BOARD OF DIRECTORS MEETING

FRIDAY, OCTOBER 14, 2016
12:00 Noon – Lunch
1:00 p.m. - Meeting

HYATT REGENCY SAVANNAH
2 West Bay Street
Savannah, Georgia 31401

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

Friday, 12:00 Noon
October 14, 2016

Hyatt Regency Savannah
2 West Bay Street
Savannah, Georgia 31401

AGENDA

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

I. MEGA ISSUES
   A. Interstate Compact  Attached
   B. 2017 Legislative Priorities  Attached ACTION
   C. HealtheParadigm

II. TREASURER (Dr. Emerson)
   A. Finance Committee Recommendations
   B. 2017 Budget  Attached ACTION
   C. Financials Year-to-date  Attached ACTION
   D. Dues
   E. Atlanta Capital Group (MAG 401k Plan)

III. PRESIDENT (Dr. Harvey)
   A. Actions of the Executive Committee  Attached ACTION

IV. EXECUTIVE DIRECTOR (Mr. Palmisano)
   A. Strategic Plan of Work  Attached
   B. MagMutual Insurance Company
   C. Legislative Summer Education Meeting  HANDOUT
   D. Physician Institute for Excellence in Medicine (Organization & Appointments)

V. SECRETARY (Dr. Reisman)
   A. Approval of Board of Directors Minutes  Attached ACTION
   B. Bylaws (formerly Stephens-Rabun)  Attached ACTION
   C. Bylaws (formerly Floyd-Polk-Chattooga)  Attached ACTION
   D. Consent Calendar – Five-year Policy Review  Attached

VI. PHYSICIANS FOUNDATION
   A. Annual Report to the Board of Directors  Attached

VII. INFORMATIONAL REPORTS
VIII. OLD/NEW BUSINESS

IX. FOR INFORMATION ONLY
   A. Yearly Attendance Record  Attached
   B. Board Organizational Meeting  Attached

X. NEXT MEETING
   - October 16, 2016 Organizational Meeting, Immediately following the House of Delegates

ADJOURN
Don’t be misguided!

MYTHS vs. FACTS about the Interstate Medical Licensure Compact

A new, expedited pathway to medical licensure

The Interstate Medical Licensure Compact offers a new, alternative expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas and facilitating the growth of telemedicine.

State legislatures that have enacted the Compact so far have approved it largely with overwhelming, bipartisan majorities. That is because the Compact offers a sensible and safe approach to expedited licensing that can improve access to health care, while maintaining state regulatory authority for the protection of the public.

Despite this innovative and proactive solution, as the Compact continues to be introduced in state legislatures, some critics are stepping forward to oppose it — resorting to falsehoods and distortions in order to keep the Compact from moving forward.

Here are the myths — and THE FACTS. Don’t let stakeholders in YOUR state be misled by the distortions they may hear as the Compact is considered for enactment.

**MYTH 1:** The Compact overrides your state’s medical practice laws.

FALSE. The Compact does not change your existing Medical Practice Act. In fact, it explicitly states that physicians must adhere to your state’s existing rules and regulations currently in place for treatment of patients in your state.

**MYTH 2:** The Compact will take away the disciplinary authority of your state’s medical board.

FALSE. Physicians participating in the Compact who treat patients in any Compact state will be accountable to, and under the jurisdiction of that state’s medical board, just as they are today without the Compact.

**MYTH 3:** The Compact redefines “physician” to require your state’s physicians to participate in MOC.

FALSE. The Compact makes absolutely no reference to Maintenance of Certification (MOC). The Compact does not require physicians in your state to participate in MOC at any stage. Specialty certification is only an eligibility factor at the initial entry point of participation in the Compact process. Not a single state in the United States requires MOC for licensure, nor does the Compact.

**MYTH 4:** Physicians in your state who participate in the Compact would apply for a medical license from a private organization – not from the state’s medical board.

FALSE. Physicians who want to participate in the Compact in your state will be approved for a license by a state medical board and will receive their license from a state medical board — not from the Interstate Medical Licensure Compact Commission, which is simply an administrative body.

**MYTH 5:** “Carpetbagger” physicians could come to your state under the Compact, to perform medical procedures currently forbidden by state law.

FALSE. Physicians who receive an expedited license under the Compact will have to adhere to exactly the same rules and regulations as every other physician in your state — including refraining from outlawed medical procedures. And they will be subject to the full oversight and disciplinary authority of your medical board.

Don’t be swayed by those who resort to distortions in order to stop this common sense approach to medical licensing!

For more information, visit www.licenseportability.org.
The Interstate Medical Licensure Compact offers a new, expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas and allowing them to more easily connect with medical experts through the use of telemedicine technologies. Put simply, the Compact makes it easier for physicians to obtain licenses to practice in multiple states. At the same time, the Compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information. The Compact is being implemented by states across the nation, with others expected to adopt it soon.

**How will the Compact work?**

States participating in the Compact will formally agree to adopt common rules and procedures that will streamline medical licensure, thus substantially reducing the time it takes for physicians to obtain multiple state licenses. A Compact Commission will provide oversight and the administration of the Compact, creating and enforcing rules governing its processes. The Interstate Medical Licensure Compact will not supersede a state’s autonomy and control over the practice of medicine, nor will it change a state’s Medical Practice Act. Participating states will retain the authority to issue licenses, investigate complaints, and discipline physicians practicing in their state. The practice of medicine will continue to occur in the state where the patient is located.

**What is driving the need for the Compact?**

Among the issues driving the need for the Compact are physician shortages, the influx of millions of new patients into the health care system as a result of the Affordable Care Act, and the growing need to increase access to health care for individuals in underserved or rural communities through the use of telemedicine. Proponents of telemedicine have often cited the time-consuming state-by-state licensure process required for multiple-license holders as a key barrier to telemedicine’s growth — the Compact will help overcome this hurdle.

**Who will be eligible to seek licensure through the Compact process?**

To be eligible for entry into the Compact process, physicians will have to possess a full and unrestricted license in a Compact member state, be certified (or “grandfathered”) in a medical specialty, have no history of being disciplined, penalized or punished by a court, a medical licensing agency or the Drug Enforcement Administration, and meet several other robust requirements. It is estimated that nearly 80% of the physician population licensed in the United States could be eligible for expedited licensure via the Compact.

**How will a physician apply for expedited licensure through the Compact?**

An eligible physician will designate a member state as the State of Principal Licensure and select the other member states in which a medical license is desired. Upon receipt of this verification in the additional Compact states, the physician will be granted a separate, full and unrestricted license to practice in each of those states.

**Can a physician that is ineligible for, or does not want to participate in, the Compact still obtain multiple state licenses?**

Yes. The Compact is voluntary for both states and physicians. Physicians who cannot or do not want to participate in the expedited licensure process facilitated by the Compact will still be able to seek additional licenses in those states where they desire to practice by applying through that state’s traditional and existing licensure processes.
The Interstate Medical Licensure Compact Legislation Overview (As of September 2016)

<table>
<thead>
<tr>
<th>Enacted</th>
<th>Active Legislation</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>Michigan</td>
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<tr>
<td>Arizona</td>
<td>Pennsylvania</td>
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<td>Colorado</td>
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<td>Idaho</td>
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<td>Illinois</td>
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<td>Montana</td>
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<td>Nevada</td>
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<td>New Hampshire</td>
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<td>South Dakota</td>
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<td>Wisconsin</td>
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<tr>
<td>Wyoming</td>
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How can a state become a member of the Interstate Medical Licensure Compact?

In order for a state to join the Interstate Medical Licensure Compact, state legislatures must enact the Compact into state law. In September 2014, state medical and osteopathic medical board representatives, along with other stakeholders, completed the crafting of model legislation for the use of states interested in participating in the Compact. Since 2015, half of the states in the nation have either introduced or enacted the model legislation in their legislative chambers and more than 30 state medical and osteopathic boards have publicly expressed support for the Compact.

How many states have adopted the Compact?

As of September 2016, seventeen states have enacted the Compact legislation. By surpassing the minimum threshold of seven state enactments, the Compact is now officially established. This year, the Commission will determine the processes, rules and technical infrastructure necessary to facilitate the expedited licensing option available to qualified physicians in Compact member states. Additional Compact legislative introductions and enactments are expected in the future.

A practical and much needed solution

The Interstate Medical Licensure Compact represents a nationwide solution built upon, and reinforcing, a system of state-based regulation proven to extend health care to the underserved, protect patients and help facilitate telemedicine in the United States. To learn more, please visit www.licenseportability.org.

Support is Growing

A growing list of organizations have publicly expressed support for the Interstate Medical Licensure Compact. Among them are:

- AARP
- Accreditation Council for Continuing Medical Education
- American Academy of Dermatology
- American Academy of Neurology
- American Academy of Pediatrics
- American College of Physicians
- American Medical Association
- American Osteopathic Association
- American Well
- Ascension Health
- Avera Health
- Children’s Hospital of Pittsburgh of UPMC
- Council of Medical Specialty Societies
- Educational Commission for Foreign Medical Graduates
- Guinn Center for Policy Priorities
- Gundersen Health System
- Helmsley Charitable Trust Foundation
- InSight Telepsychiatry
- LocumTenens.com
- Mayo Clinic
- National Association Medical Staff Services
- National Board Of Medical Examiners
- National Stroke Association
- Society of Hospital Medicine
- State Hospital Associations
- State Medical Associations
- vRad

“If the Interstate Medical Licensure Compact were to move forward, it would herald a major reform in medical licensing.”
— Robert Steinbrook, MD, Yale School of Medicine

For more information on The Interstate Medical Licensure Compact go to licenseportability.org
MAG prepares for 2017 Legislative Session…

MAG Government Relations is preparing for the 2017 Legislative Session, which begins on Monday, January 9.

The 2016 Legislative Session was very positive for physicians and patients. MAG tracked more than 300 bills during the 2016 legislative session, and MAG’s strong relationships with both leadership and rank and file legislators proved valuable to MAG members again in 2016. Not only did we work to pass several bills that benefitted MAG members, we were also able to stall or defeat several other bills that would have negatively affected physicians and patients.

At the conclusion of the 2016, MAG successfully passed its priority legislation, including rental networks, provider directories, and the Prescription Drug Monitoring Program (PDMP).

MAG’s Proposed 2017 Legislative Priorities

- **Out-of-Network Billing and Network Adequacy**
  The Medical Association of Georgia will support reforms that require appropriate network adequacy standards for insurers. We will advocate for transparency for insurers entering into contracts with physicians’ practices and support legislation that will result in physician payment methodologies that are adequate and sustainable for out-of-network emergency care.

- **Medicaid Payment Parity**
  The Medical Association of Georgia will advocate for the General Assembly to continue funding for the Medicaid Parity Payment Program for all areas of primary care.
• **Maintenance of Certification (MOC)**
  The Medical Association of Georgia will work to ensure that Maintenance of Certification is not a condition for licensure or hospital privileges. We will support efforts to alleviate the costly and burdensome aspects of MOC for physicians.

• **Patient Safety Options**
  The Medical Association of Georgia will advocate for measures that improve patient safety.

• **Covering the Uninsured**
  The Medical Association of Georgia will work with the legislature and state regulators on solutions for Georgia citizens who currently fall in the insurance coverage gap.

**Physicians’ Day at the Capitol - 2017**
The 2017 Physicians’ Day at the Capitol is scheduled for Wednesday, January 25. All members are encouraged to participate and to stand in solidarity in their “white coat,” as this will serve as a reminder to legislators that doctors are attentive to the policies and proposals that affect their patients and practice environments.

# # #
Committee/Officer: Treasurer Report

Submitted by: Thomas E. Emerson, M.D., Treasurer

Action Items: 1. Management Proposed FY 2017 Operating Budget
2. Financial Statements for the 8 months ended August 2016

1. FY 2017 BUDGET

Overview of the Proposed 2017 Budget

The proposed FY 2017 operating budget (attached) is based on similar principles that we have used for the past seven years budgets and is consistent with the long-term strategic direction set by the board of directors. In October 2009, the board of directors adopted a five-year strategic financial goal of producing a $200,000 surplus in each year from FY 2010-2014. I am proud to report we surpassed our goal of $1 million in surplus in 2012 and reached a cumulative surplus of $2,124,564 in 2015. With this focus, we have achieved our first goal, to match current year income with current year revenue (2012), and our second goal, to eliminate Long Term Debt (2014), when we paid off the mortgage on our building at 1849 The Exchange. We are continuing to build the financial strength of the Association and the proposed FY 2017 budget also calls for an operating surplus of $200,000 and thus would build further reserves for 12 months operating expenses.

Status of Achieving 2016 Budget Targets

Our current projections indicate that we will achieve a $367,886 surplus for the 2016 financial year. This is $167,886 (83.9%) higher than our budgeted surplus of $200,000.

As we near the end of our dues collection cycle, we estimate that our Dues Revenue will be $2,000,000, a $48,536 (2.4%) decrease from 2015 and $125,000 (6.7%) higher than the budget target of $1,875,000. Non-dues revenue is estimated to be $1,748,417, down $56,473 (3.1%) from 2015 and up $24,945 (1.5%) against the budget. Expenses are estimated to be $3,380,531, a $197,732 (5.5%) decrease from 2015 and $17,941 (0.5%) lower than budget.
With estimated revenues of $149,945 higher than budget and estimated expenses $17,941 lower than budget, we estimated a surplus of $367,886, which is $167,886 higher than budget.

We propose to produce an operating surplus of $200,000 in FY 2017 by achieving the following budgetary targets.

<table>
<thead>
<tr>
<th>Proposed FY 2017 Budget</th>
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<tbody>
<tr>
<td>FY 2016 Budget</td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
</tr>
<tr>
<td>Dues revenue</td>
</tr>
<tr>
<td>Non-dues revenue</td>
</tr>
<tr>
<td>Total revenue</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
</tr>
<tr>
<td>Human resources</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Total expenses</td>
</tr>
<tr>
<td>Net (surplus/ deficit)</td>
</tr>
</tbody>
</table>

**Significant budget assumptions FY 2017:** The following provides more detail on the budget assumptions included in the proposed FY 2017 budget. These proposed FY 2017 figures are compared to what we project to be our FY 2016 actual (not budget) figures.

**Revenues**

**Dues Revenue:** Dues revenue for 2017 is budgeted at $1,875,000, which is a 6.3% decrease from projected dues collected for 2016.

**Non-Dues Revenue:** Non dues revenue is budgeted at $1,735,422 which is $12,995 (0.7%) less than projected FY 2016.

- **Revenues – General**
  - MAG Mutual – Professional liability endorsement agreement has been renegotiated, with the first year revenues at $900,000 and an annual increase of 2.5%. This is the fifth year of the contract with budgeted revenue of $959,760 in General Revenue and $33,776 in Journal Revenue.
  - Other Endorsements/Other Revenue: Budgeted at $25,000 which is the same as FY 2016 Budget and the same as projected FY 2016.
Annual Session Revenue: Budgeted at $25,000 which is the same as FY 2016 Budget and in line with projected FY 2016.

GAMPAC Allocation: Budgeted at $40,000, which is the same as FY 2016 Budget.

MAG Foundation Allocation: Budgeted at $120,000 to cover 1.5 FTE’s and is the same as FY 2016 Budget.

INSTITUTE Allocation: Budgeted at $0, which is $25,000 less than FY 2016 Budget and in line with projected FY 2015. PIEM Grants are winding down and we don’t anticipate enough Revenue in PIEM next year to cover their Admin Allocation.

Revenues – 1849 The Exchange

Budgeted at $215,110 which is $3,000 less than FY 2016 Budget and $4,305 more than projected FY 2016. The lease with Hooters was renegotiated in 2013 with similar terms as the previous lease. The projected FY 2016 and FY 2017 Budget is less than the FY 2016 Budget because we lost one tenant – Telehealth International, but picked up another tenant – the MRC.

Revenues – Education

Accreditation: Budgeted at $134,782 which is an increase of $4,764 from projected FY2016, due to the multi-year cycle of reaccreditations.

Expenses

Expenses – Administration & Operations

Human Resources: Increased $42,539 from projected FY 2016 to $2,118,439. This increase includes a 2% COL increase for staff and salary adjustments.

Other Meetings: Due to the success of the 2013, 2014, 2015 and 2016 legislative meetings, another meeting is planned for FY 2017 and budgeted at $45,000.

Expenses – Legal: Budgeted at $9,200 which is a $200 (2.2%) increase over FY 2016 Budget and $1,958 (27.0%) more than FY 2016 projected expenses.

Expenses – Government Relations: Budgeted at $139,000 which is the same as FY 2016 Budget but $18,732 (11.9%) less than FY 2016 projected expenses. MAG will discontinue the use of one of our legislative consultants in 2017.
- **Expenses – Third Party Advocacy**: Budgeted at $16,500 which is a $2,800 (20.4%) increase over FY 2016 Budget and an increase of $9,250 (127.6%) over FY 2016 projected expenses.

- **Expenses – Education**: Budgeted at $33,635 which is a $3,070 (10.0%) increase over FY 2016 Budget and an increase of $1,645 (5.1%) over FY 2016 projected expenses.

- **Expenses – Membership**: Similar to FY 2016 Budget and a decrease of $3,145 (2.2%) over 2016 projected expenses. Membership Recruitment department was combined into the Membership department from FY 2016.

- **Expenses – Communications**: Budgeted at $56,800 which is a $2,200 (4.0%) increase over FY 2016 Budget and an increase of $1,999 (3.6%) over FY 2016 projected expenses.

- **Expenses – Correctional Medicine**: Budgeted at $53,150 which is a $3,200 (6.4%) increase over FY 2016 Budget and similar to FY 2016 projected expenses.

FY 2017 BUDGET [Attachment 1] is submitted for your approval.

### 2. Financial Statements for the 8 months ended August 2016

The following is a summary of our financial activities for the 8 months ended August 31, 2016. The Statement of Financial Activities is attached.

**Operating Budget**: YTD Revenues are above projections by $137,782, YTD Expenses are below projections by $108,051, resulting in our Net Income being $245,833 above budget.

**Total Revenue**: As of August 31, 2016 Total Revenue recorded for the YTD is $2,570,172. This is $137,782 (5.7%) more than budgeted and represents 71.4% of our goal for the year. This is a decrease of $35,733 (1.4%) over Total Revenue for the YTD ended August 31, 2015.

**Dues Revenue**: As of August 31, 2016, Dues Revenue recorded for the YTD is $1,285,623. This is $71,623 (5.9%) more than budgeted and $48,180 (3.6%) less than Dues Revenue recorded for the YTD ended August 31, 2015.

**Note 1**: Dues Collected: We have collected $1,986,531 in Dues Revenue for 2016 year-to-date which represents 105.9% of dues projected for the year. The difference between Dues Collected to date ($1,986,531) and dues projected for the year ($1,875,000) is $111,531. Dues collected to date is a $57,498 (2.8%) decrease over dues collected at the same time last year-to-date.
**Non-Dues Revenue:** We have collected $1,284,549 in Non-Dues Revenues for the year-to-date, which is $66,159 (5.4%) more than projected and is $12,447 (1.0%) more than August 31, 2015 year-to-date.

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
<th>Above Projections</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin &amp; Operating</td>
<td>$30,323</td>
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<td>5.7%</td>
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<tr>
<td>Government Relations</td>
<td>$27,500</td>
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<tr>
<td>Education</td>
<td>$3,350</td>
<td>above projections</td>
<td>2.6%</td>
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<tr>
<td>Communications</td>
<td>$4,867</td>
<td>above projections</td>
<td>21.5%</td>
</tr>
<tr>
<td>Membership Other Revenues</td>
<td>$119</td>
<td>above projections</td>
<td>35.6%</td>
</tr>
</tbody>
</table>

**Operating Expenses:** For the year-to-date ended August 31, 2016, we have expended $2,078,145, which is $108,051 (4.9%) less than allocated in the budget and is $25,834 (1.2%) less than August 31, 2015 year-to-date.

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
<th>Below Projections</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration and Operations</td>
<td>$95,189</td>
<td>below projections</td>
<td>5.0%</td>
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<tr>
<td>Legal</td>
<td>$836</td>
<td>below projections</td>
<td>13.9%</td>
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<tr>
<td>Government Relations</td>
<td>$(19,505)</td>
<td>above projections</td>
<td>-20.2%</td>
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<td>Third Party Advocacy</td>
<td>$5,580</td>
<td>below projections</td>
<td>61.1%</td>
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<td>Education</td>
<td>$2,073</td>
<td>below projections</td>
<td>7.9%</td>
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<td>Membership</td>
<td>$9,946</td>
<td>below projections</td>
<td>14.8%</td>
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<tr>
<td>Communications</td>
<td>$6,100</td>
<td>below projections</td>
<td>16.5%</td>
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<tr>
<td>Correctional Medicine</td>
<td>$7,832</td>
<td>below projections</td>
<td>23.5%</td>
</tr>
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</table>

**Invested Funds:**

**Operating Funds:** As of August 31, 2016 we had $1,111,228 in operating funds invested with Suntrust Bank, Wells Fargo Bank, Fifth Third Bank and PNC Bank, down $448,706 for the year. We had $1,111,228 (100%) in cash & cash equivalents (Money Market).

**Restricted Funds:** As of August 31, 2016, we had $732,399 in our Restricted funds, invested with Fidelity Bank, up $4,894 for the year to date. We had $732,399 (100%) invested in cash & cash equivalents – (Money Market).

Financial Statements for August 31, 2016 [Attachment 2] are submitted for your acceptance.
## Medical Association of Georgia, Inc.  
Management’s Proposed 2017 OPERATING BUDGET

### Revenues

<table>
<thead>
<tr>
<th></th>
<th>Actual 2014</th>
<th>Actual 2015</th>
<th>Projected 2,016</th>
<th>Budget 2016</th>
<th>Budget 2017</th>
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</thead>
<tbody>
<tr>
<td><strong>Administration &amp; Operations</strong></td>
<td></td>
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<tr>
<td>General</td>
<td>1,214,884</td>
<td>1,140,902</td>
<td>1,156,204</td>
<td>1,154,204</td>
<td>1,148,760</td>
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<tr>
<td>Annual Session</td>
<td>41,625</td>
<td>43,447</td>
<td>25,000</td>
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<td>1849 The Exchange</td>
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<td>224,216</td>
<td>210,805</td>
<td>218,110</td>
<td>215,110</td>
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<td>Third Party Payer Advocacy</td>
<td>2,500</td>
<td>2,500</td>
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<td>Education</td>
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<td>164,748</td>
<td>130,018</td>
<td>129,968</td>
<td>134,782</td>
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<td>Government Relations</td>
<td>-</td>
<td>2,000</td>
<td>27,500</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Communications</strong></td>
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<tr>
<td>Journal</td>
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<td>33,934</td>
<td>29,200</td>
<td>29,000</td>
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<td>Newsletter &amp; Website</td>
<td>6,131</td>
<td>4,945</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
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<td>Membership</td>
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<td>Dues</td>
<td>2,008,799</td>
<td>2,048,536</td>
<td>2,000,000</td>
<td>1,875,000</td>
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<td>Other</td>
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<td>500</td>
<td>500</td>
<td>500</td>
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<tr>
<td><strong>Correctional Medicine</strong></td>
<td>184,773</td>
<td>181,771</td>
<td>161,690</td>
<td>161,690</td>
<td>177,270</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>3,881,885</td>
<td>3,853,426</td>
<td>3,748,417</td>
<td>3,598,472</td>
<td>3,610,422</td>
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</table>

### Expenses

<table>
<thead>
<tr>
<th></th>
<th>Actual 2014</th>
<th>Actual 2015</th>
<th>Projected 2,016</th>
<th>Budget 2016</th>
<th>Budget 2017</th>
</tr>
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<tbody>
<tr>
<td><strong>Administration &amp; Operations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director</td>
<td>26,408</td>
<td>32,411</td>
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<td>35,000</td>
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<tr>
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<td>237,990</td>
<td>260,207</td>
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<td>217,937</td>
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<td>46,543</td>
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<td>Other Meetings</td>
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<td>252,743</td>
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<td>-</td>
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<td>7,242</td>
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<td>9,200</td>
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<tr>
<td>Government Relations</td>
<td>140,194</td>
<td>146,657</td>
<td>157,732</td>
<td>139,000</td>
<td>139,000</td>
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<tr>
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<td>4,140</td>
<td>7,250</td>
<td>13,700</td>
<td>16,500</td>
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<td>31,990</td>
<td>30,565</td>
<td>33,635</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Support</td>
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<td>52,079</td>
<td>89,895</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<td>Database Management</td>
<td>39,587</td>
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<td>42,950</td>
<td>40,000</td>
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<td>Communications</td>
<td></td>
<td></td>
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<td></td>
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<td>Public Relations</td>
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<td>12,928</td>
<td>21,600</td>
<td>22,200</td>
<td>23,100</td>
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<td>Journal</td>
<td>22,941</td>
<td>25,063</td>
<td>28,401</td>
<td>28,900</td>
<td>28,900</td>
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<td>Newsletter</td>
<td>1,188</td>
<td>1,813</td>
<td>4,800</td>
<td>3,500</td>
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<td>54,801</td>
<td>54,600</td>
<td>56,800</td>
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<td>52,166</td>
<td>55,086</td>
<td>53,150</td>
<td>49,950</td>
<td>53,150</td>
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<td>3,410,422</td>
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<td>Gross Rev over Exp.</td>
<td>167,298</td>
<td>275,163</td>
<td>367,886</td>
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<td>200,000</td>
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</table>
## Medical Association of Georgia, Inc. Statement of Activities
For the 8 months ended August 31, 2016

### Revenues

<table>
<thead>
<tr>
<th>Administration &amp; Operations</th>
<th>Budget to YTD Actual</th>
<th>Bud vs Actual YTD</th>
<th>Favorable (Unfavorable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>1,154,204</td>
<td>765,500</td>
<td>797,824</td>
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<tr>
<td>Special Meetings</td>
<td>25,000</td>
<td>16,800</td>
<td>16,800</td>
</tr>
<tr>
<td>1845 The Exchange</td>
<td>218,110</td>
<td>145,407</td>
<td>(2,001)</td>
</tr>
<tr>
<td>Government Relations</td>
<td>-</td>
<td>27,500</td>
<td>25,500</td>
</tr>
<tr>
<td>Third Party Payer Advocacy</td>
<td>-</td>
<td>-</td>
<td>2,500 (2,500)</td>
</tr>
<tr>
<td>Education</td>
<td>129,968</td>
<td>121,400</td>
<td>128,623</td>
</tr>
<tr>
<td>Corrections</td>
<td>8,000</td>
<td>19,332</td>
<td>23,358</td>
</tr>
<tr>
<td>Newsletter</td>
<td>5,000</td>
<td>3,334</td>
<td>4,175</td>
</tr>
<tr>
<td>Correctional Medicine</td>
<td>-</td>
<td>175,979</td>
<td>173,857 (1,122)</td>
</tr>
<tr>
<td>Membership</td>
<td>1,875,000</td>
<td>1,214,000</td>
<td>1,333,803 (48,180)</td>
</tr>
<tr>
<td>Total Revenues</td>
<td>3,598,472</td>
<td>2,432,390</td>
<td>2,605,905 (35,733)</td>
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</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Administration &amp; Operations</th>
<th>Budget to YTD Actual</th>
<th>Bud vs Actual YTD</th>
<th>Favorable (Unfavorable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>35,000</td>
<td>23,333</td>
<td>25,082 (1,749)</td>
</tr>
<tr>
<td>Human Resources</td>
<td>2,127,030</td>
<td>1,418,019</td>
<td>1,346,409 (71,610)</td>
</tr>
<tr>
<td>Office Management</td>
<td>218,866</td>
<td>133,824</td>
<td>114,095 (19,729)</td>
</tr>
<tr>
<td>Leadership Support</td>
<td>35,500</td>
<td>32,177</td>
<td>32,901 (734)</td>
</tr>
<tr>
<td>Information Technology</td>
<td>110,000</td>
<td>10,104</td>
<td>10,831 (722)</td>
</tr>
<tr>
<td>Annual Session</td>
<td>246,021</td>
<td>164,015</td>
<td>163,857 (1,122)</td>
</tr>
<tr>
<td>Total Administration &amp; Operations</td>
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<td>1,910,757</td>
<td>1,826,078 (10,510)</td>
</tr>
<tr>
<td>Legal</td>
<td>9,000</td>
<td>5,999</td>
<td>5,163 (836)</td>
</tr>
<tr>
<td>Government Relations</td>
<td>139,000</td>
<td>96,401</td>
<td>111,522 (4,384)</td>
</tr>
<tr>
<td>Third Party Payer Advocacy</td>
<td>13,700</td>
<td>9,136</td>
<td>5,580 (2,04)</td>
</tr>
<tr>
<td>Education</td>
<td>30,565</td>
<td>26,193</td>
<td>24,500 (380)</td>
</tr>
<tr>
<td>Membership</td>
<td>89,700</td>
<td>24,802</td>
<td>19,933 (4,69)</td>
</tr>
<tr>
<td>Recruitment</td>
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<td>-</td>
<td></td>
</tr>
<tr>
<td>Database Management</td>
<td>70,000</td>
<td>35,634</td>
<td>37,001 (1,367)</td>
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<tr>
<td>Sections Expense</td>
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<td>8,444 (1,511)</td>
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<tr>
<td>Total Membership</td>
<td>140,050</td>
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<td>57,393 (9,946)</td>
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<tr>
<td>Communications</td>
<td>54,000</td>
<td>37,073</td>
<td>30,973 (6,100)</td>
</tr>
<tr>
<td>Total Department Exp.</td>
<td>3,398,472</td>
<td>2,186,196</td>
<td>2,078,145 (108,051)</td>
</tr>
<tr>
<td>Gross Rev over Exp.</td>
<td>200,000</td>
<td>246,194</td>
<td>245,833 (2,350)</td>
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### 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>PR Media Fund</td>
<td>-</td>
<td>26,566</td>
<td>1,030</td>
<td>-</td>
<td>1,030</td>
<td>27,596</td>
<td>514,445</td>
<td>97,080 (79,038)</td>
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<tr>
<td>Partnership with Medicine</td>
<td>12,414</td>
<td>1,030</td>
<td>-</td>
<td>1,030</td>
<td>-</td>
<td>11,218</td>
<td>2,667,852</td>
<td>2,157,183</td>
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</table>
### Medical Association of Georgia, Inc.
#### Balance Sheet
##### August 31, 2016

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
</tr>
<tr>
<td>Petty Cash</td>
<td>500.00</td>
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<tr>
<td>Cash in Bank</td>
<td>525,363.03</td>
</tr>
<tr>
<td>Money Market</td>
<td>1,111,227.61</td>
</tr>
<tr>
<td>Fidelity-Money Market-Restricted Funds</td>
<td>732,399.48</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>(30,596.78)</td>
</tr>
<tr>
<td>Due from Affiliates</td>
<td>174,594.30</td>
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<td>Prepaid Expenses</td>
<td>134,289.49</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>2,647,977.13</td>
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</table>

<table>
<thead>
<tr>
<th>Property and Equipment</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Land &amp; Buildings</td>
<td>3,545,409.92</td>
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<tr>
<td>Furniture</td>
<td>251,000.25</td>
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<td>Computers</td>
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<td>Software</td>
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<td>Capitalized Phone Equipment</td>
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<td>Capitalized Web Site Costs</td>
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<td>Less: Accum. Depreciation</td>
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<tr>
<td><strong>Total Property and Equipment</strong></td>
<td>2,892,939.03</td>
</tr>
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</table>

**Total Assets**  
5,540,916.16
# Medical Association of Georgia, Inc.
## Balance Sheet
### August 31, 2016

<table>
<thead>
<tr>
<th>LIABILITIES AND CAPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
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<tr>
<td>Accounts Payable</td>
</tr>
<tr>
<td>Accrued Expenses</td>
</tr>
<tr>
<td>Accrued Vacation</td>
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<tr>
<td>Deferred Revenue</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated for Managed Care</td>
</tr>
<tr>
<td>Undesignated Net Assets</td>
</tr>
<tr>
<td>Temporarily Restricted</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
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**Total Liabilities & Capital** | **5,540,916.16**
The Medical Association of Georgia, Inc.
Current Invested Funds
as of August 31, 2016

### Secured Investments

<table>
<thead>
<tr>
<th>Account</th>
<th>Original Amount</th>
<th>Description</th>
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<td>Money Market Fund - Suntrust</td>
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<tr>
<td>Operating</td>
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<td>Money Market Fund - Wells Fargo</td>
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<tr>
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<tr>
<td>Operating</td>
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<td>Money Market Fund - PNC</td>
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</table>

**Total Operating Reserves** 1,111,227.61

Restricted Funds 732,399.48 Money Market Fund-Fidelity

**Total Restricted Funds** 732,399.48
<table>
<thead>
<tr>
<th>Date</th>
<th>Managed Care</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>
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<td>14,472.69</td>
<td>26,566.42</td>
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<td>27,296.42</td>
<td>415,124.13</td>
<td>24,543.04</td>
<td>730,590.74</td>
</tr>
<tr>
<td>1/31/2016</td>
<td>218,447.68</td>
<td>14,472.69</td>
<td>27,296.42</td>
<td>30,410.59</td>
<td>415,124.13</td>
<td>24,543.04</td>
<td>731,840.74</td>
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<tr>
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<td>1,050.00</td>
<td>1,055.00</td>
<td>1,055.00</td>
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<tr>
<td>2/29/2016</td>
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<td>27,496.42</td>
<td>30,410.59</td>
<td>415,124.13</td>
<td>24,543.04</td>
<td>731,999.48</td>
</tr>
<tr>
<td>Revenues</td>
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<td>1,055.00</td>
<td>1,055.00</td>
<td>1,055.00</td>
<td>(1,196.26)</td>
<td>-</td>
</tr>
<tr>
<td>3/31/2016</td>
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<td>13,276.43</td>
<td>27,496.42</td>
<td>30,410.59</td>
<td>419,584.13</td>
<td>24,543.04</td>
<td>731,699.48</td>
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<td>100.00</td>
<td>100.00</td>
<td>300.00</td>
</tr>
<tr>
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<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>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5/31/2016</td>
<td>218,447.68</td>
<td>13,276.43</td>
<td>27,596.42</td>
<td>30,410.59</td>
<td>419,584.13</td>
<td>24,543.04</td>
<td>731,799.48</td>
</tr>
<tr>
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<td>600.00</td>
<td>600.00</td>
<td>600.00</td>
<td>600.00</td>
<td>1,200.00</td>
</tr>
<tr>
<td>6/30/2016</td>
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<td>30,410.59</td>
<td>420,184.13</td>
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<td>732,399.48</td>
</tr>
<tr>
<td>Revenues</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7/31/2016</td>
<td>218,447.68</td>
<td>13,276.43</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>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8/31/2016</td>
<td>218,447.68</td>
<td>13,276.43</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>
</tbody>
</table>
III. A

Email Votes

Wednesday, June 1, 2016

- The Executive Committee voted by email to approve the following members to the GAMPAC Board of Directors:
  - Thomas E. Bat, M.D., Atlanta
  - Sid Moore, Jr., M.D., Macon
  - Fonda Mitchell, M.D., Atlanta

- The Executive Committee voted by email to approve the HealtheParadigm as the name of the MAG/KHS Data Analytics Solution.

Monday, July 18, 2016

- The Executive Committee voted by email to approve the following appointments to the HealtheParadigm advisory group:
  - Steven Walsh, M.D., Atlanta
  - Frank McDonald, M.D., Gainesville
  - Thomas Bat, M.D., Atlanta
  - Joseph Stubbs, M.D., Albany
  - Douglas Patten, M.D., Dawson
  - Donald J. Palmisano, Jr., MAG Executive Director
### 2016 Strategic Plan of Work Summary

Please find the update on the 2016 Strategic Plan. For more on MAG’s activities, please go to [http://www.mag.org/resources/executive-directors-message](http://www.mag.org/resources/executive-directors-message).

#### Advocacy (Goal A)

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.

To achieve this goal, MAG will be an advocate for:

- Resolving public and private payer issues (commercial, Medicare, Medicaid, workers’ compensation) to ensure patients receive the care that they need
  - Address Prior Approval (Resolution 305C)
    - MAG and the Georgia Pharmacy Association agreed to form a Task Force on Prior Approval to be managed by the GPhA. The task force had its first meeting in June. The Georgia State University School of Law is now drafting legislation and regulatory remedies based upon recommendations from the joint task force. MAG produced a “white paper” on improving prior authorization to benefit physicians and patients, and thanks its GME intern Benjamin Hayes who wrote the paper.
  - Specialty Medications and Drug Formulary Transparency (Resolution 307C)
    - MAG supported HB 965 “The Honorable Jimmy Carter Cancer Treatment Access Act” that was signed by Governor Deal.
Closing the Coverage Gap in Georgia (308C)
- MAG is working closely with the Georgia Chamber of Commerce to study potential solutions to drawing down federal money to address the uninsured. MAG has participated in the meetings and focus groups. The “Georgia Solution” will be addressed at the House of Delegates.

ID, document & communicate patterns of payer practices that have a negative impact on member practices and pursue actions with payers
- Please see the Department of Third Party Payer’s report that addresses a number of systemic issues with Blue Cross Blue Shield of Georgia.

Participate on public and private payer advisory committees to advocate for just treatment and payment.
- MAG and Blue Cross Blue Shield of Georgia have the quarterly meeting to address a number of payment issues.
- MAG meets quarterly with the Commissioner for the Department of Community Health on Medicaid issues.

Improving Electronic Health Records (Resolution 108A)
- MAG continues to work closely with the AMA on addressing issues with EHR. For example, MAG supports AMA successful efforts with CMS on removing the “meaningful use 3” program. Additionally, MAG supports AMA efforts with CMS to ensure interoperability with EHR systems.

Support recommendations in 2015 IOM Dying in America Report (Resolution 113A)
- MAG connected the sponsor of the resolution, Dr. Richard Cohen, with the American Medical Association. The AMA is working with Dr. Cohen on this resolution.

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
- HB 722, the medical marijuana bill, originally had language that expanded the scope of practice for pharmacists with a provision that allowed cultivation in Georgia. The language allowing for an expanded scope of practice for pharmacists has been removed. The bill failed to pass the General Assembly.
- SB 315 allows a physician assistant to prescribe hydrocodone combination products, which are a Schedule II. MAG was able to amend the language to be consistent with the MAG Board of Director’s directive. The bill failed to pass the General Assembly.
SB 319 allows professional counselors the ability to “diagnose.” As in years past, we opposed this legislation. The bill was signed by Governor Deal.

MAG sent a letter to the U.S. Department of Veteran Affairs opposing a new rule that would allow nurse practitioners to have full and independent practice authority. An alert to the membership accompanied this letter. The request began with the Georgia Society of Anesthesiologists.

- Truth in Advertising regarding board certification (Resolution 313C)
  - MAG supported HB 826 and HB 1043 which is consistent with MAG Resolution 313C. HB 1043 was signed by Governor Deal.

Protecting and promoting a fair civil justice system to ensure patients have access to the physicians they need

- Review those reform measures that remove the physician’s right to a jury trial
  - MAG has been actively engaged in the Patients’ for Fair Compensation model in Georgia and other states. MAG’s Executive Director spoke at a national PIAA conference on the problems associated with PFC’s plan.

Promoting good health habits that result in a healthier workforce and that saves Georgia tax dollars

- Supporting Expedited Partner Therapy (Resolution 111A)
  - MAG supported HB 813 which is consistent with MAG Resolution 111A. This bill failed to pass the General Assembly.

- Supporting the ABLE Act (Resolution 301C)
  - MAG supported HB 768 which is consistent with MAG Resolution 301C. This bill was signed by Governor Deal.

- Preserving the Prescription Drug Monitoring Program (Resolution 306C)
  - MAG supported HB 900 which is consistent with MAG Resolution 306C. This bill was signed by Governor Deal.

- Promoting the Think About It and DAN campaigns to reduce prescription drug abuse
  - MAG Foundation continues to push forward with the Think About It and DAN campaigns. The Toolkit is ready for distribution as well as the training videos. We are in the process of training law enforcement on how to administer Naloxone.
  - The MAG Foundation also conducted a strategic planning meeting in June with interested stakeholders as the future of the program that will be presented at the MAG Foundation October board meeting.
  - MAG Foundation implemented a grant received from Kaiser Permanente to deliver drop boxes and educational materials in the higher education system areas where KP has a presence.
- Improve Colorectal Outcomes in Georgia (Resolution 110A)
  - MAG participated in the Georgia Colorectal Cancer Roundtable held in Atlanta.

- Improving Vaccine Availability in Small Practices (Resolution 105A)
  - The Board of Directors addressed this issue at the April meeting and promoted information on the website. Additionally, the Georgia Delegation brought a resolution to the AMA meeting.

- Ensuring that physicians receive fair and adequate payment for the services they provide
  - Report of the President on CON (Officer Report 1)
    - A survey was sent to the membership in March. The survey is consistent with Officer Report 1. The respondents favored MAG filing an amicus brief. The case is at the trial level and we have been in touch with physician’s counsel. MAG generally gets involved at the appellate level.

- Oppose the health insurance mergers of Aetna/Humana and Wellpoint/CIGNA (State Strategy)
  - MAG has met with the Commissioner of Insurance regarding our opposition to the health insurance mergers. A letter was also sent to the Commissioner of Insurance in March. MAG has also developed print and radio messaging through the Physicians Advocacy Institute. The hearing date set for June 24 for the Aetna-Humana merger was postponed due to the lawsuit filed by the Department of Justice to block the mergers. MAG/AMA was prepared to testify at the hearing and held a joint membership call in July. A big thanks to the Georgia Attorney General Sam Olens for joining the lawsuit.

- Assess the “Abusive Billing Practices” in the Georgia General Assembly
  - MAG has spent significant resources on Senator Renee Unterman’s SB 382, which attempts to restrict a physician’s ability to balance bill. While we were successful in stopping the bill in the 2016 General Assembly, the Senate authorized a study committee to review the issue over the summer. MAG has had monthly meetings with interested stakeholders to find a solution. An in person meeting was held with the interested specialty societies in Jekyll Island prior to the beginning of the Summer Legislative Conference. We continue to work with the specialty societies on this issue to find a solution.

- Educational and consultative advocate and resource to protect MAG members and practice staff from abusive payer behavior
  - Please see the Department of Third Party Payer’s report.

- Increasing the number of physicians elected to the General Assembly
  - Support physicians in their campaign for the Georgia House of Representatives
• MAG worked diligently to have a fourth physician elected to the Georgia General Assembly in the House of Representatives District 123 – Mark Newton, MD.

**Value Proposition/Communication (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.

To achieve this goal, MAG will:

- **Enhance MAG/physicians’ brand and reputation with patients and other stakeholders**
  - Utilize the Top Docs talk-radio format to promote issues of importance to the organization, physicians, patients and others
    - MAG entered into an agreement with Top Docs to air two shows per month. Topics have included *HealthieParadigm*, health care fraud, out of network billing, MACRA, opioid abuse, TAI and DAN campaigns, GPLA, diabetes prevention, abusive payment practices, and the Philadelphia College of Osteopathic Medicine.
  - Ensuring the Think About It and DAN campaigns prominently reflect the MAG brand
    - Please see the update above.
  - Continuing the work of the Medical Reserve Corps to promote MAG member participation in statewide emergency preparation and response activity
    - MAG’s MRC presented an update to the Georgia Trauma Commission and received a subsequent grant. MAG has had numerous training programs to prepare the physicians in the event of a disaster. MAG’s MRC was prepared to activate when Hurricane Hermine was set to land on the Georgia coast.

- **Be a trusted resource for practice information (e.g., EHR, ICD-10, Affordable Care Act)**
  - Online Prescription Resources (106A)
    - MAG has updated its Medicare tab on the website to provide prescription resources.

- **Expand value-added services for physicians**
  - Support the development and implementation of new programs, products and services that create value for MAG members and reposition MAG and its members to prosper in the value-based purchasing environment including consideration of offering a population health solution (health information exchange and analytics) to members and others
    - MAG signed an agreement with KAMMCO Health Solutions on an analytic solution to physician practices. The new product is called *HealthieParadigm*.
    - MAG studied a potential cloud based technology to assist physicians with credentialing.
Enhance the working relationship between MAG and the American Medical Association, specialty medical societies and county medical societies on issues affecting all physicians.

- Oppose the health insurance mergers of Aetna/Humana and Wellpoint/CIGNA (National Strategy)
  - MAG is one of “17” states chosen by the AMA to receive resources to oppose the mergers. The AMA has also committed additional resources to the five states most impacted by the mergers – Georgia, Connecticut, Colorado, California and Ohio.
  - The AMA committed to testifying at the hearing before the Georgia Commissioner of Insurance on July 24 that was eventually postponed.

- Assess the “Abusive Billing Practices” in the Georgia General Assembly (National Strategy)
  - MAG participates on an AMA Task Force that is addressing Abusive Billing Practices.
  - MAG has convened the impacted specialties to work towards finding a solution to Abusive Billing Practices.

**Membership (Goal C)**

MAG will build a membership that is committed to the profession, is representative of the diversity of physicians in Georgia, and reflects high ethical and professional standards.

To achieve this goal, MAG will:

- Develop a value proposition that will resonate with the next generation of physicians and physician organizations

  - Discuss elimination of Dues for Residents and Reinvigorating the Resident Section (Resolution 401F)
    - The MAG Board of Directors discussed this issue at the April board meeting. The Board of Directors tabled the matter for an email vote to be accomplished within 90 days. A survey monkey was sent out within the 90 day period and the Board of Directors voted to keep the resident dues at the current level.

**Financial (Goal D)**

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

To achieve this goal, MAG will:

- Achieve at least a $200,000 surplus per year to protect the MAG brand
• Develop a plan to secure the financial viability of the MAG Foundation and the Section 170 Annuity Plan
  - The MAG Treasurer and MAG Foundation Treasurer met with MAG Executive Director and Foundation Director to discuss a plan to fully fund the Section 170 plan that will be presented at the Board of Directors meeting in October.
The April meeting of the Board of Directors of the Medical Association of Georgia was called to order at 10:00 a.m. at the Doubletree by Hilton, Atlanta-Marietta. Rutledge Forney, M.D., Chairman, presided. A quorum was met. William Clark, M.D., introduced the GPLA graduating class (VIII) and the incoming class (IX). Dr. Forney introduced MAG’s new YPS Director Vinaya Puppala, M.D. from Carrollton and YPS Alternate Director Edward Marchan, M.D. from Atlanta.

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. MEGA ISSUE

A. 2016 General Assembly – Council on Legislation: Members received a written report from the Council on Legislation Chairman Michael E. Greene, M.D., highlighting the results of the 2016 Georgia General Assembly. Dr. Greene reported that MAG Government Relations Director Marcus Downs will leave MAG to take the CEO position at the Georgia Nurses Association. The Board of Directors honored Mr. Downs with a standing ovation and wished him well in his new endeavor.

Dr. Greene reported that S.B. 974 by Senator Renee Unterman established a study committee to examine the factors that lead to “surprise” billing, as well as to develop ways to avoid the need for the practice. MAG supported the creation of the study committee and will keep members informed on its progress.

B. AMA Update: Special guest Patrice Harris, M.D., Chair-elect of the American Medical Association and MAG member, gave a PowerPoint presentation highlighting important issues addressing mergers, opioid abuse, out-of-network care/balance billing, MACRA. Dr. Harris called for continued collaboration between MAG and AMA. She reported that MAG was the first to survey physicians about the pending mergers which led to AMA opposed to them. She reported that AMA has formed a task force of 25 states and the American Dental Association to address opioid abuse. She reported that AMA is addressing the out-of-network/balance billing issue that has been named “surprise billing,” and is formulating
recommendations to resolve the concerns that have been raised by physicians about the negative impact on patients.

Dr. Harris commended MAG Executive Director Donald Palmisano for participating on several AMA work groups and providing MAG’s perspective on the aforementioned issues. She commended the AMA Delegation for being the voice of MAG physicians at the AMA meetings. The Board of Directors thanked Dr. Harris for her report and thanked the AMA for its work on the issues addressed by her.

Dr. Rutledge Forney, introduced members of the Georgia Society of Plastic Surgeons. Keith Hanna, M.D., the society’s president, thanked the Board for the invitation to attend the meeting. (Editorial Note: members attending the meeting are posted on the official attendance list.)

C. AMA Delegation Report: AMA Delegation Chairman William Clark, M.D., submitted a written report highlighting the delegation’s activities in preparation for the upcoming AMA Annual Meeting in Chicago, June 11-15, 2016. He encouraged members of the Board to consider joining the AMA. Dr. Clark requested that the Board of Directors approve the activities of the delegation as outlined in his written report.

A motion (Perry-Gilkes/Reed) was duly adopted approving the activities of AMA Delegation as outlined in its report. **MOTION PASSED**

II. EXECUTIVE DIRECTOR

A. 2016 Strategic Plan of Work: The Board of Directors received a written report that addressed the plan of work to accomplish the goals that were outlined in the strategic plan. Mr. Palmisano reported that the uninsured will be a key issue during the legislative session in 2017.

B. Resolution 105A.15, Vaccine Availability in Small Practices: MAG’s legal counsel Patricia Yeatts submitted a written report on a 2015 House of Delegates action. The first resolve of the resolution called for the AMA Delegation to submit a resolution to the American Medical Association. This was completed by the submission of a resolution to the 2016 annual AMA meeting. The second resolve called for MAG to investigate the feasibility of creating a purchasing group or other means for MAG members to purchase vaccines. The Board discussed the findings of legal counsel which recommended that MAG explore other opportunities in lieu of creating its own purchasing organization. Adrianne Mims, M.D., addressed the Board and stated that the Alliant/GMCF is part of a coalition that addressed the issue in Georgia communities. At the end of debate, the Board of Directors thanked Ms. Yeatts for the report.

C. Resolution 701HC.14, Establishment of an Assistant Physician as a Provider of Primary Care: Immediate Past President, Manoj Shah, M.D., presented a written report from MAG’s Task Force on Assistant Physicians. He reported that the Board of Directors requested from the task force additional study and return with recommendations. The committee obtained
additional information and recommended that MAG continue to monitor assistant physician legislation in other states, to study the viability of the licensure and work actively with the Georgia Composite Medical Board to develop solutions to help alleviate the concern and help ensure that all qualified medical graduates have the opportunity to further their training in residency programs using as an example creating a database with the Georgia Composite Medical Board that would contain the names of all un-matched medical students and the reasons for not matching. At the end of debate, the Board of Directors rendered the following action:

A motion (Greene/Antalis) was duly adopted approving to continue to monitor the assistant physician legislation in other states and to study the viability of the licensure and work actively with the Georgia Composite Medical Board to develop solutions to help alleviate the concern and help ensure that all qualified medical graduates have the opportunity to further their training in residency, for example, creating a database with the Georgia Composite Medical Board that would contain the names of all un-matched medical student and the reasons for not matching. **MOTION PASSED**

D. **MAG/KHS Agreement:** The Board received a written report from MAG’s executive director requesting authorization to enter into an agreement with KaMMCO Health Solutions, Inc. He outlined the terms of the agreement with Kansas Health Solutions to provide a health information exchange and healthcare solutions for physicians and other healthcare providers, which would include data analytics, reports, dashboards, physician/patient engagement resources and care coordination. MAG would agree to exclusively endorse and promote Kansas Health Solutions to physicians and health care providers, provide legislative and regulatory assistance, assistance in marketing and sales, provide physical space at MAG Headquarters, and serve on an advisory committee consisting of MAG members for terms of two years. He reported that there would not be cost to MAG except for expanded staff time. Financial terms were provided. At the end of considerable debate with a motion by Dr. Donoghue and seconded by Dr. Reisman to close debate and vote, the Board rendered the following action:

A motion (Walsh/Barber) was duly adopted approving to enter into an agreement with KaMMCO Health Solutions, Inc. consistent with the terms presented to the Board. **MOTION PASSED**

III. **SECRETARY**

A. **2015 HOD Status Reports:** MAG Secretary Andrew Reisman presented the status reports on the 2015 House of Delegates actions. The report was accepted for information.

B. **Approval – January 30, 2016 Board Minutes:** Dr. Reisman presented the January 30, 2016 Board of Directors Minutes for action.

A motion (Donoghue/Perry-Gilkes) was duly adopted approving the January 30, 2016 Board of Directors Minutes as submitted. **MOTION PASSED**
C. Approval – 2015 House of Delegate Minutes: Dr. Reisman presented the Minutes of the 2015 House of Delegates for approval. It was noted that the 2015 House of Delegates requested that the Board review and approve these minutes. (Editorial Note: These Minutes will be recorded with the JMAG, 2015, Vol 104, Issue 4 to be bound for the historical records.)

A motion (Donoghue/Perry-Gilkes) was duly adopted approving the Minutes of the 2015 House of Delegates as submitted. **MOTION PASSED**

IV. TREASURER

A. 2015 Annual Audit by Mauldin & Jenkins: Dr. Forney introduced Mr. Jeff Fucito of Mauldin & Jenkins, who presented the yearly audit of the Medical Association of Georgia, Inc. and affiliates. Mr. Fucito reported that the overall association books are in excellent condition. He gave a PowerPoint presentation highlighting data benchmarking MAG’s financial averages using other associations in comparison. At the conclusion of the audit presentation, Dr. Forney asked the Board to adopt the audit as presented.

A motion (McDonald/Barber) was duly adopted approving the 2015 annual audit as presented by Mauldin & Jenkins. **MOTION PASSED**

B. Audited Financial Statements for year ended 12/31/2015: MAG Treasurer Thomas Emerson, M.D., submitted audited financial statements for the year ended December 31, 2015. He reported that the audited year end financials were approved by the Board at its January 2016 meeting and that no significant changes were recorded within this report today.

A motion (Donoghue/Greene) was duly adopted approving the audited financial statements for the year ended December 31, 2015. **MOTION PASSED**

C. Financial Statements for the three months ended March 2016: The Board of Directors received a written report of financial activities for the three months ended March 2016. Dr. Emerson gave a PowerPoint presentation and summarized MAG’s financial activities beginning January 2016 and ending March 2016.

A motion (Davidoff/Donoghue) was duly adopted approving financial statements for the three months ended March 2016. **MOTION PASSED**

D. Finance Committee Actions: Dr. Emerson presented actions that were taken at the Finance Committee meeting that included a recommendation on Resolution 401F.15 – Elimination of Dues for Residents, which was referred Finance Committee by the Board in January 2016, for review and a recommendation back to the Board. The recommendation from the Finance Committee was to continue the current resident dues structure and to engage MAG resident members with introducing MAG leadership to the residency program directors with an opportunity to approach the program directors for resident dues sponsorship...
Chairman of the Resident Physician and Fellow Section Shamie Das, M.D., introduced a recommendation from the Section that MAG adopt the original Resolution 401F.15 which produced a motion and second from the floor to approve eliminating dues for residents and fellows to improve recruitment, leadership development, and ultimately encourage long-term membership, and that MAG commit financial resources to reactivate and maintain the resident and fellow section.

Board members gave careful consideration of Resolution 401F.15 and discussed whether a time limit should be added to measure the outcome of free membership to residents. An amended motion made and seconded to suspend resident dues for a period of five years. An amended motion was made and seconded to reduce dues to $25 for three years.

Mr. Palmisano reported that maintaining the section comes at a cost to MAG for staff resources, leadership meetings with program chairmen, and general administrative costs. He reported that other state medical associations were contacted, as well as the American Medical Association to assist the Finance Committee as it vetted the issue for the Board.

The Board Chair called for vote on the motion to reduce dues to $25 for three years. A vote was taken and the motion failed.

The Board of Directors continued its debate of whether residents should pay dues and for how long. After a lengthy debate a motion to table the issue was introduced and voted on by the Board of Directors.

A motion (Antalis/Perry-Gilkes) was duly adopted approving to table Resolution 401F.15 for three months to ascertain the merits to suspend resident dues for a period of five years at which time an email vote will be taken by members of the Board of Directors to determine a final decision on the issue of resident dues. MOTION PASSED

Dr. Emerson gave an update on the Charitable Gift Annuity Program through the MAG Foundation (MAGF). He reported that MAG has 49 annuity contracts and 80 annuitants. He stated that MAG is currently paying out on 14 policies. He pointed out the liability risk for MAG and MAGF. Dr. Emerson reported that a task force was established with the following members: John S. Harvey, M.D., Jack Chapman, Jr., M.D., Steven Walsh, M.D., Mr. Donald Palmisano, Mr. Fred Jones and he, and they are discussing favorable solutions. He stated that members of the Board will be kept up-to-date on the investigation.

V. PRESIDENT

A. Update on Physicians Foundation: MAG President John S. Harvey, M.D., submitted to the Board a copy of the questions that the Board and its leadership requested of its representatives on The Physician Foundation Board of Directors. He reported that Dr. Walker Ray and Dr. Alan Plummer reported that answers would be forthcoming after the April meeting of the Physicians Foundation Board. They were asked to respond to the questions by July 1, 2016. Dr. Harvey gave a copy of the letter that he sent to the medical society presidents and the
responses he received. He stated that he would keep the Board apprised of the ongoing discussions.

B. **Actions of the Executive Committee:** Dr. Harvey presented actions that were taken by the Executive Committee on January 29, 2016 and March 13, 2016. He asked that the Board of Directors ratify the actions taken by the Executive Committee on these dates.

A motion (Donoghue/Barber) was duly adopted ratifying actions taken by the Executive Committee on January 29, 2016 and March 13, 2016. **MOTION PASSED**

Dr. Harvey presented an action that was rendered by the Executive Committee on February 11, 2016 through an email vote and asked that the Board of Directors ratify the action.

A motion (Sherman/McDonald) was duly adopted ratifying the following action taken by the Executive Committee on February 11, 2016: **MOTION PASSED**

Approved to forward to the American Medical Association its endorsement of Manoj H. Shah, M.D. for a seat on the AMA IMG Section Governing Council.

C. **MAG/Georgia Pharmacy Association Task Force:** Dr. Harvey reported that he and Mr. Palmisano met with the Georgia Pharmacy Association Board of Directors earlier this year. It was determined to establish a working group comprised of physicians and pharmacists to develop potential legislative and/or regulatory solutions to prior authorization issues. Dr. Harvey noted the following charge agreed to by MAG and GPhA:

To investigate clinical and operational challenges presented by payers’ prior authorization requirements, to engage payers in addressing common concerns, and to recommend statutory, regulatory and/or operational fixes that assure patients receive proper care while assuring reasonable cost controls.

Dr. Harvey reported that he recommends that the following physicians represent MAG on the joint task force.

A motion (Donoghue/McDonald) was duly adopted approving the following physicians to serve on the Joint MAG/GPhA Task Force: Scott Bohlke, M.D. (Family Medicine), Andrea Juliaio, M.D. (Family Medicine), Elizabeth Walton, M.D., (Internal Medicine) and Hayes Wilson, M.D. (Rheumatology). **MOTION PASSED**

VI. **GAMPAC BOARD OF DIRECTORS**

Chairman of the GAMPAC Board of Directors James Barber, M.D., submitted a written report. He thanked members of the MAG Board of Directors for attending this morning’s GAMPAC Healthcare Panel Discussion & Breakfast. He reported that GAMPAC’s Chairman’s Circle Fly-in to Washington, D.C. is schedule for April 19-20. Participants will have various meetings with the Georgia Congressional Delegation to educate them key issues facing them
back home. Dr. Barber reported that there are three vacancies on the GAMPAC Board to be filled. Members interested in serving should submit their credentials to GAMPAC for review. Appointments will be made at the Summer Legislative Education Meeting at the Westin Jekyll Island on July 29-30, 2016.

Dr. Barber submitted names of members who will end their term of office on June 1, 2016. He stated that these members are eligible to serve another term of office and requested that the Board of Directors approve these appointments.

A motion (Silver/Perry-Gilkes) was duly adopted appointing the following members to the GAMPAC Board of Director for another term: Stephen W. Jarrard, M.D., Elizabeth Morgan, M.D., Randy Frank Risor, M.D., James L. Smith, Jr., M.D., and Michelle Zeanah, M.D. **MOTION PASSED**

VII. INFORMATIONAL REPORTS

The Board of Directors received the following informational reports: Committee on Continuing Medical Education, Department of Third Party Payer Committee, Department of Communications, and Department of Membership and Marketing.

The Board received a written informational report from Alliant/GMCF from Harry Vildibill, M.D., and Mr. Dennis White. Adrienne Mims, M.D., addressed the Board to describe the transforming clinical practice initiative (TCPI). She reported that significant changes in Medicare payments are coming in 2019 based on performance in 2017. TCPI is one of the largest federal investments uniquely designed to support clinician practices through nationwide, collaborative and peer-based learning networks that facilitate large-scale practice transformation. She stated that activities of Alliant Quality include: practice assessments, technical assistance, collaboration with Practice Transformation Networks (PTN), and recruitment of small/rural practices into the PTNs in Georgia and North Carolina.

VIII. OLD/NEW BUSINESS

MAG President John Harvey, M.D., recognized Stephen Jarrard, M.D., Alternate Director from Ninth District Medical Society. He reported that Dr. Jarrard has made an assertive effort to revitalize the Stephens-Rabun County Medical Society in the district by proposing a new four-county merger into a NE Georgia Medical Society. He reported that there were 50 members of the four counties who attended the meeting.

Dr. Harvey reported on other areas of Georgia that he has visited in an attempt to motivate membership growth, and revitalize district and county participation in MAG. Efforts are being made in DeKalb, Floyd-Polk-Chattanooga (Rome), and SE Georgia. He and Mr. Palmisano are very happy with the success of the efforts made and commended the physicians in those areas who have supported MAG’s efforts.
Dr. Harvey gave a brief update on the MAG Medical Reserve Corps. He reported that on April 30, MAG MRC will hold a Mobile Surge Hospital Set-up Training event at the Grady EMS Training & Education Center in Atlanta. He reported that the MAG MRC is recognized as the first medical society-sponsored statewide volunteer MRC.

IX. FOR INFORMATION ONLY

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

X. NEXT MEETING

The next meeting of the Board of Directors of the Medical Association of Georgia is 12:00 p.m. on Friday, October 14, 2016 at the Hyatt Regency Savannah.

XI. ADJOURN

Having no further business, the Board of Directors of the Medical Association of Georgia adjourned its April 16 meeting at 2:15 p.m.

APPROVED BY: ______________________________________________________________

ANDREW B. REISMAN, M.D., SECRETARY

DATE: ____________________________________________________________

RECORDED BY: ____________________________________________________________

DONNA T. GLASS
MAG BOARD OF DIRECTORS ATTENDANCE RECORD

DATE: April 16, 2016

President ........................................................................................................... John S. Harvey
President-elect ............................................................................................. Steven M. Walsh
Immediate Past President .............................................................................. Manoj Shah
First Vice President ..................................................................................... Madalyn Davidoff
Second Vice President .................................................................................. Steven M. Huffman
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 ......................................................... Frank McDonald
Vice Speaker, MAG House of Delegates ................................................... Edmund R. Donoghue
Chairman, AMA Georgia Delegation ......................................................... William Clark
Chairman, Council on Legislation ............................................................. Michael E. Greene

DIRECTORS/ALTERNATE DIRECTORS

District 1: Aaron H. Davidson, Statesboro, Director
District 2: G. Ashley Register, Jr., Cairo, Director
Sandra B. Reed, Thomasville, Alternate Director
District 3: Santanu Das, Warner Robins, Director
District 6: Leiv M. Takle, Jr., Griffin, Director
District 7: John S. Antalis, Dalton, Director
David C. Bosshardt, Ringgold, Alternate Director
District 8: James W. Barber, Douglas, 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
Jeffrey L. Tharp, Hiram, Director
Despina Dalton, Austell, Director
Anthony Musarra II, Marietta, Alternate Director
Crawford W. Long Medical Society
   Andrew H. Herrin, Athens, Director

DeKalb Medical Society
   Stanley W. Sherman, Decatur, Director
   Andrea P. Juliao, Tucker, Director
   Brian A. Levitt, Snellville, Alternate Director

Dougherty County Medical Society
   Timothy S. Trulock, Albany, Director

Georgia Medical Society:
   Kelly A. Erola, Savannah, Alternate Director

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

Hall County Medical Society:
   Karl D. Schultz, Jr., Gainesville, Director

Medical Association of Atlanta:
   Rutledge Forney, Atlanta, Director (See Chairman)
   Michael C. Hilton, Atlanta, Director
   Quentin Pirkle, Atlanta, Director
   Lisa Perry-Gilkes, Atlanta, Director
   Thomas E. Bat, Alpharetta, Alternate Director
   Brian E. Hill, Atlanta, Alternate Director
   Fonda Ann Mitchell, Duluth, Alternate Director

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

Peachbelt County Medical Society
   Karunakar Sripathi, Warner Robins, Director

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

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

Medical Student Section
Other Voting Members
Scott Bohlke, Brooklet, Past President
William E. Silver, Atlanta, Past President

Ex-officio members:
Bob G. Lanier, Atlanta, Past President
Joy A. Maxey, Atlanta, Past President/AMA Delegate
Jack M. Chapman, Jr., Gainesville, Past President/AMA Alternate Delegate
Billie Luke Jackson, Macon, AMA Alternate Delegate
Gary C. Richter, Atlanta, Past President/AMA Alternate Delegate

Guests – GPLA

GPLA GRADUATING CLASS VIII (8):

Jovan Adams, D.O. 
Robert Bashuk, M.D. 
Margaret Boltja, M.D. 
Janis Coffin, D.O. 
Debi Dalton, M.D. 
Amy Eubanks, M.D. 
Tim Grant, M.D. 
Mark Griffiths, M.D.

Vijay Maurya, M.D. 
Charles Miller, M.D. 
Dilipkumar Patel, M.D. 
Rani Reddy, M.D. 
Mitzi Rubin, M.D. 
Jennifer Tucker, M.D. 
Kelly Weselman, M.D. 
Cliff Willimon, M.D.

GPLA CLASS IX (9):

Matthew Astin, M.D. 
Deepti Bhasin, M.D. 
Brad Bushnell, M.D. 
Ann Contrucci, M.D. 
Kelly Erola, M.D. 
Frederick Flandry, M.D. 
Sandra Fryhofer, M.D. 
Yolanda Graham, M.D. 
Brian Hill, M.D. 
Sandra Hollander, M.D.

Mark Huffman, M.D. 
Jeremy Jones, M.D. 
Matthew Keadey, M.D. 
Faria Khan, M.D. 
Fonda Mitchell, M.D. 
Alyce Oliver, M.D. 
Brian Ribeiro, M.D. 
Eddie Richardson, Jr., M.D. 
Alyce Scott, M.D. 
Jeffrey Stone, M.D.

GUESTS
Patrice Harris, M.D., AMA Chair-elect (MAG Member)
Sandra Fryhofer, M.D., MAG Member
Leonard Lichtenfeld, M.D, MAG Member
Adrianne Mims, MD, Alliant/GMCF
Zachary Lopater, MD, Chairman, MAG Young Physician Section
Shamie Das, M.D., Chairman, MAG Resident Fellow Physician Section
Georgia Society of Plastic Surgery
Keith Hanna, MD, President
Jeffrey Zwiren, MD, President-elect
Amy Alderman, MD, Vice President
Carmen Kavali, MD, Secretary
Jeffrey Pendergrast, MD, Historian
Parzad Nahai, MD, Board Member
<Joanne Thurston, Executive Director>
Dennis White, Alliant/GMCF
Susan Reichman, GPLA
CaRita C. Connor, Georgia Medical Society
Dale Mathews, Bibb County Medical Society
Joanne Thurston, Cobb County Medical Society
David Waldrep, Medical Association of Atlanta
Dan Walton, Richmond/Muscogee County Medical Societies
Jeff Fucito, CPA, Mauldin & Jenkins
Mary Daniels, Executive Director, Georgia Chapter, American College of Physicians

STAFF:
Andrew Baumann
Kate Boyenga
Marcus Downs
Donna Glass
Sally Jacobs
Fred Jones
Tom Kornegay

Susan Moore
Lori Murphy
Donald Palmisano
Kimberly Ramseur
Patricia Yeatts
Anita Amin
MEMORANDUM

TO: Members of the MAG Board of Directors

FROM: Andrew Reisman M.D., Secretary, MAG Board of Directors

DATE: September 30, 2016

RE: Approval of Constitution and Bylaws for North Georgia Mountains Medical Society (Formerly Stephens-Rabun County Medical Society)

In accordance with Chapter III, Section 3. of MAG’s Constitution and Bylaws which state that

SECTION 3. CHARTER. All county societies which have adopted principles of organization in conformity with the Constitution and Bylaws of the Medical Association of Georgia and whose constitution and bylaws have been submitted to and approved by the Board of Directors of the Association may receive charters. Such charters shall be provided and issued by the House of Delegates and signed by the President and Secretary.

The following CMS bylaws have been found to be in compliance with the MAG bylaws and are submitted here for your approval to the 2016 House of Delegates.
CONSTITUTION AND BYLAWS
OF THE North Georgia Mountains Medical Society

CONSTITUTION

ARTICLE I - NAME OF THE ASSOCIATION
The name of this organization is the North Georgia Mountains Medical Society.

ARTICLE II - OBJECTIVES OF THE ASSOCIATION
The Society has been organized and shall operate as a charitable organization that seeks to bring together the physicians of Stephens, Rabun, Towns and Habersham counties to promote the art and science of medicine and the betterment of public health and to support, subsidize, and promote such charitable, religious, scientific, and educational activities as may be determined by the Directors from time to time. And, with other societies, to help form the Medical Association of Georgia.

ARTICLE III - MEMBERSHIP
Every physician practicing in Stephens, Rabun, Towns and Habersham, Georgia, who is licensed by the Composite State Board of Medical Examiners, who is otherwise eligible for membership in the Medical Association of Georgia and who is of good moral and professional standing shall be eligible for membership.

ARTICLE IV – MEETINGS
Regular meetings shall be held at a time and place designated by the Officers of the Society.

ARTICLE V - OFFICERS
SECTION 1. Officers. The Officers of this Society shall consist of a President, Vice President, Secretary–Treasurer and Delegates to the Medical Association of Georgia. These Officers shall be elected annually and in accordance with the Constitution and Bylaws of the Medical Association of Georgia. The same individual may simultaneously hold more than one office in the Society.

SECTION 2. President. The President shall preside at the meetings of the Society, and perform such other duties as custom and parliamentary usage may require.

SECTION 3. Vice President. The Vice President shall assist the President in the performance of his or her duties, shall preside in his or her absence, and, on his or her death, resignation or removal from the county, shall succeed to the position of President.
SECTION 4. Secretary–Treasurer. The Secretary shall record the minutes of the meetings and receive and care for all records and papers belonging to the Society, including its charter. He or she shall notify each member of the society as to the time and place of each meeting. He or she shall keep account of all the funds of the Society that may come into his or her hands. He or she shall make and keep a list of the members of this Society in good standing, noting of each his or her correct name, address, telephone number and email address. He or she shall receive all dues and monies belonging to the Society and shall pay out the same only on the authorization of the Executive Committee.

SECTION 5. Delegates. The delegates shall attend and faithfully represent the members of this Society in the House of Delegates of the Medical Association of Georgia, and shall make report of the proceedings of that body to this Society at the earliest opportunity.

SECTION 6. Vacancies. When a vacancy occurs in one of the executive offices by death, resignation, or otherwise, it shall be filled by the Board of Directors. The officer so elected shall hold office until his successor is chosen and qualified.

ARTICLE VI - FUNDS AND EXPENDITURES

Funds for meetings and expenses of the Society shall be raised by annual dues, special assessments, and voluntary contributions. Funds may be appropriated by vote of the Society for such purposes as will promote its welfare and that of the profession.

ARTICLE VII - INCORPORATION

The Society shall have authority to appoint a Board of Trustees and to provide articles of incorporation whenever it may deem necessary. The Society shall establish and maintain for itself a distinct Tax Identification Number.

ARTICLE VIII – CHARTER

The Society shall remain in conformity with the Constitution and Bylaws of the Medical Association of Georgia and submit these constitution and bylaws to be approved by the MAG Board of Directors to receive a charter in accordance with the MAG Constitution and Bylaws.

ARTICLE XI - AMENDMENTS

The Society may amend any article of this Constitution by a two-thirds vote of its members present at any regular meeting, provided that such amendment or amendments may not conflict with the Constitution and Bylaws of the Medical Association of Georgia; provided, also, that such amendment shall have been read in open session at a previous regular meeting and shall have been sent by mail to each member ten days in advance of the meeting at which final action is to be taken.
CHAPTER I - MEMBERSHIP

SECTION 1. Every reputable and legally qualified Physician in Floyd, Polk, Chattooga, Gordon, or Bartow shall be considered eligible to apply.

SECTION 2. A physician accompanying his or her application with a transfer form from another component county society of this or any state within sixty days of issuance of said transfer shall be admitted without fee. No annual dues for the current year shall be charged against such members, provided dues have been paid to the society from which the applicant comes.

SECTION 3. ACTIVE MEMBERS.

A physician may become an Active Member in the Association by submitting an application fee to the Association. A physician applying for membership as an Active Member must hold the degree of Doctor of Medicine, Doctor of Osteopathy or Bachelor of Medicine or an equivalent degree issued in a foreign country from a medical college acceptable to the Judicial Council of the Association and must meet the requirements of subparagraphs (a), (b), or (c) below:

(a) Be licensed to practice medicine in the State of Georgia; or

(b) Be employed as an intern, resident or fellow in a hospital or institution whose internship, residency or fellowship program is approved by the Composite State Board of Medical Examiners of Georgia or any predecessor or successor body authorized to license Doctors of Medicine; or

(c) Be employed as a commissioned medical officer in any of the armed forces of the United States or in the United States Public Health Service, Veterans Administration or Indian Service.

An active member may be excused from paying dues in the event of financial hardship, illness or service in the Armed Forces in the U.S. during emergency conditions, when such written requests are granted by the Board of Censor.

SECTION 4. RETIRED MEMBERS. Upon retirement from the practice of medicine, members are classified as Retired Members, are not required to pay dues and may not vote or hold office.

SECTION 5. SERVICE MEMBERS. Full time or retired Medical Officers of the U.S. Armed Forces, USPHS, VA or Indian Service need not be licensed to practice medicine in the State of Georgia, if the physician holds the degree of Doctor of Medicine, Doctor of Osteopathy or a Bachelor of Medicine or an equivalent degree issued in a foreign country by a medical college acceptable to the Medical Association of Georgia. Such members shall not be entitled to vote or hold office and are not required to pay dues.
SECTION 6. AFFILIATE MEMBERS. Persons in the following classes may become Affiliate Members:

(a) American physicians located in foreign countries or possessions of the United States, and engaged in medical missionary and similar education and philanthropic labors;

(b) Dentists, who hold the degree of D.D.S. or D.M.D., who are members of their state and local dental societies;

(c) Pharmacists who are active members of the Georgia Pharmacy Association;

(d) Veterinarians who hold the degree of D.V.M. and are members of the Georgia Veterinary Medical Association;

(e) Teachers of medicine who are not eligible for active membership.

All nominations must be made by the component county medical societies.

Affiliate Members shall not be required to pay membership dues, and shall enjoy the privileges of the scientific meetings. Affiliate Members shall not have the right to vote or hold office, and shall not be entitled to receive any publication of the Association, except by personal subscription.

SECTION 7. HONORARY MEMBERS. Physicians and other persons who have risen to prominence in their professions may be elected to honorary membership by a majority vote of the Officers of the Society. These members shall enjoy the privileges of the Society but shall not vote or hold office.

SECTION 8. LIFE MEMBERS. A member in good standing who is 70 years of age (on or by January 1 of the current dues year) may be classified as a Life Member if the physician has been an active, dues paying member of any state medical society for at least 25 consecutive years and has been an active, dues paying member of this Association for at least two of those years and has notified the secretary of the Association his/her desire to be reclassified as such. Service in the Armed Forces during a national emergency or compulsory service under the Selective Service System or temporary service as a full-time commissioned medical officer in the Reserve Armed Forces shall count as part of the period of continuous years of dues-paying membership. All members classified as Life Members shall be excused from payment of Association dues and assessments. These members shall continue to receive the official publication of the Medical Association of Georgia without cost. All Life Members will be polled on an annual basis to determine whether they wish to continue to receive publications and make a contribution.

SECTION 9. STUDENT MEMBERS. Any person may become a Student Member of this Association upon proof that such person is a student in good standing at a medical school approved by the Liaison Committee on Medical Education or the Committee on Colleges, the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic
Association. Student Members may not vote or hold office.

SECTION 10. GENERAL CONSIDERATION. No person judged guilty of moral turpitude or other serious crime may become a member of the Society. A member expelled or suspended from membership shall no longer enjoy any of the privileges of membership during such expulsion or suspension. When the Secretary is officially informed that a member is not in good standing, the name of the member shall be removed from the membership roll. If a member removes his or her practice to another jurisdiction, he shall apply for continuance of his or her membership through the Society in the jurisdiction to which he has moved his or her practice.

SECTION 11. JURISDICTION.

(a) It shall be the policy of this Association and its component county medical societies that its members who belong to a component county medical society shall belong to the component society that is based in the county where the physician resides or has his or her practice of the county contiguous to his or her residence or practice location.

(b) If physicians reside and/or practice in other states, they may belong to county medical societies in Georgia, as long as they are members of and in good standing in the state medical associations in their states of dominant practice. Such membership shall be applied for through the county medical society in Georgia with which they wish to affiliate and all business shall be conducted through that county society and not MAG.

(c) If a member of MAG maintains multiple active component county medical society memberships, it is the duty and responsibility of the physician member to notify the Secretary of the Association via regular or electronic mail 45 days prior to the opening of the annual MAG House of Delegates meeting as to which component county medical society the MAG member should be counted for MAG Delegate entitlement and Director entitlement purposes. Failure to comply with this notification requirement will result in the MAG member being automatically assigned to the component society of his or her residence.

(d) If a member of MAG temporarily moves to another state for continuing education, fellowship, additional residency, military service, or other reasons approved by the member's county medical society, the member may continue membership in MAG as long as the physician remains a member in good standing.

CHAPTER 12 - POWERS AND DUTIES

This Society shall have general direction of the affairs of the medical professions of the counties, and its influence shall be constantly exerted to better the scientific, material, and social condition of every physician within its jurisdiction. Systematic efforts shall be made by each member, and by the Society as a whole, to increase the membership until it embraces every reputable physician in the counties.
CHAPTER II - GENERAL MEETINGS

General meetings shall be held for the presentation and discussion of subjects pertaining to the science and art of medicine and the economic, regulatory and legislative issues that affect the practice of medicine. The general meetings shall be open to all members and guests who have complied with the applicable registration requirements.

CHAPTER III - OFFICERS

The Officers of this Society shall consist of a President, Vice President, Secretary–Treasurer and Delegates to the Medical Association of Georgia. These Officers shall be elected annually. Delegates shall be elected in accordance with the Constitution and Bylaws of the Medical Association of Georgia. The same individual may simultaneously hold more than one office in the Society. Descriptions of the Officers are provided in Article V of the Society’s Constitution.

CHAPTER IV - FUNDS AND EXPENDITURES

SECTION 1. Annual dues will be payable by March first of each year.

SECTION 2. Any member who shall fail to pay his or her annual dues by March 1 shall be held as suspended without action on the part of the Society. A member suspended for non-payment of dues shall be restored to full membership on payment of all indebtedness. Members more than one year in arrears shall be dropped from the roll of members.

CHAPTER V – RULES OF ORDER

The deliberations of this Society shall be governed by a parliamentary usage as contained in The Standard Code of Parliamentary Procedure.

CHAPTER VI - AMENDMENTS

These bylaws may be amended at any regular meeting by a two-thirds vote of the voting members present at the meeting, provided that such amendment has been read in open session at the preceding regular meeting and a copy provided to the members present at the meeting at which final action is to be taken. Amended bylaws must be submitted to, and approved by, the Board of Directors of the Medical Association of Georgia before they will become effective.
MEMORANDUM

TO: Members of the MAG Board of Directors

FROM: Andrew Reisman M.D., Secretary, MAG Board of Directors

DATE: September 30, 2016

RE: Approval of Constitution and Bylaws for Rome Area Medical Society (formerly the Floyd-Polk-Chattooga CMS)

In accordance with Chapter III, Section 3. of MAG’s Constitution and Bylaws which state that

SECTION 3. CHARTER. All county societies which have adopted principles of organization in conformity with the Constitution and Bylaws of the Medical Association of Georgia and whose constitution and bylaws have been submitted to and approved by the Board of Directors of the Association may receive charters. Such charters shall be provided and issued by the House of Delegates and signed by the President and Secretary.

The following CMS bylaws have been found to be in compliance with the MAG bylaws and are submitted here for your approval to the 2016 House of Delegates.
CONSTITUTION AND BYLAWS
OF THE Rome Area Medical Society

CONSTITUTION

ARTICLE I - NAME OF THE ASSOCIATION

The name of this organization is the Rome Area Medical Society.

ARTICLE II - OBJECTIVES OF THE ASSOCIATION

The Society has been organized and shall operate as a charitable organization that seeks to bring together the physicians of Floyd, Polk, Chattooga, Gordon and Bartow to promote the art and science of medicine and the betterment of public health and to support, subsidize, and promote such charitable, religious, scientific, and educational activities as may be determined by the Directors from time to time. And, with other societies, to help form the Medical Association of Georgia.

ARTICLE III - MEMBERSHIP

Every physician practicing in Floyd, Polk, Chattooga, Gordon, or Bartow, Georgia, who is licensed by the Composite State Board of Medical Examiners, who is otherwise eligible for membership in the Medical Association of Georgia and who is of good moral and professional standing shall be eligible for membership.

ARTICLE IV – MEETINGS

Regular meetings shall be held at a time and place designated by the Officers of the Society.

ARTICLE V - OFFICERS

SECTION 1. Officers. The Officers of this Society shall consist of a President, Vice President, Secretary–Treasurer and Delegates to the Medical Association of Georgia. These Officers shall be elected annually and in accordance with the Constitution and Bylaws of the Medical Association of Georgia. The same individual may simultaneously hold more than one office in the Society.

SECTION 2. President. The President shall preside at the meetings of the Society, and perform such other duties as custom and parliamentary usage may require.

SECTION 3. Vice President. The Vice President shall assist the President in the performance of his or her duties, shall preside in his or her absence, and, on his or her death, resignation or removal from the county, shall succeed to the position of President.
SECTION 4. **Secretary–Treasurer.** The Secretary shall record the minutes of the meetings and receive and care for all records and papers belonging to the Society, including its charter. He or she shall notify each member of the society as to the time and place of each meeting. He or she shall keep account of all the funds of the Society that may come into his or her hands. He or she shall make and keep a list of the members of this Society in good standing, noting of each his or her correct name, address, telephone number and email address. He or she shall receive all dues and monies belonging to the Society and shall pay out the same only on the authorization of the Executive Committee.

SECTION 5. **Delegates.** The delegates shall attend and faithfully represent the members of this Society in the House of Delegates of the Medical Association of Georgia, and shall make report of the proceedings of that body to this Society at the earliest opportunity.

SECTION 6. **Vacancies.** When a vacancy occurs in one of the executive offices by death, resignation, or otherwise, it shall be filled by the Board of Directors. The officer so elected shall hold office until his successor is chosen and qualified.

**ARTICLE VI - FUNDS AND EXPENDITURES**

Funds for meetings and expenses of the Society shall be raised by annual dues, special assessments, and voluntary contributions. Funds may be appropriated by vote of the Society for such purposes as will promote its welfare and that of the profession.

**ARTICLE VII - INCORPORATION**

The Society shall have authority to appoint a Board of Trustees and to provide articles of incorporation whenever it may deem necessary. The Society shall establish and maintain for itself a distinct Tax Identification Number.

**ARTICLE VIII – CHARTER**

The Society shall remain in conformity with the Constitution and Bylaws of the Medical Association of Georgia and submit these constitution and bylaws to be approved by the MAG Board of Directors to receive a charter in accordance with the MAG Constitution and Bylaws.

**ARTICLE XI - AMENDMENTS**

The Society may amend any article of this Constitution by a two-thirds vote of its members present at any regular meeting, provided that such amendment or amendments may not conflict with the Constitution and Bylaws of the Medical Association of Georgia; provided, also, that such amendment shall have been read in open session at a previous regular meeting and shall have been sent by mail to each member ten days in advance of the meeting at which final action is to be taken.
CHAPTER I - MEMBERSHIP

SECTION 1. Every reputable and legally qualified Physician in Floyd, Polk, Chattooga, Gordon, or Bartow shall be considered eligible to apply.

SECTION 2. A physician accompanying his or her application with a transfer form from another component county society of this or any state within sixty days of issuance of said transfer shall be admitted without fee. No annual dues for the current year shall be charged against such members, provided dues have been paid to the society from which the applicant comes.

SECTION 3. ACTIVE MEMBERS.

A physician may become an Active Member in the Association by submitting an application fee to the Association. A physician applying for membership as an Active Member must hold the degree of Doctor of Medicine, Doctor of Osteopathy or Bachelor of Medicine or an equivalent degree issued in a foreign country from a medical college acceptable to the Judicial Council of the Association and must meet the requirements of subparagraphs (a), (b), or (c) below:

(a) Be licensed to practice medicine in the State of Georgia; or

(b) Be employed as an intern, resident or fellow in a hospital or institution whose internship, residency or fellowship program is approved by the Composite State Board of Medical Examiners of Georgia or any predecessor or successor body authorized to license Doctors of Medicine; or

(c) Be employed as a commissioned medical officer in any of the armed forces of the United States or in the United States Public Health Service, Veterans Administration or Indian Service.

An active member may be excused from paying dues in the event of financial hardship, illness or service in the Armed Forces in the U.S. during emergency conditions, when such written requests are granted by the Board of Censor.

SECTION 4. RETIRED MEMBERS. Upon retirement from the practice of medicine, members are classified as Retired Members, are not required to pay dues and may not vote or hold office.

SECTION 5. SERVICE MEMBERS. Full time or retired Medical Officers of the U.S. Armed Forces, USPHS, VA or Indian Service need not be licensed to practice medicine in the State of Georgia, if the physician holds the degree of Doctor of Medicine, Doctor of Osteopathy or a Bachelor of Medicine or an equivalent degree issued in a foreign country by a medical college acceptable to the Medical Association of Georgia. Such members shall not be entitled to vote or hold office and are not required to pay dues.
SECTION 6. AFFILIATE MEMBERS. Persons in the following classes may become Affiliate Members:

(a) American physicians located in foreign countries or possessions of the United States, and engaged in medical missionary and similar education and philanthropic labors;

(b) Dentists, who hold the degree of D.D.S. or D.M.D., who are members of their state and local dental societies;

(c) Pharmacists who are active members of the Georgia Pharmacy Association;

(d) Veterinarians who hold the degree of D.V.M. and are members of the Georgia Veterinary Medical Association;

(e) Teachers of medicine who are not eligible for active membership.

All nominations must be made by the component county medical societies.

Affiliate Members shall not be required to pay membership dues, and shall enjoy the privileges of the scientific meetings. Affiliate Members shall not have the right to vote or hold office, and shall not be entitled to receive any publication of the Association, except by personal subscription.

SECTION 7. HONORARY MEMBERS. Physicians and other persons who have risen to prominence in their professions may be elected to honorary membership by a majority vote of the Officers of the Society. These members shall enjoy the privileges of the Society but shall not vote or hold office.

SECTION 8. LIFE MEMBERS. A member in good standing who is 70 years of age (on or by January 1 of the current dues year) may be classified as a Life Member if the physician has been an active, dues paying member of any state medical society for at least 25 consecutive years and has been an active, dues paying member of this Association for at least two of those years and has notified the secretary of the Association his/her desire to be reclassified as such. Service in the Armed Forces during a national emergency or compulsory service under the Selective Service System or temporary service as a full-time commissioned medical officer in the Reserve Armed Forces shall count as part of the period of continuous years of dues-paying membership. All members classified as Life Members shall be excused from payment of Association dues and assessments. These members shall continue to receive the official publication of the Medical Association of Georgia without cost. All Life Members will be polled on an annual basis to determine whether they wish to continue to receive publications and make a contribution.

SECTION 9. STUDENT MEMBERS. Any person may become a Student Member of this Association upon proof that such person is a student in good standing at a medical school approved by the Liaison Committee on Medical Education or the Committee on Colleges, the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic
Association. Student Members may not vote or hold office.

SECTION 10. GENERAL CONSIDERATION. No person judged guilty of moral turpitude or other serious crime may become a member of the Society. A member expelled or suspended from membership shall no longer enjoy any of the privileges of membership during such expulsion or suspension. When the Secretary is officially informed that a member is not in good standing, the name of the member shall be removed from the membership roll. If a member removes his or her practice to another jurisdiction, he shall apply for continuance of his or her membership through the Society in the jurisdiction to which he has moved his or her practice.

SECTION 11. JURISDICTION.

(a) It shall be the policy of this Association and its component county medical societies that its members who belong to a component county medical society shall belong to the component society that is based in the county where the physician resides or has his or her practice of the county contiguous to his or her residence or practice location.

(b) If physicians reside and/or practice in other states, they may belong to county medical societies in Georgia, as long as they are members of and in good standing in the state medical associations in their states of dominant practice. Such membership shall be applied for through the county medical society in Georgia with which they wish to affiliate and all business shall be conducted through that county society and not MAG.

(c) If a member of MAG maintains multiple active component county medical society memberships, it is the duty and responsibility of the physician member to notify the Secretary of the Association via regular or electronic mail 45 days prior to the opening of the annual MAG House of Delegates meeting as to which component county medical society the MAG member should be counted for MAG Delegate entitlement and Director entitlement purposes. Failure to comply with this notification requirement will result in the MAG member being automatically assigned to the component society of his or her residence.

(d) If a member of MAG temporarily moves to another state for continuing education, fellowship, additional residency, military service, or other reasons approved by the member's county medical society, the member may continue membership in MAG as long as the physician remains a member in good standing.

CHAPTER I2 - POWERS AND DUTIES

This Society shall have general direction of the affairs of the medical professions of the counties, and its influence shall be constantly exerted to better the scientific, material, and social condition of every physician within its jurisdiction. Systematic efforts shall be made by each member, and by the Society as a whole, to increase the membership until it embraces every reputable physician in the counties.
CHAPTER II - GENERAL MEETINGS

General meetings shall be held for the presentation and discussion of subjects pertaining to the science and art of medicine and the economic, regulatory and legislative issues that affect the practice of medicine. The general meetings shall be open to all members and guests who have complied with the applicable registration requirements.

CHAPTER III - OFFICERS

The Officers of this Society shall consist of a President, Vice President, Secretary–Treasurer and Delegates to the Medical Association of Georgia. These Officers shall be elected annually. Delegates shall be elected in accordance with the Constitution and Bylaws of the Medical Association of Georgia. The same individual may simultaneously hold more than one office in the Society. Descriptions of the Officers are provided in Article V of the Society’s Constitution.

CHAPTER IV - FUNDS AND EXPENDITURES

SECTION 1. Annual dues will be payable by March first of each year.

SECTION 2. Any member who shall fail to pay his or her annual dues by March 1 shall be held as suspended without action on the part of the Society. A member suspended for non-payment of dues shall be restored to full membership on payment of all indebtedness. Members more than one year in arrears shall be dropped from the roll of members.

CHAPTER V – RULES OF ORDER

The deliberations of this Society shall be governed by a parliamentary usage as contained in The Standard Code of Parliamentary Procedure.

CHAPTER VI - AMENDMENTS

These bylaws may be amended at any regular meeting by a two-thirds vote of the voting members present at the meeting, provided that such amendment has been read in open session at the preceding regular meeting and a copy provided to the members present at the meeting at which final action is to be taken. Amended bylaws must be submitted to, and approved by, the Board of Directors of the Medical Association of Georgia before they will become effective.
MEMORANDUM

TO: Members of the Board of Directors

FROM: Andrew B. Reisman, M.D., Secretary

DATE: October 5, 2016

RE: Five Year Policy Review – HOD Consent Calendar

According to MAG Policy 530.952, MAG will maintain a compendium of current policies of the association. The Policy Compendium will be available to all members on the MAG website in an effort to keep all policies up-to-date, an annual review shall be conducted of policies that are five years or older and recommendations will be presented to the House of Delegates to reaffirm, sunset or revise said policies. This was reaffirmed 10/17/2015.

According to MAG Policy 530.886 the Board of Directors shall submit to the House of Delegates annually a list of MAG policy statements, which in the opinion of the Board no longer serve the best interest of the association. The presence of policy statement on the list shall be a clear indication that such statement is no longer the policy of the association unless by action of the House, they are removed from the list. This was reaffirmed October 2014.

Attached are policies reviewed and submitted to the House of Delegates for reaffirmation, sunset or sunset with new language. These policies are listed in the HOD Handbook under the Consent Calendar and will be addressed at the first session of the HOD. The Policy Compendium is posted on the MAG HOD web page as directed. Sunset policies are listed in Appendix II.

Please accept this memorandum and its attachments for information.
COMMITTEE ON ANNUAL SESSION

SUBJECT: Policy Sunset and Reaffirmation Report

SUBMITTED BY: Frank McDonald Jr., M.D., Speaker of the House of Delegates

REFERRED TO: Consent Calendar

The House of Delegates (HOD) adopted policy that established a sunset mechanism for Medical Association of Georgia (MAG) policy. Under the sunset mechanism, policies adopted are systematically reviewed after adoption to assess their continuing timeliness and relevance. The MAG Board of Directors shall annually submit to the HOD, a list of MAG policy statements, which in the opinion of the Board no longer serve the best interests of the association.

At the October meeting, the Annual Session Committee will present a list of MAG policies that are five years old that were reviewed by relevant committees and recommendations made for: 1) retention and reaffirmation; 2) rescission and sunset; and 3) sunset with replacement by a new or revised policy.

The sunset mechanism for MAG policy was established to:

- Promote efficiency in HOD deliberations;
- Identify and rescind outmoded, duplicative, or inconsistent policies;
- Update and/or modify policies which are still pertinent but for which change has occurred; and
- Facilitate development and maintenance of a MAG policy information base and policy compendium.

A complete copy of the 2016 MAG Policy Compendium is posted on the MAG website. Of the 78 policies that were reviewed, 69 are being recommended for retention/reaffirmation, five are being recommended for sunset and four are being recommended for new language and replacement by a new or revised policy. Policies that have been recommended for sunset will be retained in MAG’s historical records.

The Annual Session Committee expresses its appreciation to the MAG Board, councils, committees and MAG staff for their continued assistance and cooperation in this activity, as well as the MAG office of the Executive Director, which is in charge of maintaining the MAG Policy Compendium and organizes the five-year reviews. The contributions and collective expertise of the councils and committees have ensured the continued success of this project.

RECOMMENDATIONS:

1. That the policies set forth in Appendix I, be reaffirmed.
2. That the policies set forth in Appendix II, be sunset.
3. That the policies set forth in Appendix III, be sunset and replaced with new policy.

# # #
2016 MAG House of Delegates

Appendix I

MAG Policies for Reaffirmation

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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

Reviewed by task force members who determined that this policy statement continues to be relevant.

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

Reviewed by legal counsel who determined that this policy statement continues to be relevant. Bullying and discrimination is still prevalent in schools.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

100.997 Narrow Therapeutic Index – HD 9/30/2006
MAG supports prohibition of any substitutions of a prescribed medication with a narrow therapeutic index with another manufacturer’s form of the same medication with a narrow therapeutic index on a state or federal prescription drug plan chosen by the patient, without first submitting written or electronic
notifications of such change by the formulary to the patient and prescribing physicians. (Reaffirmed
10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is
still relevant.

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

120.981 Specialty Medication Financial Discriminations – HD 10/16/2011
MAG supports patient protections that prohibit health plans from financial discriminations to patients
based on diagnosis and need for specialty medications, and plans that allow for reasonable patient
costs. (Res. 111A.11, Resolve 2)
Reviewed by task force members who determined that the policy statement continues to be
relevant. The problem has only gotten worse over the years.

120.982 Specialty Medication Access – HD 10/16/2011
MAG supports eliminating complex barriers limiting access to specialty medications with physicians
as the primary authorities for patient treatment decisions. (Res. 111A.11, Resolve 1)
Reviewed by task force members who determined that the policy statement continues to be
relevant. The problem has only gotten worse over the years.

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. (Reaffirmed 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is
still relevant.

120.991 Medication Step Care Therapy – HD 5/19/2001
MAG denounces, in principle, Medication Step Care Therapy programs when implemented as an
inflexible or administratively burdensome method to contain pharmacy costs as a part of a
Pharmacy Benefit Management Program or any pharmacy cost savings approach. (Reaffirmed
9/30/2006; 10/16/2011)
Reviewed by task force members who determined that the policy statement is still relevant and
should continue without revision.

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
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Disasters; physicians as a profession must provide medical expertise and work with others to develop public health policies that are designed to improve the effectiveness and availability of medical care during such events; (b) in the development, dissemination, and production of regional and statewide education and training initiatives to provide physicians, professionals, and other emergency responders with a fundamental understanding and working knowledge of their integrated roles and responsibilities in disaster management and response efforts; MAG strongly encourages medical schools to teach their students the principles of triage, chain of command teamwork, protecting themselves from becoming victims, and identifying and mobilizing resources; we also strongly encourage the Georgia residency programs to teach these principles of disaster medicine to their residents; (c) to develop a comprehensive strategy to assure surge capacity to address mass casualty care; (d) to implement communications strategies to inform professionals and the public about a terrorist attack or other major disaster; (e) to convene local and regional workshops to share "best practices" and "lessons learned" from disaster planning and response activities; (f) to urge individual physicians to take appropriate advance measures to ensure their ability to provide medical services at the time of disasters, including the acquisition and maintenance of relevant knowledge of disease surveillance and control, disease signs and symptoms, diagnosis, treatment, isolation precautions, decontamination protocols, and chemotherapy/prophylaxis against radioactive agents likely to be used in a terrorist attack, and (g) MAG supports utilizing the Division of Public Health's Physician/Health Professional Emergency Reserve Corps and the Georgia State Defense Reserve Corps, including qualified retired physicians, as volunteers to hospitals, local health departments, or other medical outpatient facilities in the event of a national disaster or any public health emergency situation. All emergency programs such as these must have a system to assure that those who are involved are legally certified and/or licensed and that the process can be implemented expeditiously. MAG supports state legislation and/or funding to the Georgia Division of Public Health for the development of a standardized identification program/badge or credentials for all emergency personnel, including physicians. (Special Report: 04.11, Attachment III)

Reviewed by task force members who determined that this policy statement is still relevant and is in line with the mission statement of the MAG Medical Reserve Corps.

130.968 Hospital Diversion – HD 10/16/2011

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

Reviewed by task force members who determined that the policy statement continues to be relevant.

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. Reviewed by task force members who determined that this policy statement continues to be relevant.
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165.971 State Directed Health Care – HD 10/16/2011
MAG favors health care reform that is flexible and with specific implementation primarily determined by the states on an individual basis. (Res. 304C.11)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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.

Reviewed by legal counsel who determined that the policy regarding ACOs is still relevant in today’s health care environment. These principles are still an important reference for physicians.

170.989 STD Education for Physicians – HD 10/16/2011
MAG supports improvements in training and education on STDs for physicians and urges medical schools to provide supervised training on STDs for all medical students and physicians in training. (Special Report 04.11, Attachment III)
Reviewed by task force members who determined that this continues to be problematic and, therefore, still quite relevant as MAG policy.

180.987 Medical Savings Accounts – HD 5/1/1995
MAG supports medical savings accounts combined with catastrophic insurance, as a cost efficient alternative to managed care. MAG supports a state tax code exemption for MSAs and exemption with the United States tax code to allow for MSA exemption. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

185.994 Chlamydia Screening – EC 12/1/1997
MAG supports insurance coverage for Chlamydia screening in Georgia. (Reaffirmed 9/30/2006; 10/16/2011)
Review by task force members who determined that this policy statement continues to be relevant.

185.987 Screening Coverage -- HD 9/30/2006
MAG supports commercial and governmental health coverage of screening procedures, such as CBC, BMP, CMP, TSH, UA, Lipid Panel and yearly physical exams to provide for early detection and intervention for determining appropriate care. (Reaffirmed 10/16/2011)
Reviewed by task force members who determined that this policy statement continues to be relevant and is included in the Affordable Care Act as a necessary treatment for payment.
185.976 Clinical Care Counseling – HD 10-16-2011
MAG shall: 1) actively oppose government and/or third party payers’ interference in the content of communication in the delivery of clinical care between physicians and patients and a physician’s medical judgment as to the information or treatment that is in the best interest of a patient including the First Amendment right of physicians in their practice of the art and science of medicine to counsel patients on the dangers of firearms, and 2) support any litigation that may be necessary to block the implementation of newly enacted state laws restricting the privacy of the physician-patient family relationship. (Res. 101A.11)
Reviewed by task force members who determined that this policy statement continues to be relevant.

200.996 Physician Workforce – HD 10/16/2011
MAG will regularly monitor and review data from the Georgia Board for Physician Workforce and disseminate to the membership the results of such reviews. (Special Report 04.11, Attachment III)
Reviewed by task force members who determined that this policy statement continues to be relevant. The Physician Workforce released and posted its updated data in July 2016.

205.986 Paternal Responsibility – HD 10/16/2011
MAG encourages paternal responsibility in the birth and rearing of a child. (Res. 306C.11)
Reviewed by task force members who determined that this policy statement continues to be relevant. The original resolution was related to the importance of fathers of Medicaid children to be identified in order to receive the Medicaid benefits. It was modified to express a position that encouraged paternal involvement.

205.987 End of Life – HD 10/16/2011
MAG endorses and promotes patient-physician discussions on end-of-life issues. (Res. 107A.11)
Reviewed by task force members who determined that this policy statement continues to be relevant. End-of-life discussions are emotional and should be between a physician and patient.

215.992 Ancillary Services Payment – HD 5/19/2001
MAG supports legislation which would prohibit a hospital from entering into a contract with an insurer that prevents payment for ancillary services to anyone except those owned or contracted by the hospital. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

215.993 Hospital Exclusive Contracts - Forced Acceptance – HD 5/19/2001
MAG opposes any efforts which would require physicians to accept all insurance contracts accepted by the hospital in which they provide service. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by task force members who determined that this policy statement continues to be relevant.

215.994 Hospital Purchases – HD 5/19/2001
MAG supports regulations and/or legislation which requires that a publicly owned hospital, with public or private administration, consult with its full medical staff sixty days prior to signing any contract containing a provision for administration of the hospital by an outside party. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.
MAG endorses the College of American Pathologists Guidelines for the Review of Pap Tests in the Context of Litigation or Potential Litigation. “The pap test is the most effective cancer screening test in medical history and remains the most effective screening method for the identification of premalignant cervicovaginal conditions. The Pap test has been associated with a 70 percent or greater decrease in the United States death rate from cervical cancer. If the Pap test is to continue as an effective cancer screening procedure, it must remain widely accessible and reasonably priced for all women, including those economically disadvantaged and those at high risk for cervical cancer. There must also be an understanding of the inherent limitations of this screening test. The Pap test is a screening test that involves subjective interpretation by a cytotechnologist or pathologist of the thousands of cells that are present on a typical gynecologic cytology specimen. Studies indicate an irreducible false negative rate of approximately 5 percent. Although re-screening can reduce the false negative rate, zero-error performance cannot currently be attained. Many factors, including the subjectivity involved in interpreting difficult cases and sampling problems with specimen collection, prevent zero-error performance. In the context of litigation and potential litigation, there should for these reasons be an unbiased and scientific method for review of questioned cases that is fair to both the patient and the laboratory.” (additional guidelines concerning courtroom use of test results are not included) (Special Report 04.11, Attachment III)

Reviewed by legal counsel who determined that preventative care for women, including the Pap test, is still crucial to help ensure continued health and the early discovery of cancer. This policy is still relevant and important.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

MAG supports legislation that allows the expenditures by individuals for health care services as well as for health care insurance to receive the same favorable tax treatment as received by business entities for the same expenditures. (Reaffirmed 10/16/2011)

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.
275.990 Discrimination in Licensing – HD 10/16/2011
MAG opposes discrimination against physicians on the basis of being a graduate of a foreign medical school and supports state and territory responsibility for admitting physicians to practice, and urges licensing jurisdiction of medical licenses on an assessment of competence as determined by the state and territory issuing the license. (HOD 2011--policy review extraction)
Reviewed by legal counsel who recommends continuation of this policy statement. As Georgia attempts to fill a shortfall of physicians, especially primary care physicians, it becomes even more important for the state to not discriminate against IMGs.

275.991 State Medical Licensure Protection – HD 10/16/2011
MAG supports maintaining medical licensure at the state level without a requirement to tie participation in a third party payer plan to licensure. (Res. 301.11)
Reviewed by task force members who determined that this policy statement continues to be relevant.

275.992 National Licensure – HD 10/16/2011
MAG strongly opposes any implementation of a national licensure for physicians and rejects the Maintenance of Certification as a requirement to maintain state licensure. (Res. 102A.11)
Reviewed by task force members who determined that this policy statement continues to be relevant especially with continued MOC and compact discussions.

280.992 Medical Director Certification – HD 5/1/1997
MAG encourages medical directors of nursing homes to take advantage of the American Medical Directors Association certification training programs. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by task force members who determined that this policy statement continues to be relevant. This continues to be highly encouraged by the nursing home administration.

290.972 Medical Fraud in Medicaid – HD 10/16/2011
MAG supports continued review of the eligibility process when applying for Medicaid, and supports a requirement documenting federal and state income tax returns to determine actual need and qualifications for public assistance in order to limit or eliminate fraudulent usage of Medicaid funds by state and federal governments. (Res. 103A.11)
Reviewed by task force members who determined that this policy statement continues to be relevant.

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
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specialty societies, specialty boards, and local hospitals on the desirable level of participation in CME activities. We continue to believe that any system of mandatory CME should reflect the diversity of physicians' educational needs and individuals' pattern of learning. There is no CME requirement for membership in MAG. The physician's best motivation for participating in CME is the desire to maintain professional knowledge and ability through education. Voluntary achievement in CME is a major priority not only for the MAG's Continuing Medical Education Committee, but for the entire MAG. To accomplish this, MAG encourages all of its members to qualify for the AMA's Physician Recognition Award. (Special Report 04.11, Attachment III)

This policy was reviewed by the Continuing Medical Education Committee. The Committee determined that no changes were necessary to the current policy and recommended reaffirmation.

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

It is important to protect the only state-run teaching hospital in the state. MAG continues to advocate for the Medical College of Georgia at the state and local levels.

MAG supports the Georgia Department of Public Health's Office of Health Equity and its efforts to reduce racial and ethnic health disparities in Georgia. (Special Report 04.11, Attachment III)

Reviewed by legal counsel who determined that this policy statement continues to be relevant as MAG continue our efforts to eliminate 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. (Reaffirmed 9/30/2006; 10/16/2011)

Reviewed by legal counsel who determined that this policy statement continues to be relevant and important.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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

Reviewed by task force members who determined that this policy statement continues to be relevant.

390.983 Payment Mechanism – HD 10/16/2011
MAG opposes Medicare's new bundled payment models and initiatives which include 1) Centers for Medicare & Medicaid Services (CMS) and providers setting a target payment amount for a defined episode of care; 2) CMS to link payments for multiple services patients receive during an episode of care and 3) an entire team of physicians, and hospitals are compensated with a “bundled payment.” (Special Report 04.11, Attachment III)
Reviewed by task force members who determined that this policy statement continues to be relevant.

MAG supports Medicare laws that allow private contracting between physicians and patients; MAG supports removing Medicare definitions of allowable charges; MAG supports a plan of differential reimbursement for Medicare recipients with the ability to pay. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

405.988 State Health in Georgia Government – HD 10/16/2011
MAG supports the position that only physicians should direct the state health department and its Board and that its office be maintained at a Departmental level immediately below the office of Governor. MAG supports having a close working relationship with the state and local public health departments in a way that complements each other’s efforts in improving the health of the community. (Special Report: 04.11, Attachment III)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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

430.997 Tobacco Use in Prisons – HD 5/1/1995
MAG supports the Georgia Department of Correction's commitment to cessation of the use of all tobacco products by staff and inmates in all of its facilities. (Reaffirmed 9/30/2006; 10/16/2011)
This policy is still relevant and should continue as MAG’s position statement related to tobacco use by staff and inmates within the Georgia Department of Corrections prisons and jails.

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 leastpolluting options. (Special Report 04.11, Attachment III)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.
440.983 Health Department Funding – HD 5/19/2001
MAG supports the monitoring of the impact of "revenue maximization" in the state’s Health Department funding on the local health departments and if "revenue maximization" proves to result in reduced funding for the local health departments, that MAG seek to secure funding of the local health departments to levels sustained prior to implementation of "revenue maximization". (Res. 311C.01; Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

530.882 CMS Registration Fees – HD 10/16/2011
MAG shall waive any registration fee required at MAG functions and/or events to county medical executives. (Special Report 04.11, Attachment III)
Reviewed by the Committee on Finance. Members recommended that MAG continue this policy statement to enhance its relationship with executives of our county medical societies.

530.883 Student Travel Reimbursement – HD 10/16/2011
MAG supports the funding of two medical students to attend the AMA Annual meeting. Funds will be charged to the MAG Medical Student Section. Medical students shall be identified to the AMA Delegation and shall participate as directed by the Chair of the AMA Delegation. (Special Report 04.11, Attachment III)
Reviewed by the Committee on Finance. Members recommended that MAG continue this policy statement to enhance its relationship with its Medical Student Section.

MAG shall coordinate trips to Washington, D.C., for the purpose of convening in a unified manner, our concerns about health care legislation to our Congressional Delegation. (Reaffirmed 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

530.896 Membership List/Labels – HD 9/30/2006
MAG shall maintain a membership list and labels policy that defines its purpose, use, and composition and billing and purchasing rules. (Reaffirmed: 10/16/2011)
MAG has an active membership list and labels policy. Upon request, and after approval of use, MAG allows for certain physicians and organizations to purchase membership lists for a one-time use. At any time, any physician may opt out of having their name included.

530.897 Legislative Involvement – HD 9/30/2006
MAG will provide meaningful opportunities for physicians to participate in educating legislators, to improve their understanding of the practice of medicine, as government continues to impact all facets of the modern day practice of medicine; MAG urges all physicians to participate in such projects and programs conducted through MAG’s legislative department. (Reaffirmed 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

530.898 Employee Contracts – HD 9/30/2006
MAG shall maintain an employment policy that includes conducting annual reviews of all employees. (Reaffirmed 10/16/2011)
MAG has an employee manual and annual reviews are conducted annually. Employees have access to the employee manual through the HR Strategies Website.
530.909 Guest Attendance at MAG Events – BD 1/28/2006
Non-members and non-physicians (i.e., county medical society executives, MAG Mutual, Georgia Medical Care Foundation, Georgia Hospital Association) may be invited to attend events and/or functions of the Medical Association of Georgia at the discretion of the physician leader whose duties hold jurisdiction over the event and/or function. Information and materials related to the event and/or function will be provided to a guest only by order of the physician leader. All other matters pertaining to sharing information not referenced herein shall be left to the discretion of MAG President and/or Executive Director. (Reaffirmed 10/16/2011)

This policy statement is relevant as a mechanism to include friends of medicine at various events or functions and allows discretion when necessary to restrict access to MAG events.

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

At the end of each meeting, MAG's Communication Director posts important actions passed by the AMA in MAG's publications to keep members informed. The Chairman of the AMA Delegation reports to the Board of Directors, and information is posted on MAG's website. This process continues to be relevant in communicating to members across the state.

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

This is a solid policy that is used by the association when Georgia physicians seek AMA office. At the direction of MAG, the AMA Delegation lends its support or not according to MAG’s position to candidates during the election process held at the AMA meetings.

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

Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

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
Appendix I
Special: 04.16

physicians, between physicians and medical associations, and among organizations in the Federation. (d)
Each organization in the Federation of Medicine will actively participate in the policy development process
of the House of Delegates. (e) Organizations in the Federation have a right to express their policy positions.
(f) Organizations in the Federation will support, whenever possible, the policies, advocacy positions, and
strategies established by the Federation of Medicine. (g) Organizations in the Federation will support an
environment of mutual trust and respect. (h) Organizations in the Federation will inform other organizations
in the Federation in a timely manner whenever their major policies, positions, strategies, or public
statements may be in conflict. (i) Organizations in the Federation will support the development and use of
a mechanism to resolve disputes among member organizations. (j) Organizations in the Federation will
actively work toward identification of ways in which participation in the Federation could benefit them.
(Special Report 04.11, Attachment III)

Careful consideration was given to this policy. It is a policy that is still relevant today as MAG is
working closer with AMA.

All of the business of the MAG House of Delegates shall be conducted in two days. (Reaffirmed
9/30/2006; 10/16/2011)
The length of the House of Delegates has been consistent over the years. Several years ago MAG
changed its meeting from a Friday-Saturday to Saturday-Sunday meeting, which has worked
quite well in limiting the business portion of the HOD to two days and reducing the time out of
office for those attending meetings immediately prior to the HOD.

555.973 Recruitment – HD 10/16/2011
MAG encourages medical societies to begin grassroots projects aimed at increasing involvement in
organized medicine. (Special Report 04.11, Attachment III)
Over the past year, MAG has worked with several medical societies to revive their local areas
with much success. Increased involvement in organized medicine allows for physicians to see the
value of MAG and of joining their CMS.

555.982 Fiscal Year – HD 9/30/2006
MAG's fiscal year shall begin on January 1 of each year. (Reaffirmed 10/16/2011)
Reviewed by the Committee on Finance. This policy statement is in keeping with the MAG
Bylaws and association procedures.

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

555.989 Direct Membership – HD 5/19/2001
MAG shall maintain a category of direct membership, allowing physicians to join MAG without the
requirement of joining the county medical society. (Report of the Treasurer, Rec. 2) (Reaffirmed
9/30/2006; 10/16/2011)
MAG has seen a 35 percent increase in membership since 2010. Since 2001, when direct membership was enacted, we’ve seen an increase of 26.9 percent. We continue to work closely with our county medical societies (CMS) and have worked over the past year to revitalize many areas, however, the reality is that there are many areas of the state that do not have a functioning CMS. Direct membership allows physicians to join MAG without the added expense of also joining a non-functioning CMS.

555.992 Member Communication – HD 5/1/1997
MAG supports increasing visitation and communication by members of MAG leadership and staff to local, district, specialty societies, medical student and resident physician sections, similar professional societies i.e. Georgia Hospital Association, Georgia State Medical Association, Georgia Osteopathic Medical Association and other professional groups. It may be appropriate, and fruitful, to consider visibility of our Association at some hospital medical staff meetings around the state. (Reaffirmed 9/30/2006; 10/16/2011)
MAG has made tremendous strides to increase communication at the state and local level. MAG officers, especially the MAG president has made an assertive effort to increase MAG’s presence at district and county medical society meetings. Since becoming MAG executive director, Mr. Palmisano has frequently visited county medical and specialty societies, as well as other professional organizations to enhance MAG’s visibility throughout the state. There has been a renewed interest to revitalize MAG sections for greater input.

GAMPAC shall share with the Medical Association of Georgia a list of candidates for the Office of Governor, Lt. Governor, and Secretary of State and their stance on health care issues. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by the Council on Legislation. The Council determined that this policy statement is still relevant.

###
2016 MAG House of Delegates

Appendix II

MAG Policies for Sunset

280.993 Physicians and Long-Term Care Patients – HD 5/1/1995
MAG encourages physicians to continue treating their patients in long-term care facilities.
(Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by task force members who determined this policy statement is no longer necessary. It has been confirmed by the nursing home association that typically a patient’s physician no longer follows the patient in the nursing home because care gets assumed by the medical director and team who is contracted by the facility to follow patients.

290.987 Physician Assistant Medicaid Billing – EC 5/1/1997
MAG strongly opposes the billing of Medicaid for physician assistant services using the two highest complex level physician office visit codes. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by task force members who recommended that this policy be sunset.

450.999 GHA CARE Program Participation – HD 4/1/1993
MAG urges hospital medical staffs and county medical societies to actively participate in the evaluation of the Georgia Hospital Association CARE Program, including participating in the selection, measurement and use of quality indicators and outcome measures, particularly regarding economic credentialing. MAG affirms that the medical staff is an integral component of any medical quality of care activity, including Continuous Quality Improvement (CQI) and/or Total Quality Management (TQM) systems; MAG asks medical staffs to incorporate CQI/TQM activities into the peer review sections of their medical bylaws; MAG recognizes that serious concerns, including the validity of the data and confidentiality, remain about the implementation of CQI/TQM as it relates to medical practice; MAG works with county medical societies and medical staffs to facilitate physicians' understanding and education in CQI/TQM activities; and MAG will continue to communicate to medical staffs involved in the GHA's CARE pilot programs concerning their position and educational opportunities for physician-directed performance assessment monitoring systems. (Reaffirmed 05/2000; 05/2001; 09/30/2006; 10/16/2011)
Reviewed by task force members who recommend that this policy statement be sunset. The CARE program that was developed in 1993 no longer exists.

450.993 GHA Partnership for Health and Accountability (PHA) – EC 8/3/2001
MAG's participation in the Partnership for Health and Accountability does not constitute an endorsement of the partnership. (Reaffirmed 9/30/2006; 10/16/2011)
Reviewed by task force members who recommended that this policy statement be sunset. The nature of the PHA has changed since 2001. MAG has more recent policy that promotes collaborative opportunities with GHA related to patient safety, quality improvement, and population health initiatives.

530.884 Third Party Payer Services – EC 07/24/2011
MAG shall follow the following guidelines for MAG/Specialty Society Third Party Payer Services: 1) Each participating specialty society will pay MAG a fee of $2,500 per year; 2) MAG will charge a recovery fee of 10 percent for MAG/Specialty Society members and 25 percent for non-members; 3) If a practice that includes non-MAG/Specialty Society members submits claims for assistance, the individual physician’s claims will serve as the basis for the recovery fee (e.g., if Physician A is a
member and Physician B is a non-member, the recovery fee for Physician A would be 10 percent while the recovery fee for Physician B would be 25 percent); 4) Practices must exhaust every contractual remedy and appeal before submitting a claim to MAG; 5) Claims information submitted to MAG must be in an electronic format and must include i) a record of every attempt to collect the unpaid claims ii) a brief synopsis of the issue and iii) all supporting documentation; 6) Practices must execute business associate agreements and other applicable legal documentation as required by the state and federal government to ensure the privacy rights of patients; 7) MAG will not collect money from patients. MAG will only collect money from public and private payers; 8) MAG does not offer legal advice or practice management training; 9) MAG will provide members with up to one hour of claims recovery staff support at no charge; MAG will refer practices to an outside attorney for consultations that require more than one hour of staff time, and the practice will be responsible for any fees that are required by the referral attorney. MAG will not collect a fee for this referral.

Careful consideration was given to this policy. While this was a good idea initially, the program has been unsuccessful in attracting interest over the last few years as other streams of revenue have taken precedence. MAG will continue to assist individual physician members when problems arise with third party payer matters.

###
140.974 MAG’s Ethical Principles of Managed Care – HD 10/16/2011
MAG adopts the AMA’s Ethical Principles of Managed Care and physician self-governance including disclosure provisions, selective contracting, financial incentives, case management, physician involvement, and utilization review and management. 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 capititated payments, on the quality of patient care delivered in managed care plans and on patient access to specialty care. (Special Report 04.11, Attachment III)

NEW LANGUAGE PROPOSED
MAG adopts the AMA’s Ethical Principles of Managed Care and physician self-governance including disclosure provisions, selective contracting, financial incentives, case management, physician involvement, and utilization review and management. 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...
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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.

Reviewed by task force members who determined that this policy should reflect the
position of the Medical Association of Georgia and therefore recommended that the first
sentence be removed from the policy.

185.977 Pay-for-Performance – HD 10/16/2011
MAG opposes pay-for-performance programs because they pose more risks than benefits for patients and
physicians. 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. (Special Report 04.11, Attachment III)
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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.

Reviewed by task force members who recommended new language in light of value
performance expectations and considerations that are in the immediate future related to
the increasing access to clinical data.

540.950 Journal Directives
HD 10/16/2011
The following directives regarding the MAG Journal shall be used: 1) The JMAG Editorial Board will be
a strategic oversight group that meets at least 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; health policy;
education/CME; third party payer (e.g., Medicare/Medicaid); county/member/specialty/news; medical
schools; and other case reports, etc. Standard Journal features will include messages from MAG’s
president, executive director and editor, and the MAG Alliance. (Special Report 04.11, Attachment III)
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party payer (e.g., Medicare/Medicaid); county/member/specialty/Alliance/news; medical schools;
and other case reports, etc. Standard Journal features will include messages from MAG’s president and the executive director and editor, and the MAG Alliance.

Reviewed by the Editorial Board that recommended minor edits to reflect current procedures for JMAG.

545.957 Candidates for Office – HD 5/1/1995

Candidates for offices for MAG and AMA delegates and alternate delegates must explicitly state their stand on current issues affecting medical practice prior to the House of Delegates meeting, in their letter announcing their candidacy or any other campaign vehicle, so that MAG delegates can vote intelligently on the slate of candidates. (Reaffirmed 9/30/2006; 10/16/2011)

NEW LANGUAGE PROPOSED

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.

This policy was reviewed administratively. In the review process, it became apparent that slight edits were in order to reflect the intent of the policy.

# # #
It gives us great pleasure and it is an honor for us to report to you that the Physicians Foundation (PF) has had yet another busy and successful year in its continuing efforts to empower physicians. To this end, and since our last formal report, the Physicians Foundation has supported and been actively involved in:

- Ongoing grant administration in the areas of cultivating physician leadership and workforce planning as well as supporting resources that address the social and economic challenges that profoundly affect healthcare outcomes and costs.
- Comprehensive research initiatives, including policy papers centered on the effects of the MACRA legislation and changing payment models.
- The Physician Leadership Academy (now in its seventh year) and hosting the event in collaboration with Duke University. The Academy is named the Karl Altenburger, MD Physician Leadership Academy in honor of the late physician leader who served on the PF Board and had been President of the Florida Medical Association, and who was a tireless advocate for practicing physicians.
- The PF facilitated a conference in partnership with Brandeis University focused on building a physician leadership curriculum to help empower physicians to navigate today’s complex and ever changing healthcare system better.
- The PF also commissioned a 2016 National Patient Survey examining the status of the patient-physician relationship including factors that patients believe are contributing to increased healthcare costs, and patient perceptions of stakeholders impacting treatment options.

Some of the findings included in the overview of the survey included the following:

- Nine out of ten patients are highly satisfied with their primary care physician.
- Forty-eight (48) percent were not confident about being able to afford care should they become seriously ill.
- Fifty-nine (59) percent say that the cost of prescription drugs contributes to rising healthcare costs.
- Eighty-three (83) percent of patients believe that health insurance companies have the most impact on available treatment options.

The Physicians Foundation commissioned Richard (Buz) Cooper, MD to write a book exploring how poverty impacts health care and system costs. He focused on the need of the U.S. healthcare system to address the impact of social determinants of health. All too often, physicians are blamed for the inordinate amount of costs to treat those in poverty. In his last act before succumbing to pancreatic cancer, Dr. Cooper finished his book: Poverty and the Myth of Health Care Reform. It has just recently been published by Johns Hopkins Press and is a fascinating read from which, undoubtedly, we can learn.

The PF has also been very active on the grants front with Al leading the deliberations as Chair of the Grants Committee. We have approved 25 grants thus far in 2016 totaling $3.725 M. Of them, one was made to the Medical Association of Georgia’s Physicians Institute for nearly $150,000 to support its physician leadership project entitled “Jump Starting Physician Leadership – A Catalyst to Start a Movement.”
Additional grants given last year since our 2015 report to you include:

- A grant given to the Cecil Sheps Center for Health Services Research at the University of North Carolina to develop a “Future Docs Forecasting Tool”, which is an interactive, user-friendly, web-based model that estimates the supply of physicians, use of physician services and the capacity of physician services, as well as the capacity of the physician workforce to meet future use of healthcare services at the sub-state, state and national levels.
- An ongoing grant given to Health Leads, an organization that works with leading healthcare organizations to tackle co-morbid health and social issues by connecting patients to community based resources they need to be healthy—from food to transportation to health care services.

Walker, as Chair of the Research Committee, has been working to coordinate the 2016 National Physician Survey with the survey firm, Merritt Hawkins. (This is in addition to overseeing the national patient survey referenced earlier in the report). The response again this year from physicians has been substantial—with 17,236 responses. Some 10,170 of them also took the time to send us additional commentaries.

The Physicians Foundation has worked with Merritt Hawkins since 2008 and produced 5 biennial surveys since then. Of note to MAG is that we will have a special break-out of all the physician responses by state, including those from MAG physicians.

Just some of the findings:

- 80 percent of physicians are overexerted or at capacity, with no time to see additional patients.
- Only 20 percent are familiar with MACRA.
- Only 6 percent indicate that ICD-10 coding has improved efficiency in their practices, while 42.5 percent say it has detracted from efficiency.
- Only 33 percent of physicians identify as independent practice owners or partners, down from 48.5 percent in 2012.

We are both pleased to represent MAG on the Board of the Physicians Foundation and we take our responsibilities very seriously. The workload does tend to increase each year—although we believe it is due to the number of significantly important contributions the PF is making to help physicians in their practices. Although time consuming and, at times intensive, it is also very rewarding. We are also proud to serve as President (Walker) and Vice President (Al) of the Foundation where we comprise 40% of the Executive Committee in addition to serving as chairs of two important PF committees.

Thank you for the opportunity to serve you, MAG members and the Physicians Foundation.

Respectfully submitted,

Walker Ray, MD
Al Plummer, MD
<p>| District 1 | Director | Davidson, Aaron | P | P |
| Alternate | Zeana, Michelle | P | A |
| District 2 | Director | Register, Ashley | A | P |
| Alternate | Reed, Sandra B | P | P |
| District 3 | Director | Das, Santanu | P | P |
| Alternate | Wilson, Steven | A | A |
| District 6 | Director | Takle, Leiv | P | P |
| Alternate | Lazenby, William D | A | A |
| District 7 | Director | Antalis, John | P | P |
| Alternate | Bosshardt, David | A | P |
| District 8 | Director | Barber, James | P | P |
| Alternate | Johnson, Keith | P | A |
| District 9 | Director | Wherry, Richard | P | A |
| Alternate | Jarrard, Stephen | P | P |
| District 10 | Director | Torsiglieri, Arthur | P | P |
| Alternate | Bowden, John O. | P | P |
| Bibb CMS | Director | Brooks, William | A | P |
| Alternate | Jones, Robert | P | A |
| Cobb CMS | Director | Tharp, Jeffrey | P | P |
| Director | Dalton, Despina | n/a | P |
| Alternate | Bladuell, Nydia | n/a | A |
| Alternate | Musarra, Anthony | A | P |
| Crawford W Long | Director | Herrin, Andrew | A | P |
| Alternate | Katz, Ryan | A | A |
| DeKalb Medical Society | Director | Sherman, Stanley | A | P |
| Director | Julio, Andrea | A | P |
| Alternate | Elmore, Kathryn | A | A |
| Alternate | Levitt, Brian | P | P |
| Dougherty CMS | Director | Trulock, Timothy S. | A | P |
| Alternate | Daugherty, Michael | A | A |</p>
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MAG BOARD OF DIRECTORS
2016 ORGANIZATIONAL MEETING
Immediately following adjournment of the House of Delegates
Sunday, October 16, 2016

AGENDA

CALL TO ORDER .................................................. JOHN S. HARVEY, M.D., PRESIDENT

I. WELCOME TO THE ORGANIZATIONAL MEETING

II. NOMINATION AND ELECTION OF CHAIRMAN OF THE BOARD AND VICE CHAIRMAN OF THE BOARD

(TURN THE GAVEL OVER TO THE CHAIRMAN OF THE BOARD)

III. CHAIRMAN’S APPOINTMENTS TO THE MAG FINANCE COMMITTEE

IV. BOARD APPOINTMENTS .................................. CHAIRMAN OF THE BOARD
   A. EDITOR OF THE JMAG
   B. JMAG EDITORIAL BOARD

V. NEXT MEETING DATE/SITE/TIME

   Saturday, January 28, 2017
   Doubletree Hotel by Hilton
   Atlanta/Marietta

VI. ADJOURN: ___________________________________
September 12, 2016

The Honorable John McCain
Chairman
Senate Committee on Armed Services
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Mac Thornberry
Chairman
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, DC 20515

The Honorable Jack Reed
Ranking Member
Senate Committee on Armed Services
228 Russell Senate Office Building
Washington, DC 20510

The Honorable Adam Smith
Ranking Member
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen McCain and Thornberry, and Ranking Members Reed and Smith:

The undersigned state medical associations and the American Medical Association (AMA) applaud your efforts to expand access to quality health care services for U.S. military personnel, military retirees, and their dependents in the TRICARE program. In particular, we support the provisions to expand access to care included in section 705 of the National Defense Appropriations Act (NDAA), titled Enhancement of Use of Telehealth Services in Military Health System. To be successful, however, we strongly believe that enhancing access to care through telemedicine must be done so in a manner that ensures patient safety and accountability.

We are therefore deeply concerned with the language in section 705(d) of the Senate version of the NDAA (S. 2943) that would alter the point of care from the location of the patient to the location of the provider. This provision would deprive TRICARE beneficiaries of essential protections by fundamentally subverting and undermining existing state-based patient safety protections that are currently in force, and remove an essential mechanism used by states to ensure medical care provided to patients in their state meets acceptable standards of care.

Specifically, subsection (d) of section 705, titled Location of Care, would alter the location of the practice of medicine from the location of the patient to that of the provider with respect to reimbursement, licensure, and liability. Changing the applicable state laws from the location where the patient is located to the state where the health care provider is located for purposes of state licensure, medical liability, and reimbursement does not achieve the intended outcome. Namely, it would create confusion by altering well-established legal principles and open new conflicts of law questions, degrade important patient protections, and create confusion with regard to payment and coverage. If enacted, section 705(d) would dismantle accountability mechanisms needed to ensure patient protection because (1) state licensing boards where the patient is located would lack authority over practitioners licensed in another state and (2) state boards where the practitioner is licensed would have no authority to conduct investigations in a different state where the patient is located.
The medical profession has long advocated that state licensing boards and the Federation of State Medical Boards (FSMB) streamline and simplify the medical licensure process. And, to that end, a workable solution is rapidly advancing through the FSMB’s Interstate Medical Licensure Compact. The Compact is currently enacted in 17 states and is under active consideration in growing number of other states. It reduces the administrative and cost barriers previously faced by physicians providing in-person care in multiple states. The Compact is also an important mechanism that will support physicians who are interested in using telemedicine technologies while ensuring that the state where patients receive care is able to provide oversight and ensure accountability with state medical practice laws and standards of care. The approach proposed under section 705(d) would depart from the philosophy of the Interstate Medical Licensure Compact and Nurse Licensure Compact that facilitate the utilization of connected health technologies across state borders.

The physician community has been on the leading edge to advance patient access to care through new innovations and commends you for your commitment to expand access to TRICARE patients through section 705. We strongly believe that new innovations to expand access must be designed to ensure the delivery of safe, quality care where clear lines of accountability are maintained. We therefore strongly urge you not to include the language in subsection (d) of section 705 in the final conference agreement so that the site of care (and the applicable patient protection and accountability mechanisms) continues to be determined by the patient’s location.

Sincerely,

American Medical Association
Medical Association of the State of Alabama
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
Kansas Medical Society
Kentucky Medical Association
Louisiana State Medical Society
Maine Medical Association
MedChi, The Maryland State Medical Society
Massachusetts 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
Medical Society of New Jersey
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
Pennsylvania Medical Society
Rhode Island Medical Society
South Carolina Medical Association
South Dakota State Medical Association
Tennessee Medical Association
Texas Medical Association
Utah Medical Association
Vermont Medical Society
Medical Society of Virginia
Washington State Medical Association
West Virginia State Medical Association
Wisconsin Medical Society
Wyoming Medical Society