG Medical Reserve Corps training exercise, and developments in cardiology (by the Georgia Chapter of the American College of Cardiology). It will also feature guest columns by Georgia Rep. Sharon Cooper (review of 2017 legislative session) and U.S. Rep. Buddy Carter (federal legislation). MAG EC members are encouraged to contact Tom Kornegay at tkornegay@mag.org with advertising leads for the *Journal*. MAG members can also submit case reports of 750 words or 1,500 words that are of interest to physicians across specialties to Kornegay.

The March edition of the *e-News from MAG* newsletter included articles on a prestigious grant that the MAG MRC received, MAG’s recent ‘Top Docs Radio’ shows, The Physicians Foundation’s biennial survey, and MAG’s summer legislative meeting. The April edition of the newsletter included articles on the 2017 legislative session and three MAG members who are running for the Georgia Senate.

MAG produced its *e-News from the Capitol* report on a weekly basis throughout the legislative session, which ended on March 30.

MAG distributed a number of grassroots alerts to support its advocacy efforts (i.e., H.B. 71, S.B. 81, S.B. 8, H.B. 416, and S.B. 221). It also sent alerts 1) promoting free practice transformation webinars and 2) on an article by Sidney Welch entitled ‘AHCA: Summary, budget estimates & next steps’ and 3) urging physicians to join GAMPAC and 4) promoting MAG’s ‘Top Docs Radio’ shows and 5) asking members to renew their membership. MAG also distributed a “sponsored” alert from CareSource.
MAG’s weekly *Georgia Pulse* media highlights report has nearly 6,000 subscribers.

MAG’s recent ‘Top Docs Radio’ shows ([www.topdocs.businessradiox.com](http://www.topdocs.businessradiox.com)) have addressed 1) medical marijuana and 2) the surprise insurance coverage gap in ER settings and 3) Angel Flight Soars, which is a non-profit group that provides flight service for in-need patients, and 4) distracted driving. MAG also produced a special edition of the ‘Top Docs’ program that featured Rep. Sharon Cooper that was designed to support MAG’s advocacy efforts (i.e., H.B. 416 and S.B. 221) – which was downloaded more than 400 times. MAG’s ‘Top Docs’ show airs at 12 p.m. on the second and fourth Tuesday of every month. The program has now reached some 10,000 listeners. Upcoming programs will address patient risk adjustment and the MAG MEP plan. MAG is also now promoting sponsored special editions of the ‘Top Docs’ show as a new source of non-dues revenue, including one that aired on April 11 (CopernicusMD).

Recent MAG press releases have addressed 1) the MAG MRC winning a prestigious award and 2) Rep. Sharon Cooper’s appearance on MAG’s ‘Top Docs Radio’ show to address H.B. 416 and S.B. 221 and 3) MAG’s grassroots efforts to oppose a substitute for S.B. 8.

MAG’s [www.mag.org](http://www.mag.org) website has had nearly 34,000 page views since the beginning of 2017 – with more than 10,000 users. More than 71 percent of those were first time visitors. MAG is being followed by more than 3,900 accounts on Twitter ([www.twitter.com/MAG1849](http://www.twitter.com/MAG1849)), which includes a number of state and specialty medical societies. The number of “likes” on MAG’s Facebook page ([www.facebook.com/MAG1849](http://www.facebook.com/MAG1849)) has increased to 782. MAG Executive Director Donald J. Palmisano Jr. can be followed on Facebook, LinkedIn, or Twitter @DPalmisanoMAG.

Recent media inquiries have included *WABE 90.1 FM* (AHCA and Medicaid), *Georgia Health News* (AHCA and S.B. 8), *Associated Press* (PDMP), and *Bloomberg BNA* (S.B. 8, S.B. 153, and S.B. 81).
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## Board of Directors
### 2017 Attendance Record

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April 6, 2017

Medical Association of Georgia
Board of Directors

The Board of Trustees of the Cobb County Medical Society is pleased to nominate Steven Mark Huffman, MD for the position of Vice Chairman of the Medical Association of Georgia. Dr. Huffman joined the Cobb County Medical Society and Medical Association of Georgia in 2010. He has been an active member of both organizations since joining. Cobb County Medical Society elected Dr. Huffman their President in 2013. Dr. Huffman's belief that physicians need an organization that enhances their profession, allowing them to meet and discuss mutual interests, problems, and concerns directly and formally, access the higher tiers of our peers across the state. This led Cobb County to invite physicians from Bartow, Cherokee, Paulding and Douglas counties to join us.

Dr. Huffman knows medicine is becoming exponentially more tedious and onerous. Dictated and diverted by non-physician influences, which could smother the principals of the medicine profession. Compromising our individual and personal abilities to care for each individual patient. That is where the CCMS and MAG remains critical to our professional community.

Dr. Huffman has remained active after his Presidency. He serves on the Board of Directors of CCMS. Dr. Huffman serves as First Vice President of Medical Association of Georgia. He encourages other physicians to become active by personally inviting them to meetings. Dr. Huffman received his medical degree from the University of Tennessee. He completed his residency at Emory University School of Medicine.

Dr. Huffman is board certified in Anesthesiology by the American Board of Anesthesiology. The physicians of MAG will be well served by this well qualified and experienced leader. The Cobb County Medical Society asks you to support the election of Dr. Mark Huffman as MAG Vice Chairman.

Sincerely,

Jeffrey Stone, MD
President
President's Corner

In 2016, the Physicians Foundation worked to empower physicians to lead in the delivery of high-quality, cost-efficient care during a transitional time for our country when many physicians and patients are uncertain about the future of our healthcare system.

The Foundation, under the leadership of Walker Ray, MD, President and Tim Norbeck, CEO, showed its support through a combination of research, grantmaking and leadership education efforts to bolster the voice of practicing physicians. Below is a snapshot of this powerful work over the past year.

Research Initiatives

The Foundation funded research to better understand and address the unmet needs in the evolving healthcare industry. Major initiatives included the Foundation’s first patient survey and fifth biennial physician survey, as well as the release of Poverty and the Myths of Health Care Reform, a book that focuses on the impact of social determinants in healthcare delivery by our late colleague Richard Cooper, MD.

Patient Survey

As physicians, our duty is to provide our patients with the best possible care. The 2016 survey of patients revealed that despite the pressures physicians face, nine out of 10 survey participants report they are satisfied with their primary care physician. However,
out-of-pocket costs and insurance issues are creating an ever-growing financial burden, threatening consumer access to adequate healthcare.

The survey was covered in several media articles. The Wall Street Journal reported data that many Americans skip medical treatment because of the costs associated with the visit and USA Today highlighted Foundation data showing the majority of patients are concerned they will not be able to pay for medical treatment if they get sick or injured.

**Physician Survey**

The [2016 Survey of America's Physicians](https://www.thephysiciansfoundation.org/survey), now in its fifth edition, collected data from more than 17,000 physicians across the U.S. who reported increasing pressure on their medical practices from issues such as intensified regulatory burdens, diminished time with patients, the shrinking physician workforce and difficulties with access and reimbursement. The findings made it clear that the new administration must engage with and listen to physicians to begin course correcting a strained healthcare system.

For additional commentary about the survey, read [this](https://www.thephysiciansfoundation.org/press-release) article from Walker Ray, MD, and Tim Norbeck, on the [Foundation's Forbes Channel](https://www.forbes.com/sites/physiciansfoundation/2016/11/21/physicians-survey/).

![Most Physicians Are Pessimistic About The Future](https://www.thephysiciansfoundation.org/wp-content/uploads/2016/03/Poll-graphic.jpg)

*Most Physicians Are Pessimistic About The Future*

Which best describes how you feel about the future of the medical profession?

- **62.8%** Pessimistic
- **37.2%** Optimistic

*Source: The Physicians Foundation's 2016 Survey of America's Physicians*

To date, there have been more than 150 articles published highlighting the physician survey results. Top-tier media hits included the Associated Press and a [Crain's New York](https://www.cRAIN.com) article focused on how New York City physicians are struggling to stay independent.
**Book Release**

The Physicians Foundation proudly supported the launch of *Poverty and the Myths of Health Care Reform*, a thought-provoking and data-rich book that documents the impact of social determinants on healthcare costs. The book, by the late Richard Cooper, MD, was commissioned by the Physicians Foundation, as it aligns with our mission to empower physicians to lead in the delivery of high-quality, cost-efficient healthcare. An overview of the book's premise can be found in this [video](#) featuring commentary from Foundation board member, Joseph Valenti, MD, and other colleagues.

The book, released in September 2016, is published by [Johns Hopkins University Press](https://press.jhu.edu/). The Foundation aims to generate a discussion among healthcare stakeholders about this critical issue and collaborate with Johns Hopkins University Press to encourage professors to add the book to healthcare policy courses.

**Grantmaking Activities**

In 2016, the Physicians Foundation invested $5 million to support grants that empower physicians in their delivery of care. It continued to fund diverse grants to drive physician leadership by ongoing support for Health Leads, the UNC FutureDocs Tool, a conference by Brandeis University and a host of other organizations highlighted on the Foundation's [Grantee Perspective](#) webpage.

For more information on applying for grants or the portfolio of grants the Foundation has previously awarded, visit [Physiciansfoundation.org/healthcare-grants](https://physiciansfoundation.org/healthcare-grants).

**Health Leads**

The impact of poverty on the healthcare system is undeniable. For the past 20 years, [Health Leads](#), a social enterprise that envisions a healthcare system that addresses all patients' basic resource needs as a standard part of quality care, has been laser focused on designing and implementing social needs programs in clinical settings. In 2016 the Foundation's grant was used to continue the physician-led research efforts of Health Leads including the publication of research at Massachusetts General Hospital. Over the course of the year, Health Leads also developed its Roadmap tool, used to guide hospitals and clinics in launching, expanding and scaling programs to address patient social needs. Health Leads was also able to develop a free patient screening toolkit that was released in July 2016. Since the launch it has been downloaded by nearly 2,000 users at more than 1,500 unique healthcare organizations across 50 states.

To learn more about the impact of poverty on healthcare, and how it needs to be addressed, check out this post by Damon Francis, MD Chief Medical Officer, Health Leads, on the Physicians Foundation Forbes channel.

**UNC FutureDocs Tool**

As the physician shortage discussion continues, resources like University of North Carolina at Chapel Hill's [FutureDocs](https://futuredocs.org) Forecasting Tool are more important than ever. In 2016, the Physicians Foundation helped fund this important initiative.
FutureDocs is a critical resource for health systems, hospitals, physician offices, specialty societies and policymakers to find up-to-date, evidence-based forecasts about which types of health services will face shortages in particular geographies. Armed with this information, stakeholders are using the model to determine which service lines should be expanded and what types of physicians to recruit to meet forecasted shortages.

In 2016, UNC shifted its focus to educating users about how to use the FutureDocs Forecasting Tool by adding in new scenarios. This included updating the model's data to highlight where physicians will be needed in the future based on retirement rates, where residents-in-training and actively practicing physicians will move and how physicians will need to be distributed based on Congressional proposals to expand Graduate Medical Education (GME).

Click here to view the full Q&A with Erin Fraher, PhD, Assistant Professor, University of North Carolina Family Medicine.

Physician Leadership Conference
The Physicians Foundation, in partnership with Brandeis University, facilitated a conference aimed at building physician leadership curriculum that empowers physicians to navigate today's complex and ever-changing healthcare system.

The conference brought together academics, practicing physicians and representatives from state and county medical societies. The event focused on advancing the work of physician leaders in the most comprehensive, pragmatic and efficient manner possible. Based on the best practices learned at the event, the Foundation continues to provide physician leadership grants to state and county medical societies, reinforcing the commitment to excellence in physician leadership.

Looking Ahead to 2017
The Foundation understands there is much work to be done to equip practicing physicians with the tools, knowledge and insights necessary to serve as influential leaders in today's healthcare environment. We will continue to be a leading voice for practicing physicians by focusing on strengthening the physician-patient relationship and improving the way quality healthcare is delivered to America's patients.

As the U.S. healthcare system continues to undergo major changes, we will be at the forefront to ensure the physician's voice is heard and that their perspectives are considered. We look forward to paving the way for a stronger and reliable healthcare system.

www.physiciansfoundation.org

If you have an inspiring physician story, we'd love to hear it.
Tell us at physfnd@cooperkatz.com.
March 21, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Administrator Verma:

The undersigned physician organizations welcome the Trump Administration’s emphasis on reducing regulatory burdens. Congress recognized when it passed the Medicare Access and CHIP Reauthorization Act (MACRA) in an overwhelming bipartisan vote that the existing Medicare value-based purchasing programs affecting physicians—Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-based payment modifier (VM)—needed to be streamlined and aligned. As the Centers for Medicare & Medicaid Services (CMS) implemented MACRA through the Quality Payment Program (QPP), we were grateful the agency recognized there were a number of challenges with the requirements of MU, PQRS, and VM. Consequently, we urge the Administration to take a series of steps to address these same challenges in MU, PQRS, and VM prior to their replacement by MACRA and minimize the penalties assessed for physicians who tried to participate in these programs. Clearly this would send a strong message to the physician community about the extensive regulations with which physicians have been dealing and the Administration’s commitment to reduce the burden.

As directed by the 21st Century Cures Act, CMS must establish a strategy to relieve the electronic health record (EHR) documentation burden. To fulfill this legislative directive, we urge CMS to establish a new “Administrative Burden” category of hardship exemption for the 2016 MU performance year. Eligible providers should not be penalized for focusing on providing quality patient care rather than the arbitrary “check the box” requirements of MU. Creating an administrative burden hardship exemption would provide immediate relief for those impacted by the programs that predate MACRA.

We also urge CMS to create a hardship exemption for physicians who attempted to report PQRS in 2016 but were unsuccessful due to the complexity of the reporting requirements and the significant number of measures that were required. The AMA has heard from many physicians who tried to successfully report PQRS 2016, but were unable to find nine measures that were applicable and meaningful for their specialty. Physicians also reported difficulties with the requirements that one measure had to be a cross-cutting measure, and the nine measures had to cover three National Quality Strategy Domains. Therefore, we recommend that CMS create a hardship exemption that would allow physicians who successfully reported on any number of PQRS measures in 2016 to avoid the two percent penalty in 2018.
CMS recognized the difficulty of the reporting requirements and lack of applicable measures by reducing the requirements in the QPP to six measures and eliminating the domain and cross-cutting measure requirements.

In addition, CMS should take a number of steps to protect physicians from additional penalties of up to four percent under the VM. As a starting point, any physician who avoided the PQRS penalty in 2018 should be exempt from any VM penalties as well. These physicians would then all be eligible to participate in a voluntary quality-tiering program where positive, negative, or neutral payment adjustments would be distributed based on a comparison of performance on the applicable VM cost and quality measures for all tiering-eligible physicians, including those who chose not to enter the tiering process. In other words, physicians who met the nine-measure PQRS submission requirements or were eligible for a PQRS hardship exemption would not be penalized under the VM unless they voluntarily chose to compete and then scored poorly in the tiering process. Payment adjustments would be budget neutral, with bonuses for high performers financed by penalties for those who did not attempt to participate in PQRS or performed poorly in the tiering process. Practices of all sizes would receive a performance feedback report so that they could gain a better understanding of Medicare cost and quality measures and identify areas where their performance could be improved.

As indicated in the MACRA law and final regulations, policymakers in Congress and the Administration clearly understand that fair and accurate measurement of physicians’ performance will not be possible until better tools become available. We are extremely appreciative of the efforts CMS has made to recognize and compensate for methodological shortcomings in MU, PQRS, and VM. We believe that the policies outlined above are consistent with the direction CMS is taking as we go forward with MACRA. We also believe the steps we have outlined are in keeping with President Trump’s efforts to reduce regulatory burden.

We recognize that there might be other ways to achieve the same goal. We are open to discussing other options.

Sincerely,

American Medical Association
Advocacy Council of the ACAAI
American Academy of Allergy, Asthma & Immunology
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of Otolaryngology-Head and Neck Surgery
American Academy of Physical Medicine and Rehabilitation
American Association of Hip and Knee Surgeons
American Association of Neurological Surgeons
American Association of Neuromuscular & Electrodiagnostic Medicine
American College of Allergy, Asthma and Immunology
American College of Emergency Physicians
American College of Gastroenterology
American College of Mohs Surgery
American College of Physicians
American College of Rheumatology
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Gastroenterological Association
American Osteopathic Association
American Psychiatric Association
American Society for Radiation Oncology
American Society for Surgery of the Hand
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Dermatopathology
American Society of Neuroradiology
American Society of Plastic Surgeons
American Society of Retina Specialists
American Society of Transplant Surgeons
American Urological Association
Congress of Neurological Surgeons
Endocrine Society
Medical Group Management Association
North American Spine Society
Obesity Medicine Association
Renal Physicians Association
Society for Cardiovascular Angiography and Interventions
Society of Critical Care Medicine
Society of Hospital Medicine
The Society of Thoracic Surgeons

Medical Association of the State of Alabama
Alaska State Medical Association
Arizona Medical Association
Arkansas Medical Society
California Medical Association
Colorado Medical Society
Connecticut State Medical Society
Medical Society of Delaware
Medical Society of the District of Columbia
Florida Medical Association Inc
Medical Association of Georgia
Hawaii Medical Association
Idaho Medical Association
Illinois State Medical Society
Iowa Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts Medical Society
Michigan State Medical Society
Minnesota Medical Association
Mississippi State Medical Association
Missouri State Medical Association
Montana Medical Association
Nebraska Medical Association
Nevada State Medical Association
New Hampshire Medical Society
New Mexico Medical Society
Medical Society of the State of New York
North Carolina Medical Society
North Dakota Medical Association
Ohio State Medical Association
Oklahoma State Medical Association
Oregon Medical Association
Pennsylvania Medical Society
Rhode Island Medical Society
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Vermont Medical Society
Medical Society of Virginia
Wisconsin Medical Society
Wyoming Medical Society