Dear all:

**PPACA**
This week the United States Supreme Court will decide whether PPACA is constitutional, in whole or in part. The decision is expected to be released on Thursday. MAG will hold a “Town Hall” featuring two prominent health care attorneys – Sidney Welch and Rich Sanders – at 6:00 PM on Friday. This invitation is being sent to the entire membership and everyone is invited to call in. Check your emails today for the call in information. The call will be recorded and posted on our website Monday morning.

Regardless of what the US Supreme Court decides, it will take months to decide the impact of the opinion. Rest assured, we will keep you updated through this process beginning with our “Town Hall” meeting on Friday. Thereafter, we will continue to share information with the membership on how the opinion affects your practices via various social media outlets and our website.

The US Supreme Court opinion will also provide an outstanding opportunity for the Georgia House of Medicine to decide what is best for their patients going forward. The 2012 MAG Annual Meeting in Savannah is that forum for the Georgia physicians to have this discussion. In fact, we are dedicating a reference committee to this issue. Over the next two months, please submit resolutions for discussion on this important issue. We hope all perspectives will be represented.

**AMA Update (Request for Information)**
At the 2012 Annual Meeting, the AMA House of Delegates (Resolution sponsored by Georgia, Louisiana and various other states) directed the AMA to report back at the 2012 Interim Meeting with policy refinements regarding Medicare financing options, including a defined contribution program that would allow beneficiaries to purchase traditional Medicare or a private health insurance plan through a marketplace of competing health plans approved by the US Department of Health and Human Services or its designee. The AMA also was directed to consider mechanisms to adjust contributions in order to ensure that health insurance coverage remains affordable for all beneficiaries.

In its ongoing study of Medicare reform options, the AMA has requested our input on the following defined contribution policy considerations:

1. How should contribution amounts would be set and indexed over time?
2. What policies are needed to ensure Medicare beneficiaries retain real, ongoing purchasing power?
3. If Medicare beneficiaries had a defined contribution to purchase coverage of their choosing, what sort of health insurance market would be ideal (e.g., coverage that resembles coverage they may have had prior to Medicare such as coverage in a health insurance exchanges or the creation of a new Medicare exchange)?
4. What are the best options for removing incentives for health plans to “cherry pick” healthy beneficiaries (e.g., by adjusting contributions according to health status or by placing additional regulations on health plans)?
5. If Medicare beneficiaries are in the same health plans as younger patients, how much variation in premiums should be allowed based on age and health status?
6. What is the best way to transition from a defined benefit model to a defined contribution model with the least disruption to Medicare beneficiaries?

Please forward your responses to my attention.

Donald