161st HOUSE OF DELEGATES PROCEEDINGS

A SUPPLEMENT TO THE JOURNAL OF THE MEDICAL ASSOCIATION OF GEORGIA
MINUTES

FIRST SESSION
Saturday, October 17

The first session of the House of Delegates was called to order at 8:30 a.m. Frank McDonald, M.D., Speaker of the House, presided. Joy A. Maxey, M.D., gave the invocation. The Chatham County Sheriff’s Department color guard presented the colors while MAG Manager of Program Coordination/Meeting Planning Arianna Afshari sang the National Anthem. Dr. McDonald led the assembly in the pledge of allegiance to the U.S. flag and the Georgia state flag.

Dr. McDonald introduced those on the dais, including President Manoj Shah, M.D., President-elect John Harvey, M.D., Vice Speaker Edmund Donoghue, M.D., Secretary Andrew Reisman, M.D., Parliamentarian Joy Maxey, M.D., MAG CEO Donald Palmisano and MAG Executive Assistant Donna Glass.

Dr. McDonald reported that the official parliamentary procedure would be Sturgis Rules of Order and members were reminded that a ruling of the speaker is final unless it is immediately overruled by the House.

Minutes of the 2014 House of Delegates were approved by the Board of Directors in April 2015. Minutes of the 2015 House will be considered by the Board of Directors in April 2016.

Introductions/Recognitions

Sponsors of the 2015 House of Delegates were recognized, including MAG Mutual Insurance Company, Atlanta Capital Group, GAMPAC, Georgia Drug Card, Georgia Health Information Network, Imedicor, MAG Alliance, MAG Foundation, MAG’s Medical Reserve Corps, the Medical College of Georgia at Augusta University, National Safety Council, Peach State Health Plan, Privia Health of Georgia, SunTrust Medical Specialty Group, SunTrust Mortgage and WellCare of Georgia.

Special guests were recognized, including Stephen Imbeau, M.D., AMPAC Board of Directors; Marshall Meadors, M.D., president of the South Carolina Medical Association; Patrice Harris, M.D., chair-elect of the AMA Board of Trustees; Alice House, M.D., chair of the Georgia Composite Medical Board; and Peter F. Buckley, M.D., dean of the Medical College of Georgia at Augusta University.

The following people were recognized with certificates of appreciation: Manoj H. Shah, M.D., John S. Harvey, M.D., William E. Silver, M.D., Thomas E. Emerson, M.D., Madalyn N. Davidoff, M.D., Andrew B. Reisman, M.D., Steven M. Walsh, M.D., Dan DeLoach, M.D., William Clark, M.D., Steven Ellison, M.D., William Hardcastle, M.D., Margaret Cinderella (MCG student), Richard A. Freeman, M.D., Andrea P. Juliao, M.D., Keven L. Lindsay (MCG student), Billy Ray Price, M.D., Hugo D. Ribot Jr., M.D., Hayes Wilson, M.D., John S. Antalis, M.D., Billie Luke Jackson, M.D., Katarina Nalovic, M.D.,
The House received a list of those individual members who have attained Life Member status. Life members are physicians who are 70 years or older who have been an active, dues-paying member of the state medical society or in a branch of the armed services for at least 25 consecutive years – including at least two years with MAG. Life members are not required to pay MAG dues or assessments. They will continue to receive the MAG “Journal” on a complimentary basis. (A list of these members are recorded in JMAG, 2015, Vol. 104, Issue 4)

The House honored the following members who passed away this year with a moment of silence: Henry Marvin Althisar Sr., M.D., Linton Hines Bishop Jr., M.D., Larry Brightwell, M.D., Zeb Lee Burrell Jr., M.D., Robert Durley Dean, M.D., F. William Dowda, M.D., (MAG President, 1972-1973), Arthur Gelbart, M.D., Hope Hamilton-Rodgers, M.D., William C. Helms, M.D., Julian K. Quattlebaum, M.D., James S. Reynolds, M.D., Robert D. Waller, M.D., and Asa G. Yancey Sr., M.D.

The following members of the current class of the Georgia Physicians Leadership Academy were recognized: Jovan Adams, M.D., Robert Bashuk, M.D., Margaret Bolta, M.D., Janis Coffin, D.O., Debi Dalton, M.D., Amy Eubanks, M.D., Tim Grant, M.D., Mark Griffiths, M.D., Charles Miller, M.D., Dilipkumar Patel, M.D., Rani Reddy, M.D., Mitzi Rubin, M.D., Jennifer Tucker, M.D., Cliff Willimon, M.D., and Kelly Weselman, M.D.

Privia Health of Georgia was recognized as the sponsor of this morning’s breakfast. Jim Sams, M.D., CEO of Privia Medical Group in Georgia thanked members of the House for the opportunity to attend its annual meeting and to introduce Privia Health to members of MAG. Privia is developing the nation’s largest high performance network of leading medical practices – top doctors who believe in wellness, and who are committed to modern, patient-centered care. He encouraged members to contact them to learn more about the group and network.

Business session

The Chairman of the Credentials Committee Craig T. Kerins, M.D., reported that there were 160 delegates and three alternate delegate representing 34 county medical societies and section registered. Dr. Kerins announced that a quorum was met and that the business of the association may proceed.
Resolutions that were timely and appropriately numbered but not recorded in the digital handbook were accepted and forwarded to the appropriate reference committees. The following three late draft resolutions were forwarded to the Credentials Committee for its recommendations: Resolution 1: Written Protocols For Medical Act Delegation; Resolution 2: APRN Education for Nursing Students in Georgia, and Resolution 3: Support For the Georgia Composite Medical Board in Monitoring the Delegation of Medical Acts and Safety of Practice. The Credentials Committee returned its recommendations that these resolutions are not of an emergent nature and by a vote of less than a two-thirds majority that must be achieved to accept late resolutions as items of business, thus the resolutions were not accepted.

State of the Association

MAG President Manoj Shah, M.D., reported to the House the state of the association during his tenure as president. Below in its entirety is his report:

DR. MANOJ SHAH
MAG STATE OF THE ASSOCIATION
OCTOBER 17, 2015

THANK YOU DR. MCDONALD. IT HAS BEEN A GREAT PRIVILEGE TO SERVE AS YOUR PRESIDENT. I WOULD LIKE TO ASK MAG’S PAST PRESIDENTS TO STAND. THANK YOU FOR YOUR SERVICE TO THE MEDICAL ASSOCIATION OF GEORGIA. PLEASE GIVE THEM A ROUND OF APPLAUSE.

I AM PLEASED TO REPORT THAT WE HAD MANY SUCCESSES DURING THIS YEAR’S GENERAL ASSEMBLY. MANY TIMES I HAVE SEEN A PATIENT WHO SAID THEY SAW DR. X, Y OR Z, BUT IN REALITY HAS SEEN A NURSE PRACTITIONER. I HAVE NOTHING AGAINST NURSE PRACTITIONERS, BUT THE PATIENT HAS A RIGHT TO KNOW WHO IS PROVIDING THEIR CARE.

IN YEAR 2013 AND 2014, PRIMARY CARE PROVIDERS WERE PAID MEDICARE RATES, WHICH ARE ABOUT 25% MORE THAN REGULAR MEDICAID PAYMENTS. MAG ADVOCATED KEEPING THOSE PAYMENTS FOR PRIMARY CARE PHYSICIANS, BUT LEGISLATORS WERE SAYING THERE WASN’T ENOUGH MONEY. BUT WE WERE STILL ABLE TO GET $23 MILLION, WHICH WILL GO TO PRIMARY CARE AND SOME OB-GYN CODES.

THE PRESCRIPTION DRUG MONITORING PROGRAM WAS ESTABLISHED WITH A FEDERAL GOVERNMENT GRANT, BUT THERE WAS NO FUNDING FOR MAINTENANCE, SO THE STATE BUDGETED $200,000 FOR THE PDMP.

MAG WAS A LEADING ADVOCATE FOR A HEALTH INSURANCE BILL THAT FOCUSED ON RENTAL NETWORK, NETWORK ADEQUACY, ALL PRODUCT CLAUSES, AND PROVIDER STABILITY. A COMMITTEE THAT IS HEADED BY SEN. DR. DEAN BURKE WAS CONSEQUENTLY FORMED TO STUDY THESE ISSUES, AND I AM ONE OF ITS MEMBERS.

WITH THE HELP OF MARCUS DOWNS AND RYAN LAROSA, MAG KEEPS AN EYE ON ALL ISSUES AFFECTING PHYSICIAN AUTONOMY, TORT REFORM, OR SCOPE OF PRACTICE. MAG ALSO KEEPS OUR MEMBERS INFORMED OF COMING CHANGES IN THE HEALTH INDUSTRY. ONE OF OUR MAG MEMBERS, DR. BETTY PRICE, WAS RECENTLY ELECTED AS A GEORGIA REPRESENTATIVE.

WE ALSO HAD A SUCCESSFUL PHYSICIAN’S DAY AT THE CAPITOL, INCLUDING 35 PHYSICIANS IN WHITE COATS AND 20 LAWMAKERS. FORTY PHYSICIANS AND 15 LEGISLATORS ATTENDED MAG’S SUMMER LEGISLATIVE SEMINAR AT CHATEAU ELAN. AND WE INVITED OTHER STAKEHOLDERS TO ATTEND THAT MEETING – INCLUDING CONSUMER GROUPS, THE COMPOSITE MEDICAL BOARD, AND PHARMACY LEADERS – SO IT WAS GREAT WAY TO GET ALL INTERESTED PARTIES TOGETHER AT ONE TABLE.
ALL THE PHYSICIANS WHO SERVED AS A DOCTOR OF THE DAY VOLUNTEER AT MAG’S MEDICAL AID STATION AT THE CAPITOL AND AT SOUTHERN LEGISLATIVE CONFERENCE IN SAVANNAH, PLEASE STAND.

YOU MIGHT RECALL THAT LATE LAST YEAR, BLUE CROSS AND BLUE SHIELD DECIDED TO AMEND ITS CONTRACT WITH PHYSICIANS UNILATERALLY. SO MAG WORKED WITH THE GEORGIA INSURANCE DEPARTMENT TO MAKE BLUE CROSS RESCIND THAT CONTRACT. A PHYSICIAN ADVISORY GROUP WAS FORMED TO MEET WITH BLUE CROSS QUARTERLY, WHICH IT HAS DONE TWICE THIS YEAR.

AETNA IS BUYING HUMANA, AND THE COMPANY ACCUSED PHYSICIANS OF BEING GREEDY FOR NOT JOINING THEIR NETWORKS AND CHARGING OUT OF NETWORK FEES. THE PROBLEM IS THAT INSURANCE COMPANIES MAINTAIN NARROW NETWORKS AND THEY DON’T WANT TO REIMBURSE REASONABLY, SO MAG WILL CONTINUE TO MAKE THIS A PRIORITY ISSUE.

MAG’S THIRD PARTY PAYER PROGRAM UNDER SUSAN MOORE HAS HELPED MANY PHYSICIANS. FOR EXAMPLE, ONE GROUP WAS HAVING DIFFICULTY FOR SIX WEEKS TO GET PAID DUE TO ACCREDITATION ISSUES WITH UNITED HEALTHCARE. SUSAN WAS ABLE TO HELP RESOLVE THE ISSUE SO THE PRACTICE COULD GET PAID IN A MORE TIMELY WAY.

THIS YEAR, WE HOSTED A TOWN HALL MEETING ON EHR MEANINGFUL USE WITH AMA PRESIDENT DR. STEVEN STACK AND CONGRESSMAN TOM PRICE. WE HEARD TESTIMONY FROM MANY MAG MEMBERS WHO REPORTED SOME OF THE DIFFICULTIES THEY FACE WITH EHR. I KNOW THAT IN MY PRACTICE WE HAVE NOT BEEN ABLE TO QUALIFY FOR MEANINGFUL USE PART 2 AS IT REQUIRES INTERFACE AND A PATIENT PORTAL WHICH ARE EXPENSIVE.

MAG HAS MAINTAINED A CLOSE RELATIONSHIP WITH THE COMPOSITE BOARD, THE PHARMACY BOARD, AND THE DENTAL BOARD. THE PHARMACY BOARD RECENTLY AMENDED AN E-PRESCRIBING RULE AT MAG’S REQUEST. AND MAG RECENTLY RECEIVED THE PARTNERSHIP IN EXCELLENCE WITH NURSING AWARD FROM THE GEORGIA NURSES ASSOCIATION, WHICH HAS ONLY BEEN GIVEN FOUR TIMES.

AND WE HAVE HOSTED TOWN HALL FORUMS ON A MONTHLY BASIS TO ADDRESS IMPORTANT ISSUES LIKE ACOS, ICD-10, THE EBOLA VIRUS, AND PRACTICE MANAGEMENT. THESE CALLS ARE VERY INFORMATIVE AND RECORDINGS ARE AVAILABLE ON MAG’S WEB SITE.

MAG ALSO RECENTLY HOSTED A THREE-PART WEBINAR FOR YOUR OFFICE STAFF THAT ADDRESSED PRACTICE MANAGEMENT, MISSED APPOINTMENTS, AND COLLECTIONS, AND WHICH WAS VERY WELL ATTENDED. AND MAG CONTINUES TO SPONSOR ITS TOP DOCS RADIO PROGRAM ON THE SECOND TUESDAY OF EVERY MONTH.

I AM PLEASED TO REPORT THAT MAG WON ITS SEVENTH AWARD FOR ITS WEBSITE IN 2015.

THE PHYSICIANS’ INSTITUTE FOR EXCELLENCE IN MEDICINE CONTINUES TO BUILD MAG’S BRAND BY RUNNING PROJECTS ON KEY ISSUES LIKE CHRONIC PAIN AND ATRIAL FIBRILLATION. MAG ALSO CONTINUES TO BE A LEADER IN EDUCATION BY ACCREDITING 39 CME PROVIDERS, WHILE OUR CORRECTIONAL MEDICINE PROGRAM EVALUATES 10 JAILS AND 40 PRISONS.

I WOULD LIKE TO APPLAUD DR. JOHN HARVEY AND MAG STAFF FOR FORMING MAG’S NEW MEDICAL RESERVE CORPS. THIS IS A CRUCIAL PROGRAM THAT WILL HELP EVERY GEORGIAN DURING AN EMERGENCY, SO I ENCOURAGE YOU TO VISIT THE MRC EXHIBIT FOR MORE INFORMATION.

DON PALMISANO AND TREY REESE RAN A 100-MILE RACE IN RALEIGH, NORTH CAROLINA A FEW MONTHS AGO TO RAISE MORE THAN $40,000 FOR THE MAG FOUNDATION’S THINK ABOUT IT CAMPAIGN TO REDUCE PRESCRIPTION DRUG ABUSE. THEY STARTED AT 6 AM AND FINISHED 23
HOURS LATER. IT WAS AN AMAZING EXPERIENCE FOR ME AS I WAS THERE. I RECALL THAT DON WANTED TO STOP AT ONE POINT BUT PRESSED ON AS HE WANTED TO COLLECT THE MONEY FOR THE FOUNDATION.

AND MORE RECENTLY, THE MEDICAL CENTER FOUNDATION HELD A GOLF TOURNAMENT IN GAINESVILLE, GEORGIA THAT RAISED $283,000 FOR A PROJECT THAT THE MAG FOUNDATION WILL MANAGE TO REDUCE PRESCRIPTION DRUG ABUSE IN 13 COUNTIES IN NORTHEAST GEORGIA.

WE HAVE DONE VERY WELL FINANCIALLY DUE TO THE EFFORTS OF DR. STEVE WALSH, WHO IS THE CHAIR OF THE FINANCIAL COMMITTEE, AND DON PALMISANO TO KEEP EXPENSES DOWN AND INCREASE MEMBERSHIP INCOME AND NON-DUES REVENUE.

FINALLY, I WOULD LIKE TO REMIND YOU THAT A SURVEY THAT MAG CONDUCTED FOUND THAT 93% OF OUR MEMBERS AGREE THAT MAG IS THE LEADING VOICE FOR PHYSICIANS IN GEORGIA. I WOULD LIKE TO ASK ALL THE MAG STAFF TO PLEASE STAND. THEY HAVE DONE AN EXCELLENT JOB AND HAVE WORKED VERY HARD.

Executive Director Report

MAG Executive Director Donald J. Palmisano Jr. reported to the House of Delegates successes and accomplishments obtained the past year and over the course of his tenure as executive director/CEO. (His written report is recorded in JMAG, 2015, Vol. 104, Issue 4)

Nominations of Candidates

Dr. McDonald turned the gavel over to MAG Vice Speaker Edmund Donoghue, M.D., who proceeded with the nomination process.

Elections were held for the following positions: president-elect, second vice president, secretary, treasurer, four AMA delegate seats, three AMA alternate delegate seats, and a judicial council member. All candidates were duly nominated and elected with the exception of the AMA alternate delegate’s seat currently held by Alan L. Plummer, M.D., which was contested. Both candidates were duly nominated and seconded. The contested race between Alan L. Plummer, M.D., and John A. Goldman, M.D., was held on Sunday, October 18. Results of all elections will be provided to members of the House on Sunday, October 18 and recorded therein.

Consent Calendar

Dr. McDonald called for the House to act on policies five years or older either by reaffirmation, sunset, or sunset with new policy language. The House adopted without extractions Appendix I and Appendix III of Special Report 04.15. The following are the adopted actions:

Appendix I
MAG Policies for Reaffirmation
Final Action: Adopted

15.987 Vehicle Injury Prevention -- HD 10/17/2010
MAG supports the sale and use of helmets and protective gear for recreational ATVs, and supports the industry in developing technology to improve safety. (Resolution 104A.10)

15.991 Child Restraints -- HD 10/16/2010
MAG strongly supports the use of child restraint devices in automobiles and the irrefutable scientific evidence concerning the efficacy of such devices. (Special Report 04.10, III)

15.992 Driving Under the Influence (DUI) -- HD 5/1/2000
MAG supports establishing the legal drinking age for purchase of alcoholic beverages at age 21. MAG supports the elimination of the nolo contendere pleas for the first offense for drunken driving, and the mandatory suspension of a driver's license for the third offense in a five-year period, with a provision for a one-year mandatory DUI driving course to be financed through additional taxes on alcoholic beverages. (Reaffirmed 10/2005; 10/16/10)

35.985 Physical Therapy -- HD 5/1/2000
MAG opposes allowing physical therapists to practice without the benefit of a physician's examination of the patient and referral to the physical therapist for therapy. (Reaffirmed 10/2005; 10/16/2010)

35.986 Physician Assistants -- HD 10/16/2010
The designation of physician assistants should be limited to those persons who have satisfactorily completed training and an examination approved by the Georgia Composite Medical Board. MAG encourages physicians to be familiar with and comply with the supervision requirements as set forth in the Georgia Code, and rules and regulations. The Georgia Composite Medical Board should continue to insure that the utilization of physician assistants does not lead to abuses in Medicare care which might be harmful to patients. MAG opposes independent licensure for physician assistants because it would confuse the public and pervert the concept of the PA as an assistant to the physician. (Special Report 04.10 III)

35.987 Midwives -- HD 5/1/2000
MAG believes that lay midwifery should be prohibited and that Certified Nurse Midwives or licensed physicians are the proper professionals to provide the delivery of prenatal services. (Reaffirmed 10/2005; 10/16/2010)

35.988 Blood Test Authorization -- HD 10/16/2010
MAG opposes pharmacists having the legal authority to perform capillary blood tests. (Special Report 04.10, III)

35.990 Physician Assistant DEA Number -- EC 1/1/1998
MAG opposes independent DEA numbers for physician assistants. (Reaffirmed 10/2005; 10/16/2010)

100.998 Drug Endorsements -- HD 10/15/2005
MAG will not engage in any endorsement of a drug or drugs for commercial purposes. (Reaffirmed 10/16/2010)

120.985 Physician Prescribing -- HD 10/16/2010
MAG supports the physician's right to prescribe individual drugs which are appropriate for the medical condition in question.

120.992 Pharmacists Modifying Drug Therapy -- HD 10/16/2010
MAG supports the ability of pharmacists to modify drug therapy in an institutional setting pursuant to the order of a physician or a protocol established by the medical staff, or under the following circumstances: 1) Patient specific; 2) Pursuant to a physician's diagnosis; 3) Physician set parameters (no therapeutic substitution); 4) Specifics on types and categories of medication as well as minimum and maximum
dosage levels within types and categories; 5) Mandatory reporting back to physicians; 6) Patient notified that pharmacists is authorized to modify drug therapy; 7) Physician readily available for consultation and direction; and 8) A one-time modification. (Special Report 04.10 III)

120.994 Misuse of DEA Number -- HD 5/1/1998
MAG supports the proper use of the DEA number, which is only used for the prescribing of controlled substances. (Reaffirmed 10/2005; 10/16/2010)

MAG opposes the practice of permitting pharmaceutical manufacturers access to specific physician prescribing practices. (Reaffirmed 10/2005; 10/16/2010)

125.994 Substitutions -- HD 10/16/2010
MAG opposes therapeutic substitution and the requirements that "Brand Necessary" be handwritten on hardcopy prescriptions to prevent generic substitution. MAG supports authorizing physicians to orally designate a prescription as "Brand Necessary" via the telephone, and reversion to the "double line" hardcopy prescription on which the physician signs the appropriate line related to generic substitutions. (Appendix III)

130.973 State Trauma System -- HD 10/16/2010
MAG supports a fully funded and staffed statewide coordinated trauma system for Georgia in which highly specialized services are concentrated in designate regional trauma centers and that provides for the direct referral of patients to the nearest appropriate regional center. MAG promotes the retention of a physician Director for the Department of community Health's (DCH) EMS and Trauma Services Office. MAG supports annual incentive payments to designated trauma centers that meet the DCH/EMS and American College of Surgeons standards. Such payments should be from a dedicated source that is not subject to being appropriated elsewhere, should assist physicians and other health care providers defray the costs of uncompensated care, and should be made through the EMS and Trauma Services Office. MAG supports the development of a statewide trauma registry to be used for quality assurance, improved patient care and for research on the overall impact of trauma on the state's healthcare system, citizens and economy. (Special Report 04.10, III)

130.988 Call Coverage -- HD 5/1/2000
MAG supports retraction of onerous provisions of EMTALA and OIG opinions concerning emergency room call coverage by physicians. (Reaffirmed 10/2005; 10/16/2010)

140.975 Patient Responsibilities -- HD 10/17/2010
MAG adopts AMA Opinion E-10.02 -- Patient Responsibilities and includes the following as number 12: Physicians and hospitals should not be penalized when patients do not meet their responsibilities. (Resolution 103A.10)

AMA Opinion 10.02 – Patient Responsibilities
It has long been recognized that successful medical care requires an ongoing collaborative effort between patients and physicians. Physician and patient are bound in a partnership that requires both individuals to take an active role in the healing process. Such a partnership does not imply that both parties have identical responsibilities or equal power. While physicians have the responsibility to provide healthcare services to patients to the best of their ability, patients have the responsibility to communicate openly, to participate in decisions about the diagnostic and treatment recommendations, and comply with the agreed-upon treatment program. Like patients’ rights’, patients’ responsibilities are derived from the principle of autonomy. The principle of patient autonomy holds that an individual’s physical, emotional, and
psychological integrity should be respected and upheld. This principle also recognizes the human capacity
to self-govern and choose a course of action from among different alternative options. Autonomous,
competent patients assert some control over the decisions which direct their healthcare. With that exercise
of self-governance and free choice comes a number of responsibilities. 1. Good communication is essential
to a successful patient-physician relationship. 2. Patients have a responsibility to provide a complete
medical history, to the extent possible, including information about past illnesses, medications,
hospitalizations, family history of illness, and other matters relating to present health. 3. Patients have a
responsibility to request information or clarification about their health status or treatment when they do not
fully understand what has been described. 4. Once patients and physicians agree upon the goals of therapy
and a treatment plan, patients have a responsibility to cooperate with a treatment plan and to keep their
agreed-upon appointments. Compliance with physician instructions is often essential to public and
individual safety. Patients also have a responsibility to disclose whether previously agreed upon treatments
are being followed and to indicate when they would like to reconsider the treatment plan. 5. Patients
generally have a responsibility to meet their financial obligations with regard to medical care or to discuss
financial hardships with their physicians. Patients should be cognizant of the costs associated with using a
limited recourse like healthcare and try to use medical resources judiciously. 6. Patients should discuss
end-of-life decisions with their physicians and make their wishes known. Such a discussion might also
include writing an advance directive. 7. Patients should be committed to health maintenance through
health-enhancing behavior. Illness can often be prevented by a healthy lifestyle, and patients should take
personal responsibility when they are able to avert the development of disease. 8. Patients should also have
active interest in the effects of their conduct on others and refrain from behavior that unreasonably places
the health of others at risk. Patients should inquire as to the means and likelihood of infectious disease
transmission and act upon that information which can best prevent further transmission. 9. Participation
in medical education is to the mutual benefit of patients and the health care system. Patients are encouraged
to participate in medical education by accepting care, under appropriate supervision from medical
students, residents, and other trainees. Consistent with the process of informed consent, the patient or the
patient’s surrogate decision maker is always free to refuse care from any member of the health care team.
10. Patients should discuss organ donation with their physicians, and if donation is desired, make
applicable provisions. Patients who are part of an organ allocation system and await needed transplant
should not try and go outside of or manipulate the system. A fair system of allocation should be answered
with public trust and an awareness of limited resources. 11. Patients should not initiate or participate in
fraudulent health care and should report illegal or unethical behavior by physicians and other providers
to the appropriate medical societies, licensing boards, or law enforcement authorities. 12. Physicians and
hospitals should not be penalized when patients do not meet their responsibilities.

165.987 Tax Reform -- HD 5/1/1999
MAG supports the AMA's continued monitoring and study of the impact of the various tax reforms on the
U.S. health care delivery system and urges that the AMA continue to inform AMA members and the
public about the impact of such tax reforms. (Reaffirmed 10/2005; 10/16/2010)

180.980 ERISA -- BD 8/1/2000
MAG supports the revision of ERISA laws so as to make self-insured plans subject to state regulations.
(Reaffirmed 10/2005; 10/16/2010)

180.981 Credentialing -- HD 5/1/2000
MAG believes that health insurers should be required to expedite the credentialing process for all
physicians and that it should be no more than thirty days for any physician who changes practice locations
within the State of Georgia and is already credentialed by the insurer as a panel physician. (Res: 304C-00)
(Reaffirmed 10/2005; 10/16/2010)
180.982 Patient's Right to Privacy -- HD 10/16/2010
MAG opposes the disclosure of patient-specific illness information to an employer unless the patient clearly understands the medical information to be released and consents to such disclosure in writing.
(Special Report 04.10, III)

MAG supports aggressively seeking enforcement of the current law requiring insurers to promptly reimburse physicians for health care services. (Reaffirmed 10/2005; 10/16/2010)

185.992 Mandated benefits -- HD 5/1/1999
MAG supports mandated benefits only when they provide quality patient care, are clearly cost effective and have strong public health benefits. Mandated benefits that relate to the length of inpatient hospital stay or similar medical decisions should be made by the treating physician according to recognized medical standards. (Reaffirmed 10/2005; 10/16/2010)

215.996 Hospitalists -- HD 5/1/1999
MAG opposes the mandatory use of "hospitalists" for inpatient care. (Res. 105A-99) (Reaffirmed 10/2005; 10/16/2010)

235.999 Drug Screening -- HD 5/1/1999
MAG adopts the Guidelines for Medical Staff Drug Screening Policies, as developed by the MAG Organized Medical Staff Section (OMSS). MAG will work with the Georgia Hospital Association and other appropriate groups to distribute them to any organized medical staff. The eight policies are as follows: 1) Urine drug and alcohol testing of employees may be appropriate in (a) pre-employment examinations of those persons whose jobs affect the health and safety of others; (b) situations in which there is reasonable suspicion that an employee's job performance is impaired by alcohol and drug use; and (c) monitoring as part of a comprehensive program of treatment and rehabilitation of alcohol and drug abuse or dependence; 2) Urine drug and alcohol testing of physicians are appropriate under these same conditions; 3) Medical staff must be involved in the development of an institution's substance abuse policy, including (a) selection of analytical methods to ensure scientific validity of the test results, (b) determination of measures to maintain confidentiality of the test results, (c) in for cause post incident/injury testing, definition of standards for determining whether cause exists and which incidents and/or injuries will result in testing, and (d) development of mechanisms to address the physical and mental health of medical staff members; 4) MAG establishes the primacy of medical staff authority in substance abuse policy and procedures covering any pre-employment, credentialing or other phase of physician evaluation; 5) All drug and alcohol testing must be performed only with substantive and procedural due process safeguards in place; 6) MAG believes strongly in the autonomy of the hospital medical staff and does not support automatic inclusion of the medical staff in hospital personnel policies and programs, including substance abuse testing programs; 7) Hospital medical staffs should develop personnel policies and programs, including substance abuse testing, for members of the hospital medical staff and incorporate these policies in the medical staff bylaws or rules and regulations; 8) There are physicians who are not members of the medical staff, but who are employees of the hospital and their participation in hospital programs should be dictated by their employment agreements. (Reaffirmed 10/2005; 10/16/2010)

270.997 Collective Bargaining -- HD 5/1/1999
MAG supports legislation in Congress that allows physicians to engage in collective bargaining and MAG supports antitrust reform as a top legislative priority of the AMA. (Reaffirmed 10/2005; 0/16/2010)
280.989 Long-Term Care/Hospice Care -- HD 10/16/2010
MAG Principles on Long-Term Care and End-of-Life Planning are: 1) MAG supports incentives to increase the numbers of physicians trained in geriatric medicine to meet the growing needs of the elderly population. We believe all physicians must be educated, especially primary care physicians, on how to meet the unique care needs of older adults, including those in nursing homes; 2) MAG encourages support for the creation of new models for providing long-term care, including those for providing care coordination for older adults at risk of functional decline and identification of models that improve quality and reduce costs; 3) All patients should be encouraged to prepare ahead of time concerning the possible future need for long-term care services, including the importance of early preparation through saving and investing, and the option to purchase long-term care insurance; and 4) Patients should be encouraged to express in advance their preferences regarding the extent of treatment after cardiopulmonary arrest or other life-threatening events, especially patients at substantial risk of such an event. During discussions regarding patient’s preferences, physicians should include a description of the usefulness of comprehensive geriatric assessments and care coordination services for high-risk and high-cost beneficiaries with multiple chronic health conditions, nursing home care and other alternatives, which are available, including at-home care and hospice care. Physicians should be able to advise their patients as well on end-of-life planning including the use of aggressive therapies, the usefulness of "living wills," advance directives, a durable power of attorney and "Do Not Resuscitate" orders. (Special Report 04.10, III)

285.982 HMO Investigations -- HD 10/16/2010
MAG urges its members to report abusive and unrealistic demands made pursuant to HMO, PPO and other managed care investigations in order that MAG may take appropriate action to help prevent and stop such practices. (Special Report 04.10, III)

290.984 Tax Credits -- HD 5/1/1999
MAG supports allowing a tax credit or tax deduction of the Medicaid allowable in lieu of payment from the state. (Reaffirmed 10/2005; 10/16/2010)

315.996 Written and Verbal Hospital Orders -- HD 10/16/2010
MAG believes that medical records should contain written orders on patients which are signed by the practitioner, or a postgraduate physician in an approved training program as determined by the medical staff, giving the order and such orders shall be dated. Verbal and telephone orders, in accordance with medical staff rules, shall be dictated by a practitioner, or a postgraduate physician in an approved training program as determined by the medical staff, to order licensed personnel who are qualified by training and education to receive the orders, subject to the conditions below: 1. Those licensed personnel which are designated as qualified to receive and record verbal and telephone orders are identified by position in the medical staff rules; 2. Verbal and telephone orders are signed, dated and time recorded by the person to whom they are dictated, with the name of the practitioner issuing the order entered next to the signature of the person taking the order; 3. Verbal and telephone orders are used, when appropriate, in accordance with defined medical staff rules and accepted standards of practice; 4. Verbal and telephone orders are not to be used for procedures or medications which are specified in medical staff rules as not to be prescribed by verbal/telephone order; 5. The hospital has in place and maintains an effective quality assurance system for checking accuracy and appropriateness of practitioners' orders and safeguarding against fraudulent recording of orders; 6. The hospital documents training for the medical and nursing staff in the procedures and conditions for issuing and recording verbal and telephone orders; and 7. Authentication of verbal and telephone orders, verifying that orders are correct and appropriate for the patient, will be done
by either the practitioner giving the order or by such practitioner's covering or group practice physician. (Special Report 04.10, III)

MAG supports the integrity of the medical record as an instrument of clinical care and opposes unnecessary use of the medical record for billing purposes. Resolution 201 (Reaffirmed 10/2005; 10/16/2010)

315.998 Confidentiality -- HD 5/1/1998
MAG supports the enforcement of current rules mandating that third party carriers and other health care providers not share patient's medical information with any other entity without the authorized consent of the patient. (Reaffirmed 10/2005; 10/16/2010)

320.995 Hospital Utilization Review -- HD 10/16/2010
MAG opposes the intrusion of insurers into legitimate, objective, protocol-based hospital utilization review activities in an effort to influence such decisions. (Special Report 04.10, III)

330.985 Medicare Reform -- HD 5/1/1999
MAG supports the promotion of meaningful Medicare reform which permits patients the right to select their own physician and permits the patient and physician to enter into independent contractual relations without requiring the physician to give up his/her medical practice for any period of time. Res: 316C.99 (Reaffirmed 10/16/2010)

330.986 Medical Necessity Clarification -- BD 10/1/1998
MAG encourages CMS to find substitute language for "medically unnecessary," which more accurately reflects the reason for non-coverage of services by Medicare. (Reaffirmed 10/2005; 10/16/2010)

330.988 Fraud and Abuse -- HD 10/16/2010
MAG supports the repeal of the Medicare fraud and abuse provisions and sanctions as contained in the Health Insurance Portability and Accountability Act of 1996. Any audits now being required by the Evaluation and Management Documentation Guidelines should be conducted by appropriately trained and qualified personnel using reasonable policies and procedures, physicians' audit findings should be referred to the appropriate specialty society peer review committee, and remedial education should be offered to the physician before any sanctions or legal actions are imposed. (Special Report 04.10, III)

MAG supports changes in the HIPAA Beneficiary Incentive Program ("Whistleblower Law") legislation, as it applies to medical practices, which allows for the redress of complaints that are made without merit. (Reaffirmed 10/2005; 10/16/2010)

MAG supports the AMA's continued efforts, with significant practicing physician input, to greatly simplify the E&M documentation guidelines, consistent with reasonable standards and medical terminology, allowing for a test period of any proposed guidelines. Res: 202B.98 (Reaffirmed 10/2005; 10/16/2010)

360.992 Primary Care -- BD 8/1/2000
MAG opposes nurse practitioners being titled as primary care providers. (Reaffirmed 10/20015; 10/16/2010)
370.997 Organ Donation Protocols -- HD 10/16/2010
MAG recognizes the importance of physician participation in the organ donation process and acknowledges organ donation as a specialized form of end-of-life care. (Special Report 04.10)

405.992 Advertising -- HD 10/16/2010
MAG opposes the use of the term "physician" by those not licensed to practice medicine. (Special Report 04.10, III)

430.995 Sexual Transmitted Disease Protections -- HD 10/17/2010
MAG supports legislation that would allow any nonprofit or public health care agency to distribute sexual barrier protection devices to inmates. Distribution of such devices shall not be considered encouraging sexual acts between inmates and possession of such devices by inmates shall not be considered subject to the inmates' criminal or administrative sanctions. (Resolution 105A.10)

440.982 Bioterrorism Planning -- HD 10/15/2005
MAG will work in conjunction with federal and state agencies to coordinate plans and strategies with MAG membership, local medical societies and hospitals to deal with protecting individuals from the dangers of terrorism and natural disasters to our nation and to the state of Georgia. (Res: 201B-99 Resolve 1) (Comm. 01-05 Appendix III) (Reaffirmed 10/16/2010)

450.996 Peer Review Grievances -- HD 10/16/2010
MAG supports physician peer review systems that are fair and equitable and allow for resolution of grievances. (Special Report 04.10, III)

460.996 Stem Cell -- HD 10/17/2010
MAG supports ethical stem cell research including hESC. (Resolution 303C.10)

490.994 Tobacco Smoke -- HD 5/1/1998
MAG recognizes that environmental tobacco smoke is a major threat to public health, and endorses legislation by the state of Georgia to stop or severely limit the use of tobacco in all public buildings and enclosed work areas in the state. (Reaffirmed 10/2005; 10/16/2010)

515.995 Adult Abuse – HD 10/15/2005
MAG supports the legal protection of disabled adults from physical abuse. Civil and criminal immunity should be provided to those who report in good faith cases of adult abuse. (Reaffirmed 10/16/2010)

515.997 Sex and Violence – HD 10/16/2010
MAG condemns the expression of excessive violence and sex on television, radio, the internet and other common means of communication and encourages its members to work with appropriate groups to lessen the broadcasting of and the impact of their detrimental effects on our society. (Special Report 04.10, III)

530.911 Travel Reimbursement – HD 10/16/2010
The Board of Directors will maintain a written policy on reimbursement of travel expenses for the AMA Delegation and the Executive Committee. (Special Report 04.10, III)

530.912 Endorsements -- HD 10/16/2010
MAG shall have an internal business policy. It may endorse products and/or services from outside vendors provided a risk analysis is done prior to such endorsements. (Special Report 04.10, III)
530.913 Conflict of Interest – HD 10/16/2010
MAG will have in place a Conflict of Interest Policy for elected officers, directors and senior staff who shall sign such policy annually and copies shall be maintained by the General Counsel. (Special Report 04.10, III)

530.914 Members Only Web Pages – HD 10/16/2010
MAG shall develop member-only pages on the MAG Website on a select basis to provide members with easy access to password-protected information. (Special Report 04.10, III)

530.919 Destruction of Documents – EC 2/25/2005
In compliance with the Sarbanes-Oxley Act, the Medical Association of Georgia's document retention policy will include the following statement: Federal law prohibits knowingly altering, destroying, mutilating, concealing, covering-up, falsifying, or making a false entry to any record document or tangible object with the intent to impede obstruct or influence the investigation or proper administration of any matter within the jurisdiction of any department or agency of the United States, or any case filed under the bankruptcy laws or in relations or contemplation of any such matter or case. Employees are instructed to advise the General Counsel when they believe compliance with MAG's record retention policy would violate this federal law. (Reaffirmed 10/16/2010)

530.920 Whistle Blower – EC 2/25/2005
In compliance with the Sarbanes-Oxley Act, the Medical Association of Georgia will not retaliate against any employee for providing a law enforcement officer as defined in the American Competitiveness and Corporate Accountability Act (The Sarbanes-Oxley Act) with any truthful information relating to the commission or possible commission of any federal offense. (Reaffirmed 10/16/2010)

530.940 Personnel Policies – HD 10/16/2010
MAG shall have a written employee manual of office policies and job descriptions for all employees. (Special Report 04.10, III)

530.946 Lawsuit Guidelines – HD 10/16/2010
MAG will utilize objective guidelines known as the Criteria for Case Selection when deciding whether to engage in a lawsuit as party or as a friend of the court. (Special Report 04.10, III)

530.952 Policies – HD 10/16/2010
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. (Special Report 04.10, III)

535.989 Conflict of Interest – BD 8/1/2000
MAG directors and officers have a duty to discharge their duties in a manner that he/she believes, in good faith, to be in the best interest of the association and with the care an ordinary prudent person in like position would exercise under similar circumstances. Directors and officers shall disclose a conflicting interest respecting a transaction effected or proposed to be effected by the Association. A conflict of interest exists if such director or officer is a party to the transaction or has a beneficial interest in or so closely linked to the transaction and is of such financial significance to the director, officer or person related to such director or officer that it would reasonably be expected to exert an influence on the director's or officer's judgment. A "person related to such director or officer" means the spouse (or a
parent or sibling thereof) of the director or officer or a child, grandchild, sibling, parent (or spouse of any thereof) or any individual having the same home as the director or officer, or a trust or estate of which such an individual is a substantial beneficiary. (Reaffirmed 10/2005; 10/16/2010)

535.990 Invitations to attend -- HD 5/1/2000
At the discretion of the Board Chairman, invitations to the meetings of the Board of Directors may be sent to non-MAG members. (Reaffirmed 10/2005; 10/16/2010)

535.992 New Board Member Orientation Session -- HD 10/16/2010
MAG will conduct an orientation session for new Board members explaining their duties and responsibilities as members of the Board of Directors as well as acquaint them with the structure and operations of the association. New board members are to attend such orientations. (Special Report 04.10, III)

535.993 Lawsuits -- BD 1/1/1998
If the Board enters into a lawsuit where no line item is allocated, the Board will state from where in the budget funds are to be taken. (Reaffirmed 10/2005; 10/16/2010)

540.955 Legislative Programs and Activities -- HD 10/16/2010
A physician's participation in MAG's physician legislative programs and activities should be considered as a factor when appointing members to serve on the Council on Legislation. MAG urges that members of the Council on Legislation participate in the Doctor of the Day Program and become a member of GAMPAC. (Special Report 04.10, III)

540.956 Executive Committee Meetings -- HD 10/16/2010
Members of the Executive Committee are expected to attend and participate in all meetings of the Executive Committee. The Chairman of the Executive Committee, at his/her discretion, may allow members of the Executive Committee to participate in executive sessions of the Executive Committee by teleconference. (Special Report. 04.10, III)

540.958 Prioritized Agenda -- HD 10/15/2005
MAG's Council on Legislation will develop and submit for approval a prioritized legislative agenda to the Board of Directors at its fall meeting each year. MAG's Legislative Department will also develop an agenda for relationship building and groundwork to be accomplished before the legislative session with emphasis on relationships with specialty societies and other aspects of organized medicine. (Reaffirmed 10/16/2010)

545.947 Fiscal Impact on Resolutions -- HD 10/17/2010
Resolutions submitted to the MAG House of Delegates beginning in 2011 shall include a statement from the author on the fiscal impact of said resolution will have on the association so as to allow delegates to fully evaluate its merit. (Resolution 402C.10)

545.952 Guests -- HD 5/1/2000
Invitations of non-MAG members to the Annual House of Delegates should be left to the discretion of the Annual Session Committee. (Reaffirmed 10/2005; 10/16/2010)

545.953 Reports & Resolutions -- HD 10/16/2010
1) Only those reports and resolutions received at least 45 days prior to the date of the Annual
Session will be included in the Handbook; 2) The reports of officers, departments and committees and all resolutions received after 45 days prior to the date of convening will be considered late reports or resolutions, and distributed to each delegate at the time of registration. These will be referred to reference committees as indicated; 3) Those resolutions and reports containing recommendations received during the 10 days immediately preceding the annual session will be considered emergency business and reviewed by the Speaker. These items will be assigned to a reference committee only if their subject matter is considered of sufficient urgency as to demand inclusion on the agenda. If the item is deemed not urgent for inclusion, the item will be referred to the Credentials Committee for their recommendation for or against consideration. Once submitted to the Credentials Committee, the resolution or report becomes an item of new business to be considered at the opening session of the House of Delegates. The House must approve it with a two-thirds majority vote for it to then be included into the agenda and assigned to a reference committee; and 4) After the opening session, any submitted item may be included on the agenda only with the unanimous approval of the House. (Special Report 04.10, III)

545.954 Reference Committees -- HD 5/1/2000
1) Appearance before any reference committee by other than MAG members will be on approval of the Reference Committee Chairman; 2) a roster of all non-MAG members in attendance at reference committees should be kept. MAG Staff will be in charge of keeping this roster. It will be the responsibility of non-MAG members to notify MAG staff of their presence. (Reaffirmed 10/2005; 10/16/2010)

545.955 CME Offer -- HD 5/1/2000
MAG shall offer at least one CME program during the annual meeting of the House of Delegates. (Reaffirmed 10/2005; 10/16/2010)

555.974 Dues -- EC 7/25/2010
A physician may authorize MAG to automatically charge his/her credit card for dues to renew membership at the then current dues rate. This authorization must be in writing and may be revoked at any time.

555.983 Telemarketing -- HD 10/15/2005
Telemarketing shall be considered as one of the strategies for member recruitment. (Reaffirmed 10/16/2010)

555.984 Membership -- HD 10/16/2010
MAG shall continue to make increasing active association membership a top priority utilizing the successful strategies of recent years with particular emphasis on increased contact with young physicians and first and second year members. (Special Report 04.10, III)

555.990 Dues Refunds -- HD 5/1/2000
MAG will grant dues refunds when requested within 60 days after dues have been paid, and only in the case of disablement, death or retirement. (Comm: 14-00, Rec. 3) (Reaffirmed 10/2005; 10/16/2010)

565.966 Political Polling -- HD 10/16/2010
Each component medical society and each specialty society with sufficient MAG membership to qualify for a delegate at the MAG House of Delegates should poll their membership as to what category of legislation is most important to them and relay that information to the Legislative Council prior to the Council’s deadline for such information. The Council will assist the local societies with this task. The
Council on Legislation will seek input from specialty societies through the Advisory Groups to the Council on Legislation. (Special Report 04.10, III)

565.972 Legislative Actions -- HD 10/16/2010
The Board of Directors may reevaluate actions of the House of Delegates requiring legislative action in light of new information and the political landscape. (Special Report 04.10, III)

MAG supports the Doctor of the Day program (DOD) because the Medical Aid Station plays a vital role in the legislative process. (Reaffirmed 10/2005; 10/16/2010)

Appendix III
MAG Policies for Sunset with New Language
Final Action: Adopted

165.998 Principles of Health Care -- HD 10/16/2010
MAG Principles of Health Care Reform (Special Report 04.10, III)

(OLD LANGUAGE/NEW LANGUAGE PROPOSED)

Physicians are united in our efforts to preserve our profession, as well as to promote and protect the patient-physician relationship. MAG believes that health care reform in America is founded on three core principles: 1) The right of patients and physicians to privately contract without third party interference or penalty is a touchstone of American freedom and liberty and is integral to the patient physician relationship; 2) Patients are best served when the determination of quality of medical care is made by the profession of medicine—not by the government or other third party payers; 3) Enacting medical liability reform based on proven policies is essential if we hope to restrain rising costs without restricting our patients’ access to quality health care. We believe that the health reform law enacted in 2010 fails to adhere to these fundamental principles, despite the fact that they would significantly lower our federal government’s expenditures for medical care. As one considers the financial “costs” of the new health reform law, one must also consider the “costs” to patients in terms of their access to care and the quality of care they can expect to receive in the future; In addition to the several positive elements of the Patient Protection and Affordable Care Act that we support-- expanded health insurance coverage, insurance market reforms, coverage for prevention and wellness initiatives--we believe that the following elements are essential to arriving at an acceptable form of health care reform legislation and should replace all other provisions: 1) In general, the U.S. health care system should be based on principles which support a private, free market economic system without mandatory participation by government. Funding for expanded government health care (i.e., Medicaid) should only occur based on a sound, financially stable and sustainable funding source which is not based on reductions in Medicare or other programs or further contributes to the U.S. National Debt; 2) Medicare’s sustainable growth rate (SGR) formula should be permanently repealed and replaced with a formula consistent with the consumer price index or other comparable measure. The replacement of Medicare’s sustainable growth rate (SGR) should be monitored for appropriate criteria for quality care; 3) Proven medical liability reform measures should be constitutionally protected, including a cap on non-economic damages; 4) Anti-trust relief, which allow independent groups of physicians to collaborate on cost, quality, care coordination, and other ways to improve their practices, should be enacted; 5) Employers should not be required to provide health insurance, but should do so voluntarily; 6) Medicare, Medicaid and other payment
advisory boards should not be given unprecedented authority to make sweeping changes; such changes should be decided by Congress only; 7) Patients should have the right to choose their physician; 8) Patients should have the right to choose their own form of health insurance; 9) All quality determinations which are made of medical care should be made by physicians; 10) Physician should have the right to have ownership in a specialty hospital, as long as it is fully disclosed to patients or other effected people; 11) Medicaid’s eligibility requirements should not be open to additional categories of recipients unless the federal government can do so with a balanced budget; the fee schedule is calibrated to the actual cost of care; and the additional cost does not add to the national debt; 12) Employees should be allowed the same tax deduction for health insurance premiums as their employers; 13) The method of including consumer copayments as a part of health insurance coverage should be continued in order to allow some level of responsibility to the consumer; 14) The government should consider the use of tax-free vouchers as a method of payment for the indigent; 15) The government should consider allowing “Means Testing” as a method for determining Medicare patient coverage or use of a stratified tax deduction/voucher system for the elderly population, in place of Medicare; 16) All patients, regardless of the presence of any third party payer, including Medicare recipients, should be able to privately contract with their doctor for medical care, without penalty to either party; 17) Physicians should be allowed to participate in health plan quality reporting mechanisms, including Medicare and Medicaid, voluntarily, without penalty; 18) Health plans, including government health plans should be allowed to establish quality/cost payment bonuses for physicians, without penalty to other participating physicians; 19) Health plans should eliminate the use of physician performance and “Profiling Episode Grouper” systems and other public reporting of physicians’ claims data, as they are presently designed, due to their widespread inaccuracies and lack of scientific validity; 20) Federal payment system reform pilot projects should include strong representation from the private physician community and include direct Congressional oversight; 21) The federal government and private health plans should narrow the scope of their audit and payment recoupment programs to true fraud and abuse violators, not to personnel committing innocent administrative errors; 22) Government and other Relative Value Current Procedural Terminology (CPT) Coding system committees should be predominately composed of private practice physicians, who most often perform those procedures, i.e., members of organized medicine and medical specialty societies.

180.983 Patient ID Card -- HD 10/16/2010
MAG supports requiring all health insurers to provide basic information on the insured's identification card including, but not limited to, patient name, patient identification number, group number, name of insurer, type of plan (this should be well defined and accurate), effective date of coverage, copayments and deductibles, central labs, restrictions, such as no coverage for wellness checkups or immunizations, social security number, insurance company telephone number and claims address. (Special Report 04.10, III)

NEW LANGUAGE ADOPTED:
MAG supports requiring all health insurers to provide basic information on the insured's identification card including, but not limited to, patient name, patient identification number, group number, name of insurer, type of plan (this should be well defined and accurate and include if it is an Exchange or ERISA plan), effective date of coverage, copayments and deductibles, central labs, restrictions, such as no coverage for wellness checkups or immunizations, insurance company telephone number and claims address. Include dependent names and pharmacy contact.

MAG opposes deceptive marketing practices by third party carriers and recommends that the
Commissioner of Insurance investigate these practices and publicly report his/her findings and that MAG work with the Commissioner of Insurance to develop a "Truth in Health Insurance" bill. (Res: 204B-98) (Reaffirmed 10/2005; 10/16/2010)

NEW LANGUAGE ADOPTED:
MAG opposes deceptive marketing practices by third party carriers and recommends that the Commissioner of Insurance investigate these practices and publicly report the Department’s findings.

285.983 Review and Education -- HD 5/1/1999
MAG supports developing an ongoing managed care contract review and education program for physicians, which points out the critical red flags in contract design. (Comm. 23-99) (Reaffirmed 10/2005; 10/16/2010)
NEW TITLE: MANAGED CARE CONTRACTS AND EDUCATION
NEW LANGUAGE AND TITLE ADOPTED:
MAG supports the annual review of a sample of managed care contracts in order to develop education and guidance to promote awareness about critical red flags in contract design so that members can make informed decisions when entering into payer contracts.

360.993 Scope of Practice -- HD 10/16/2010
MAG opposes CMS authorizing nurse practitioners and certified nurse specialists to perform and interpret diagnostic radiology. (Special Report 04.10. III)
NEW TITLE DIAGNOSTIC RADIOLOGY
NEW LANGUAGE AND TITLE ADOPTED
MAG opposes CMS authorizing nurse practitioners and certified nurse specialists to order, perform and interpret diagnostic radiology. Furthermore, APRNs should not be authorized to order advanced images, including but not limited to the following: CT, MRI, PET, Nuclear and Bone Scans. MAG finds that the costs to perform and interpret these scans continues to escalate and believes that if this authority is expanded beyond physicians, it could become a tremendous expense to all.

Announcements

Dr. McDonald called for any new business and hearing none announced that John S. Harvey, M.D., will be installed as MAG’s president in the Scarbrough Ballroom just off the main lobby at 6 p.m. Past presidents were asked to assemble outside the Scarbrough Ballroom by 5:30 p.m. A reception in the Harborside East Ballroom will be held from 7 p.m. to 7:30 p.m. followed by dinner and awards presentation.

Dr. McDonald thanked MagMutual and the Atlanta Capitol Group for sponsoring MAG’s dinner and reception this evening. He announced that the MagMutual lunch will be held in the Harborside Ballroom at noon. The keynote speaker will be Albert Wu, M.D., with the John Hopkins Bloomberg School of Public Health. Dr. McDonald encouraged members to join GAMPAC and obtain a special incentive for signing up. GAMPAC will hold its lunch on Sunday with keynote speaker U.S. Senator David Perdue.

Dr. McDonald encouraged members to visit the Medical Reserve Corps (MRC) exhibit. MAG formed the nation’s first medical society-sponsored statewide volunteer MRC, and the MAG Foundation exhibit to sign up for a chance to win a two-night’s stay in a deluxe room at the King & Prince Resort on St. Simons Island plus other special prizes.
Dr. McDonald reminded members that MAG’s International Medical Graduates will meet from 4 p.m. to 4:30 p.m., and the Medical Student Section will meet from 4:30 p.m. to 5 p.m. Both meetings will take place in the Vernon Room. He encouraged members to visit MAG’s Medical Student Section Abstract Competition Exhibit. (Details of the 2015 Student Poster Abstract Winners were recorded in JMAG, 2015, Vol. 104, Issue 4)

Dr. McDonald announced that the Georgia AMA Delegation will have a breakfast meeting at 6:30 a.m., tomorrow in Scarbrough Ballroom 3.

Speaker’s Appointed Committees
Dr. McDonald appointed the following House of Delegates committees and members of the House who will serve on them:

**REFERENCE COMMITTEE A – HEALTH CARE POLICY**
Chair    Benjamin David Spitalnick, M.D.   Pediatrics
Vice Chair Jack M. Chapman Jr., M.D.   Hall CMS
Adair Blackwood, M.D.   Richmond CMS
Patrick Blohm, M.D.   Georgia MS
Darl Rantz, M.D.   Bibb CMS
John A. Goldman, M.D.   MAA
Steven Cohen, M.D.   Cobb CMS

**REFERENCE COMMITTEE C - LEGISLATION**
Chair    Michelle Reynolds Zeanah, M.D.   Ogeechee River MS
Vice Chair Sid Moore Jr., M.D.   Bibb CMS
Nydia Maria Bladuell, M.D.   Cobb CMS
Royden Eugene Daniels III, M.D.   Cobb CMS
Vernon Thomas Bryant, M.D.   Georgia MS
Vinaya K. Pappala, M.D.   Cobb CMS

**REFERENCE COMMITTEE F – FINANCE AND ADMINISTRATION**
Chair    Deborah Ann Martin, M.D.   MAA
Vice Chair Gerardo Parada, M.D.   Cobb CMS
Elizabeth Morgan M.D.   MAA
William Frank Willett III, M.D.   Muscogee MS
Andrew Reisman, M.D.   Hall CMS

**REFERENCE COMMITTEE C&B – CONSTITUTION & BYLAWS**
Chair    Marla Jane Franks, M.D.   Cobb CMS
Vice Chair John James Rogers, M.D.   Bibb CMS
Janet Pak Memark, M.D.   Cobb CMS
Albert Farah Johary, M.D.   MAA
Martha Mary Wilber, M.D.   MAA
Thekkepat G. Sekhar, M.D.   Peachbelt MS

**CREDENTIALS COMMITTEE**
Chair    Craig Todd Kerins, M.D.   Richmond CMS
Despina Demestithas Dalton, M.D.   Cobb CMS
Kelly O’Harra Weselman, M.D.   Cobb CMS
Conclusion of First Session

Dr. McDonald announced that next year’s House of Delegates will be held again at the Hyatt Regency Savannah, October 15-16, 2016. He reported that the annual picture of the assembly will be taken immediately on recess of this session.

Having no further business at this time, the House was recessed in order that members may attend reference committee hearings.

SECOND SESSION (INSTALLATION)
Saturday, October 17

The Second Session of the House of Delegates was called to order at 6 p.m. Dr. McDonald presided. Dr. McDonald welcomed members and spouses to this session of the House to install John S. Harvey, M.D., as MAG’s president. MAG’s former presidents and members of the Executive Committee were led into the room by a bagpiper. Dr. McDonald introduced outgoing president Manoj Shah, M.D. for his final address.

The following farewell speech was given by Dr. Shah and is recorded herein for the historical records:

GOOD EVENING. AS I END MY TERM AS THE 160TH PRESIDENT OF THE MEDICAL ASSOCIATION OF GEORGIA, THERE ARE FEW THINGS THAT I WOULD LIKE TO SHARE WITH YOU.

SERVING AS THE PRESIDENT OF MAG HAS BEEN THE GREATEST HONOR AND PRIVILEGE OF MY LIFE. I AM PROUD THAT MAG HAD ANOTHER SUCCESSFUL YEAR. I ATTRIBUTE THIS TO THE MEMBERS OF THE EXECUTIVE COMMITTEE, WHO WERE ALWAYS READY TO HELP. WHEN I HAD TO MAKE A DIFFICULT DECISION, THEY REPLIED IMMEDIATELY WITH AN E-MAIL OR A PHONE CALL.

MAG MEMBERSHIP HAS BEEN AT ONE OF ITS HIGHEST LEVELS THIS YEAR. I BELIEVE THIS IS DUE TO THE HARD WORK OF MAG STAFF AND MANY INDIVIDUAL PHYSICIANS. I HAD A LEAD FOR A PHYSICIANS’ GROUP THAT WAS INTERESTED IN JOINING MAG. KATE BOYENGA CALLED THEM, SENT THEM INFORMATION, MADE A FEW PHONE CALLS, AND MADE IT A SUCCESS.

I HAD THE PLEASURE OF WORKING WITH ONE OF THE BEST STAFFS ANY PROFESSIONAL ORGANIZATION COULD ASSEMBLE, THOUGH I CAN’T NAME EVERYONE TONIGHT. DON PALMISANO PHONED ME WITH UPDATES EVERY DAY – I SURELY WILL MISS THOSE CALLS. DONNA GLASS ORGANIZED MY ENGAGEMENTS AND TRAVEL ARRANGEMENTS. SHE KNOWS THE INS AND OUT OF MAG AND IS A PILLAR OF THE ORGANIZATION.

WE DID A GREAT JOB DURING THE LEGISLATIVE SESSION, AND ACHIEVED MANY OF OUR PRIORITIES. OUR VICTORIES INCLUDED THE “NAME TAG” BILL, MEDICAID PARITY PAYMENT, BIOSIMILARS, PRESCRIPTION DRUG MONITORING PROGRAM FUNDING, AND THE STUDY COMMITTEE ON HEALTH
INSURANCE. MARCUS DOWNS AND RYAN LAROSA ARE A GREAT LOBBYING TEAM WORKING UNDER
THE GUIDANCE OF DR. MIKE GREENE.

WE HAD A VERY SUCCESSFUL MEETING WITH OUR LEGISLATORS AT CHATEAU ELAN, WHICH GAVE
PHYSICIANS A CHANCE TO GET TO KNOW THEIR LEGISLATORS PERSONALLY.

OUR WEBSITE HAS WON MULTIPLE AWARDS. IT NOW INCLUDES HEALTH INDUSTRY UPDATES, DON’S
UPDATE, AND OUR TOWN HALL RECORDINGS.

TOM KORNEGAY HELPED ME WRITE ARTICLES AND PREPARE FOR SPEECHES. HE PUSHED ME TO
PREPARE FOR THEM MONTHS IN ADVANCE WHICH LEAVES NO ROOM FOR PROCRASTINATION, AND
SENT MULTIPLE E-MAILS UNTIL THEY WERE COMPLETED. HE IS PERSISTENT, AN EXCELLENT WRITER
AND WELL ORGANIZED.

MAG HAS TRADITIONALLY USED COMMITTEES, BUT SOME HAD NOT BEEN ACTIVE AS MEMBERS
DON’T WANT TO TRAVEL TO ATLANTA FOR MEETINGS. SO THIS YEAR WE HAVE STARTED TASK FORCES
ON HEALTH INSURANCE, MEDICAID, PDMP, TELEMEDICINE/EHR, PUBLIC HEALTH, SCOPE OF
PRACTICE, AND TORT REFORM.

MAG MEMBERS RECEIVED AN E-MAIL TO VOLUNTEER FOR THE TASK FORCE OF THEIR CHOICE AND
WE HAD AN EXCELLENT RESPONSE. THESE ARE ONE-YEAR APPOINTMENTS BY THE PRESIDENT, AND
THEY HAVE WORKED VERY WELL. FOR EXAMPLE, WE SENT AN EMAIL TO GET FEEDBACK ON A
QUESTION THAT WAS RELATED TO THE TELEMEDICINE ACT OF 2015 FOR MEDICARE AND WE
RECEIVED 10 RESPONSES IN 48 HOURS – AND MANY HAD COMPLETELY OPPOSITE VIEWS.

EVERY FEW YEARS, AN ORGANIZATION NEEDS TO EVALUATE ITS STRUCTURE AND MAKE NECESSARY
CHANGES. WE HAVE MANY NEW MAG MEMBERS AND GPLA GRADUATES WHO WOULD LIKE TO BE
ACTIVE IN MAG LEADERSHIP. WE HAD A TASK FORCE ON GOVERNANCE AND WE HAD FIVE
TELEPHONE MEETINGS. A CONSULTANT WANTED US TO REDUCE THE SIZE OF OUR EXECUTIVE
COMMITTEE AND OUR BOARD OF DIRECTORS, BUT THE GOVERNANCE TASK FORCE FELT THAT OUR
CURRENT MODEL IS WORKING WELL AND DOES NOT NEED ANY CHANGE. PLUS, THIS WOULD HAVE
ELIMINATED LEADERSHIP POSITIONS.

HOWEVER, TERM LIMITS IS ANOTHER WAY TO BRING NEW TALENT INTO OUR LEADERSHIP RANKS,
THOUGH THAT HAS BEEN VERY CONTROVERSIAL AND IS A TOPIC THAT WAS DISCUSSED EXTENSIVELY
BY THE CONSTITUTION AND BYLAWS REFERENCE COMMITTEE. I ALSO BELIEVE THAT MAG WILL BE
BETTER OFF WHEN IT HAS MORE CONTESTED ELECTIONS.

I WOULD LIKE TO THANK DR. STAN SHERMAN FOR HIS EXCELLENT AND DEDICATED WORK ON MAG’S
JOURNAL FOR MANY YEARS.

SUSAN MOORE HAS DONE A GREAT JOB WITH THE THIRD PARTY PAYER COMMITTEE AND
EVALUATING THE FEASIBILITY OF A MAG HEALTH INFORMATION EXCHANGE.

I WOULD ALSO LIKE TO APPLAUD ANDREW BAUMANN AND CLYDE MAXWELL FOR BUILDING MAG’S
BRAND IN THE EDUCATION AND CORRECTIONAL MEDICINE.
THE MAG FOUNDATION, UNDER THE LEADERSHIP OF DR. JACK CHAPMAN WITH THE HELP OF FRED JONES AND LORI MURPHY, HAS DONE EXCEPTIONAL WORK WITH THE ‘THINK ABOUT IT’ CAMPAIGN TO REDUCE DRUG ABUSE. AND UNDER DR. BILL CLARK’S LEADERSHIP, THE GPLA HAS THE LARGEST CLASS EVER WITH 16 AND HAS RECEIVED A TWO-YEAR GRANT OF $150,000 FROM THE PHYSICIAN’S FOUNDATION. I REALLY APPRECIATE DR. TOM EMERSON FOR HOSTING THE GPLA RECEPTION AT HIS HOME. I ALSO THANK DR. CLARK AND HIS WIFE JILL FOR HOSTING A RECEPTION FOR MANY YEARS ON THE ROOF OF THE SEA LARK COTTAGE ON ST. SIMONS ISLAND WITH FRESH SHRIMP, FOOD, AND DRINKS -- THIS REQUIRE PREPARATION, TIME AND MONEY. MANY GPLA GRADUATES ARE SUPPOSED TO COME FOR THE STEERING COMMITTEE MEETING, BUT I BELIEVE THEY COME FOR THIS PARTY. THERE, ALL PHYSICIAN LEGISLATURES WERE PRESENT EXCEPT ONE.

AS USUAL, SALLY ANN JACOBS HAS DONE AN EXCELLENT JOB WITH MAG’S FINANCES, AND SHE IS HELPING US BUILD MUCH-NEEDED CASH RESERVES.

I HAVE TRAVELED EXTENSIVELY DURING MY PRESIDENCY AND HAVE SPOKEN TO MANY COUNTY SOCIETIES AND MEDICAL STUDENTS. I HAVE ALSO SPOKEN TO MULTIPLE INTERNATIONAL MEDICAL GRADUATE GROUPS, WHICH HAS LED TO MANY NEW MEMBERS. IN FACT, ONE MONTH AGO, I SPOKE TO THE PHILIPPINES AMERICAN MEDICAL ASSOCIATION OF GEORGIA AND THEY WERE SO IMPRESSED WITH THE MAG THAT EVERY MEMBER PROMISED TO JOIN MAG.

I HAVE WORKED HARD AND TO THE BEST OF MY ABILITY TO REPRESENT MAG THIS PAST YEAR, AND I WOULD LIKE TO THANK YOU FOR GIVING ME THIS OPPORTUNITY TO SERVE AS YOUR PRESIDENT.

I WISH DR. HARVEY WELL, AND HE WILL ALWAYS HAVE MY FULL AND UNCONDITIONAL SUPPORT. HE IS TALENTED AND MAG WILL DO GREAT WORK UNDER HIS LEADERSHIP. THIS WILL BE A CHALLENGING, YET WONDERFUL AND A REWARDING EXPERIENCE.

THANK YOU.

Dr. McDonald asked Dr. Harvey to join Dr. Shah at the podium. Dr. Harvey was given the oath of office. Dr. Shah presented Dr. Harvey with the president’s pin to wear during his tenure of office and the president’s medallion that is worn on special occasions. He also passed the gavel to Dr. Harvey to symbolize the transfer of leadership.

Dr. Harvey thanked Dr. Shah and the rest of the assembly for the honor bestowed on him this day. Dr. Harvey presented Dr. Shah with the past president’s medallion and the past president’s pin and plaque. (Dr. Harvey’s address to the assembly is recorded in J MAG, 2015, Vol. 104, Issue 4)

Awards Presentations

Dr. McDonald welcomed members of the House of Delegates and called to order the session of the House of Delegates to present special awards to individuals who deserve special recognition. Dr. McDonald expressed his thanks to MagMutual for sponsoring tonight’s dinner and to Atlanta Capital Group for sponsoring tonight’s reception. The following MagMutual representatives and Atlanta Capital Group representatives received a round of applause for their sponsorship: Joe Wilson, M.D., Mary Greg, M.D., Ann Contrucci, M.D., (MAG Mutual), Mr. Kevin Rainwater, Mr. Ross Sims, Ms. Sherrie Robinson, Ms. Liz Davenport, Mr. Matt Norris and Mr. David Crook (Atlanta Capital Group)
The following Awards were presented at this year’s dinner: the Lamartine Hardman Cup, Joseph P. Bailey, Jr., M.D. Physician Distinguished Service Award, Physician’s Award for Community Service, Jack A. Raines, M.D., Humanitarian Award, and the Donna Glass Non-Physician Distinguished Service Award. (These awards and their recipients are recorded in JMAG, 2015, Vol. 104, Issue 4)

At the conclusion of this session, Dr. Silver presented trophies to members and guests who played in MAG golf event.

Dr. McDonald recessed the House until Sunday, October 18 in the Longleaf Ballroom to begin at 8:30 a.m.

**FINAL SESSION**

Sunday, October 18

The final session of the House of Delegates convened on Sunday, October 18. Speaker of the House Frank McDonald, M.D., presided. Delegates were instructed to obtain their voting keypad and return to the roped-off section. Dr. McDonald called on the chairman of the Credentials Committee.

Dr. Kerins presented the Credentials Committee report. He reported that 200 delegates and four alternate delegates were registered – representing 38 county medical societies, sections and specialty societies. A quorum was met. (A full report from the committee is attached to these Minutes.)

The following are actions taken by the House of Delegates on Sunday, October 18, 2016. The order of business for reference committee reports were as follows: Reference Committee A, Reference Committee F, Reference Committee C and Reference Committee on Constitution and Bylaws. However, actions will not follow this order.

**REFERENCE COMMITTEE A**

Resolution 101A.15 -- National Board of Physicians and Surgeons (NBPAS) Board Recertification

Adopted as amended resolves 1 and 2 of Resolution 101A.15 that 1) the Medical Association of Georgia creates policy that accepts the National Board of Physicians and Surgeons (NBPAS) as an alternative to ABMS for recertification for physicians in Georgia and that 2) the MAG delegation to the American Medical Association (AMA) submit a resolution supporting the AMA recognizing NBPAS as an alternative to ABMS for recertification for physicians nationally.

Resolution 102A.15 -- Computer Electronic Health Record Cybersecurity

Adopted as amended Resolution 102A.15 that the Medical Association of Georgia (MAG) present a resolution to the AMA to investigate indemnity for physicians and other health care providers whose Electronic Health Records (EHR) data and other electronic medical systems become the victim of security compromises.

Resolution 103A.15 -- Georgia Cancer Control Consortium (GC3)

Adopted Resolution 103A.15 that the Medical Association of Georgia supports the efforts of the Georgia Cancer Control Consortium and health care organizations, including legislation, to create a palliative care network that offers access to palliative care for both in-patient and out-patient treatment in every region of the state.
Resolution 104A.15 -- Insurance Deductibles

DID NOT Adopt Resolution 104A.16 calling for the Medical Association of Georgia (MAG) delegates to the American Medical Association (AMA) to introduce a resolution asking the AMA support deductibles that run with the prime policyholder’s birthday month rather than calendar year and for the AMA to encourage state societies to pursue the same at the state level.

Resolution 105A.15 -- Vaccine Availability in Small Practices

Adopted resolve 1 of Resolution 105A.15 that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) present a resolution asking the AMA to encourage vaccine manufacturers to make small quantities of vaccines available for purchase without financial penalty to help small practices maintain a comprehensive vaccine inventory.

Adopted as amended resolve 2 of Resolution 105A.15 that MAG investigate the feasibility to create a purchasing group or other means for MAG members to purchase vaccines.

Resolution 106A.15 -- Increasing the Grace-Period for Medicare Part D Recipients

Adopted as amended resolve 1 and new resolve 2 that the Medical Association of Georgia (MAG) urge the American Medical Association (AMA) to work with the Centers for Medicare & Medicaid Services (CMS) to allow Medicare recipients to change their Medicare Part D plan within the first three months of the new year if their original plan they signed on for does not appear to be the most appropriate plan for their clinical problem after examination by their physicians and 2) that MAG provide educational support to patients and physicians regarding online prescription resources such as the Medicare plan finder at medicare.gov.

Resolution 107A.15 -- Waiver Not To Use Electronic Records

Adopted Resolution 107A.15 that the Medical Association of Georgia (MAG) advocates for waivers to allow physicians who are not confident with the use of electronic health records (EHR) to not be financially punished or fined because of their decision to forego the use of electronic records.

Resolution 108A.15 -- Improving EHR

Adopted resolve 1 of Resolution 108A.15 that the Medical Association of Georgia (MAG) will actively support the American Medical Association (AMA) locally and nationally in its advocacy with the U.S. Department of Health and Human Services (HHS), IT experts, researchers and executives to reframe policy around the desired future capabilities of Electronic Health Records EHR technology to enhance patient care, improve productivity and reduce administrative costs.

Adopted resolve 2 of Resolution 108A.15 that the Medical Association of Georgia (MAG) supports the 2014 AMA position paper that outlines eight priorities to improve EHR usability for physicians and other stakeholders in the health care industry, including the following: 1. EHR systems should be designed to enhance physician-patient communication and engagement; 2. EHR systems should be support team-based care by maximizing each person’s productivity in accordance with state licensure laws and allow physicians to delegate tasks as appropriate; 3. EHR systems should be designed to enhance care coordination across the continuum of care; 4. EHR systems should offer product modularity and configurability to meet individual practice requirements; 5. EHR systems should support medical decision making with concise, context sensitive and real-time data; 6. EHR systems should facilitate connected health care across care settings and enable both exporting data and properly incorporating data from other systems; 7.
EHR systems should be interoperable with patient mobile technology to support patient engagement; and 8. EHR systems should be designed with end-user input and EHR technology should facilitate post-product implementation feedback.

Resolution 109A.15 -- Meaningful Use Stage 3
Adopted as amended Resolution 109A.15 that the Medical Association of Georgia (MAG) supports the AMA’s “Break the Red Tape” campaign efforts to advocate for the U.S. Department of Health and Human Services (HHS) to pause the Meaningful Use (MU) Stage 3 regulation, and evaluate the MU program.

Resolution 110A.15 -- Georgia Colorectal Cancer Roundtable
Adopted Resolution 110A.15 that the Medical Association of Georgia (MAG) and the physicians of Georgia endorse the efforts of the Georgia Colorectal Cancer Roundtable (GCCRT) to improve colorectal cancer outcomes in Georgia by increasing the colorectal cancer screening rate in Georgia from 67.8 percent to 80 percent by 2018 for adults over the age of 50.

Resolution 111A.15 -- Expedited Partner Therapy (EPT)
Adopted Resolution 111.15 that the Medical Association of Georgia (MAG) supports the adoption of expedited partner therapy (EPT) in Georgia as recommended by the Centers for Disease Control and Prevention (CDC) to help combat the spread of sexually transmitted diseases.

Resolution 112A.15 -- Drug Formularies
DID NOT Adopt Resolution 112A.15 calling for the Medical Association of Georgia (MAG) to advocate that insurance companies should be required to specify a comparable pharmaceutical product that the insurance company will cover when a pharmaceutical denial is sent to the physician or patient.

Resolution 113A.15 – IOM “Dying in America” Report
Adopted resolve 1 of Resolution 113A.15 that the Medical Association of Georgia (MAG) supports and promotes the recommendations of the Institute of Medicine (IOM) “Dying in America” report, which provides recommendations to improve the quality of end-of-life care received by all patients.

Adopted resolve 2 of Resolution 113A.15 that the Georgia Delegation to the American Medical Association (AMA) introduce a similar resolution to the AMA at its next House of Delegates [calling for the AMA to support and promote the recommendations of the Institute of Medicine “Dying in America” report, which provides recommendations to improve the quality of end-of-life care received by all patients.]

Resolution 114A.15 – Veterans Affairs
Adopted Resolution 114A.15 that the Medical Association of Georgia (MAG) supports and advocates for an electronic and/or telephone electronic medical records (EMR) and communications system that will allow enhanced communications between patients’ Veterans Affairs (VA) physicians and their other non-VA treating physicians.

Resolution 115A.15 – Pharmaceutical Company Co-Pay Cards
DID NOT Adopt Resolution 115A.15 calling for the Medical Association of Georgia delegation to the American Medical Association (AMA) House of Delegates present a resolution asking the
Centers for Medicare & Medicaid Services (CMS) to allow patients on government health programs to use pharmaceutical company co-pay cards to help control the cost of pharmaceutical products and medications.

Resolution 116A.15 – Medicare Consultation Code
DID NOT Adopt Resolution 116A.15 calling for the Medical Association of Georgia (MAG) delegation to the American Medical Association present a resolution asking the Centers for Medicare & Medicaid Services (CMS) to adequately pay physicians for the care of Medicare patients by reinstating consultation codes.

REFERENCE COMMITTEE C

Officer 01.15 – Report of the President
Adopted as amended Officer 01.15 that MAG survey its membership on whether to submit an amicus brief in the GASC and Dr. Ribot’s lawsuit stating the complexity of CON reform to Georgia based on the diversity of physician practices. Whatever reforms shall highlight the necessity for equality under the law and shall not allow for carve outs for any organizations; and that MAG create an educational piece informing its membership of the difference between Certificate of Need and Letter of Nonreviewability.

Resolution 301C.15 – Able Act
Adopted as amended Resolution 301C.15 that the Medical Association of Georgia (MAG) supports the implementation of the Achieving a Better Life Experience (ABLE) Act of 2014 at the state level so that disabled citizens of Georgia may benefit from this statute. (Editorial Note: The ABLE act will allow disabled citizens to pay qualified expenses and allow them assets more than $2,000. This means that disabled citizens could participate in the workforce while maintaining their disability benefits.)

Resolution 302C.15 – Abuse-Deterrent Technology Opioids
Adopted as amended Resolution 302C.15 that the Medical Association of Georgia (MAG) advocates that if insurance carriers provide coverage for a certain extended-released opioid, they must provide equitable coverage for the same extended-release opioid with abuse-deterrent technology when available.

Resolution 303C.15 – Direct Primary Care
Adopted as amended Resolution 303C.15 that the Medical Association of Georgia (MAG) supports state legislation that amends Georgia laws governing insurance regulations and medical provider licensure so as to ensure that such laws do not create unnecessary impediments to the offering of direct primary care arrangements. This would include legislation that permits physicians contracting as direct primary care providers to not be considered “risk bearing entities,” thus excluding them from insurance licensure and insurance regulation requirements.

Resolution 304C.15 – Lymphedema Treatment Act
Adopted as amended Resolution 304C.15 that the Medical Association of Georgia (MAG) delegation to the American Medical Association (AMA) submit a resolution for the AMA to support H.R. 1608 as written in current form as of October 17, 2015.

Resolution 305C.15 – Prior Approval
Adopted resolve 1 of Resolution 305C.15 that the Medical Association of Georgia (MAG) advocates for all prior approval procedures and forms to be clearly available on the insurance plan website and that forms must be transparent with all materials in clear, concise and literacy appropriate language for the calendar year.

Adopted as amended resolve 2 of Resolution 305C.15 that MAG advocates for all insurance companies to post current drug formularies clearly on the insurance plan website and provide the drug formulary when denied.

Adopted as amended resolve 3 of Resolution 305C.15 that MAG work with the Georgia Insurance Commissioner to require insurance companies to develop a transparent explanation of their prior approval process and standard prior approval forms that patients can complete and share with their physicians.

Resolution 306C.15 – Preserving the Georgia Prescription Drug Monitoring Program
Adopted resolve 1 of Resolution 306C.15 that the Medical Association of Georgia (MAG) works with our state legislators and the Governor to develop and implement a policy that would assure the Georgia Prescription Drug Monitoring Program (PDMP) be fully funded every year.

Referred to the Board of Directors amended resolve 2 of Resolution 306C.15 that MAG works with the Georgia Composite Medical Board (GCMB) and Georgia Drug and Narcotics Agency (GDNA) to change the PDMP law allowing GCMB investigators to access the PDMP database in the course of their investigations when there is sufficient evidence indicating a clear and eminent danger to patient safety without a subpoena. The Georgia State Attorney General’s office would have oversight of this process.

Resolution 307C.15 – Specialty Medications and Drug Formulary Transparency
Adopted resolve 1 of Resolution 307C.15 that the Medical Association of Georgia (MAG) advocates for insurers and payers to eliminate complex barriers, and reinstate physicians as the primary authorities for patient treatment decisions – providing coverage transparency and protecting patient access to timely, affordable and medically appropriate care in Georgia.

Adopted resolve 2 of Resolution 307C.15 that MAG sends a letter to the Georgia Insurance Commissioner supporting drug formulary transparency for patients to help improve the quality of care provided by physicians.

Resolution 308C.15 – Closing the Coverage Gap in Georgia
Adopted as amended Resolution 308C.15 that the Medical Association of Georgia (MAG) explores options to provide health care insurance for Georgia citizens currently falling in the coverage gap.

Resolution 309C.15 – Food and Nutrition Services in Georgia
Adopted resolve 1 of Resolution 309C.15 that the Medical Association of Georgia (MAG) supports the Food and Nutrition Service (FNS) agencies that provide a vital service in the community by providing high quality, low cost health intervention.

Adopted resolve 2 of Resolution 309C.15 that MAG supports legislation that include medically tailored FNS for individuals living with severe illnesses for which there is disease-specific
Evidence that demonstrates the cost effectiveness and improved health outcomes that result from FNS as an intervention.

Resolution 310C.15 – Tobacco Tax
Adopted as amended on the floor Resolution 310C.15 that the Medical Association of Georgia (MAG) supports legislation that increases the state’s tobacco excise tax to an amount which will improve the health of Georgia residents.

Resolution 311C.15 – Amend H.R. 6, The 21st Century Cures Act
Adopted by substitution Resolution 311C.15 that the MAG delegates to the AMA House of Delegates introduce a resolution asking that the AMA Board of Trustees lobby the United States Senate to amend H.R. 6 to prohibit all supplement (Medigap) insurance policies (Part B, Part C, and Part D) from denying coverage of the entire Medicare approved expenses for a FDA approved clinical trial that Medical Part A does not; and allow sponsors of clinical trials to cover what supplement insurance does not for those beneficiaries with supplement insurance, as well as what supplement insurance would have covered for those Medicare beneficiaries without Part B or Part C and/or Part D supplement insurance (Medigap); or, alternatively, that in cases of Medicare and FDA approved clinical trials, Medicare be required to pay 100 percent of all Medicare approved expenses.

Resolution 312C.15 – Licensed Physician Ability to Practice
Adopted Resolution 312C.15 that the Medical Association of Georgia (MAG) supports legislation asserting that medical centers should not be allowed to deny a licensed Georgia physician the ability to utilize the medical center’s facilities as this denial is limiting the physician’s ability to practice medicine and to provide the best medical care to their patients.

Resolution 313C.15 – Truth in Advertising
Adopted resolve 1 of Resolution 313C.15 that our Medical Association of Georgia supports legislation that requires all health care professionals – physicians and non-physicians – to accurately and clearly disclose their training and qualifications to patients.

Adopted resolve 2 of Resolution 313C.15 that our Medical Association of Georgia supports legislation that states that a medical doctor or doctor of osteopathic medicine may not hold oneself out to the public in any manner as being certified by a public or private board including but not limited to a multidisciplinary board or “board certified,” unless all of the following criteria are satisfied:

a) The advertisement states the full name of the certifying board.

b) The board either: 1. Is a member of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); 2. Requires successful completion of a postgraduate training program approved by the Accreditation Commission for Graduate Medical Education (ACGME) or the AOA that provides complete training in the specialty or subspecialty certified, followed by prerequisite certification by the ABMS or AOA board for the training field and further successful completion of examination in the specialty or subspecialty certified.

Resolution 314C.15 – ICD-10 Stop the Nonsense
DID NOT Adopt Resolution 314C.15 calling for the MAG Delegates to the American Medical Association (AMA) House of Delegates present a resolution asking the Centers for Medicare &
Medicaid Services (CMS) to immediately cancel the ICD-10 program as a coding method and that it be used for population studies and mortality statistics, which is what was originally developed for, and that those who wish to use the ICD-10 program shall be paid an extra $150 per patient visit as a stipend for the physician’s participation in data collection for research.

REFERENCE COMMITTEE F

Officer 04.15 – Office of the Treasurer
Filed Officer 04.15 the report of the Treasurer

Resolution 401F.15 – Elimination of Dues for Residents
Referred to the Board of Directors/Executive Committee for decision resolve 1 of Resolution 401F.15 calling for MAG to eliminate dues for residents and fellows to improve recruitment leadership development and ultimately encourage long-term membership.

Referred to the Board of Directors/Executive Committee for decision resolve 2 of Resolution 401F.15 calling for MAG to commit the financial resources necessary to reactivate and maintain the residents and fellows section.

Resolution 402F.15 – MAG House of Delegates
DID NOT Adopt Resolution 402F.15 calling for MAG’s House of Delegates to be held in venues within the southeast outside of Georgia that will accommodate the meeting and stimulate more interest in attendance of HOD.

REFERENCE COMMITTEE ON CONSTITUTION AND BYLAWS

Committee 02.15, Constitution and Bylaws, Item 6 – Life Membership
Adopted Committee 02.15 that amends MAG Bylaws Chapter II, Membership, Section 7 Life Members as follows:

CHAPTER II – MEMBERSHIP
SECTION 7. 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 Medical Association of Georgia his or 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…

Committee 02.15, Constitution and Bylaws, Item 7 – Alternate Delegates
Adopted Committee 02.15 that amends MAG Bylaws Chapter V, House of Delegates, Section 5, Organization, (c) Committees as follows:

CHAPTER V - HOUSE OF DELEGATES
SECTION 5. ORGANIZATION
(c) Committees. The Speaker of the House of Delegates shall appoint, from delegates and alternates of the House of Delegates, the Reference Committees, the Credentials Committee, and
other committees considered necessary for the proceedings of the House of Delegates. Any members of the Association may speak in a reference committee and attend open sessions of the House of Delegates as an observer. Any guests or non-members may attend and/or speak at reference committee meetings only with the permission of the Speaker. Any member of the Association may be appointed to serve on a committee created for a special purpose. Such members who are not delegates of the House of Delegates shall have the right to present their reports in person and to participate in debate, but shall not have the right to vote.

Committee 02.15, Constitution and Bylaws, Item 8 – Absence of the Vice Speaker
Adopted as amended Committee 02.15 that amends MAG Bylaws Chapter V., House of Delegates, Section 5, Organization, (a) Speaker of the House of Delegates and Vice Speaker of the House of Delegates as follows:

CHAPTER V - HOUSE OF DELEGATES
SECTION 5. ORGANIZATION
(a) Speaker of the House of Delegates and Vice Speaker of the House of Delegates. The House of Delegates shall be presided over by the Speaker, or in the absence of the Speaker, by the Vice Speaker. In the absence of the Vice Speaker, the Speaker may designate a delegate to serve in that capacity for the duration of the meeting. In the absence of both, the President shall nominate two delegates to serve as Speaker and Vice Speaker who the House of Delegates will confirm delegate agreeable to the House of Delegates may preside. The Speaker and Vice Speaker shall be elected every second year at the second session of the House of Delegates during the Annual Session, and their terms of office shall commence immediately upon the adjournment of the House of Delegates.

Committee 02.05, Constitution and Bylaws, Item 9 – Reports to HOD Requiring Listings of Physicians (Director Reports)
Adopted Committee 02.15, that amends MAG Bylaws Chapter VI, Board of Directors, Section 4, Elections and Terms of Directors, (d) Duties of Directors and Alternate Directors as follows:

CHAPTER VI - BOARD OF DIRECTORS
SECTION 4. ELECTIONS AND TERMS OF DIRECTORS
(d) Duties of Directors and Alternate Directors. Each director shall be organizer, and peacemaker for the district represented by the respective director. The director shall visit each county in the respective district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the conditions of the profession, and to keep in touch with the activities of, and to aid in the betterment of the component societies in that district. The director shall make submit an annual report at the Annual Session of the House of Delegates, listing all physicians in the respective district who are members of a component society membership data of each component society within the respective district and describing the work and condition of the profession of each county in that district. The alternate director shall assist the director in the performance.

Committee 02.15, Constitution and Bylaws, Item 10 – BOD Composition
Adopted as amended Committee 02.15 that amends MAG Bylaws Chapter VI, Board of Directors, Section 2, Composition, (b) Directors and Alternates… as follows:

CHAPTER VI - BOARD OF DIRECTORS
SECTION 2. COMPOSITION.
(b) Directors and Alternate Directors are selected as follows:

(vii) In the event of a membership surge that provides for an significant increase in representation on the Board of Directors by a component medical society, upon approval of the Board of Directors, the component medical society may seat the added representatives immediately prior to the election cycle and notification of such election results shall be forwarded to the House of Delegates at the next annual session.

(viii) The Young Physician Section of the Association shall be entitled to a Director and an Alternate Director representative on the Board of Directors, said officers to be elected annually by the members of the Young Physician Section.

(ix) The Medical Student Section of the Association shall be entitled to a Director and an Alternate Director representative on the Board of Directors, said officers to be elected annually by the members of the Medical Student as the Chair and Vice Chair, respectively, of the Medical Student Section

Committee 02.15, Constitution and Bylaws, Item 11 – Executive Committee Nominations

Adopted Committee 02.15 that amends MAG Bylaws Chapter, VII, Executive Committee, Section 1, Purpose and Meetings as follows:

1) CHAPTER VII   EXECUTIVE COMMITTEE

SECTION 1. PURPOSE AND MEETINGS. The purpose of the Executive Committee is to be the fiduciary of the House of Delegates and the Board of Directors in between meetings of the Board of Directors and House of Delegates.

(a) Duties. The Executive Committee shall: (1) make recommendations to the Board of Directors; (2) carry out such items of business as are referred to it; (3) appoint all Association committees, including chairmen; (4) nominate members of all boards required by the law of the State of Georgia on recommendation of the district societies where applicable or not otherwise provided for, all such recommendations being subject to confirmation by the Board of Directors; (5) have the authority and power of the Board of Directors between meetings of the Board of Directors; (6) be empowered to select an executive director who shall be responsible to the Executive Committee for the operations of the headquarters office, subject to the approval of the Board of Directors; (7) direct the Executive Director in carrying out the mandates and policies of the Board of Directors and the House of Delegates; (8) develop and evaluate the strategic directions of the Association on an annual basis, including a meeting during the first half of the MAG fiscal year with committee chairs to gather input, make recommendations to the Board of Directors as appropriate, and submit an annual report to the House of Delegates.

Committee 02.15, Constitution and Bylaws, Item 12 – Appointment of the MAG Journal Editor

Adopted Committee 02.15 that amends the MAG Bylaws, Chapter XII, Official Publication, Section 2, Journal as follows:

CHAPTER XII - OFFICIAL PUBLICATION.

SECTION 2. JOURNAL. The Board of Directors shall appoint an Editor of the Journal and define the powers and duties of the Editor and Editorial Board, and shall appoint an Editorial Board annually. The Executive Committee shall provide oversight for the Journal of the Medical Association of Georgia.

Committee 02.15, Constitution and Bylaws, Item 13 – Name of Parliamentary Procedure Manual

Adopted Committee 02.15 that amends the MAG Bylaws Chapter V, House of Delegates, Section 6, Procedures, and Chapter VI, Board of Directors, Section 6, Procedures, and Chapter VII,
Executive Committee, Section 5, Procedure as follows:

CHAPTER V - HOUSE OF DELEGATES
SECTION 6. PROCEDURE. The deliberations of the Association shall be conducted in accordance with the current edition of *Sturgis’ Rules of Order* The American Institute of Parliamentarians Standard Code of Parliamentary Procedure unless contrary to the Association’s Constitution and Bylaws or procedures of the House of Delegates.

CHAPTER VI - BOARD OF DIRECTORS
SECTION 6. PROCEDURES. The deliberations of the Board shall be conducted in accordance with the current edition of *Sturgis’ Rules of Order* The American Institute of Parliamentarians Standard Code of Parliamentary Procedure unless contrary to the Association’s Constitution and Bylaws or procedures of the House of Delegates.

CHAPTER VII - EXECUTIVE COMMITTEE
SECTION 5. PROCEDURE. The deliberations of the Executive Committee shall be conducted in accordance with the most current edition of *Sturgis’ Rules of Order* The American Institute of Parliamentarians Standard Code of Parliamentary Procedure unless contrary to the Association’s Constitution and Bylaws.

Committee 02.15, Constitution and Bylaws, Item 14 – CMS and District BOD
Adopted Committee 02.15 that amended MAG Bylaws Chapter VI, Board of Directors, Section 2. Composite, (b) Directors and Alternate Directors are selected as follows:

CHAPTER VI – BOARD OF DIRECTORS
SECTION 2. COMPOSITION
(b) Directors and Alternate Directors are selected as follows:
(ii) If a district society has within its limits no component county medical society having separate representation as above stated, then it shall be entitled to have one Director and one Alternate Director to be elected by the members of the district society.
(iii) If a district society has within its limits one component county medical society having separate representation as above stated but also more than 50 active members, (who are not in arrears in the payment of dues to the Association), not members of the component county medical society having such separate representation, then it shall be entitled to one Director and one Alternate Director to be elected by all of the members of the district society not members of the component county medical society having separate representation.
(iv) If a district society has within its limits one component county medical society entitled to separate representation as above stated and less than 50 such members of the district society not also members of the component county medical society having separate representation, then the component county medical society shall have the right to one Director and one Alternate Director less than the number above provided and such district society shall be entitled to one Director and one Alternate Director to be elected by all members of the district society including the members of the component county medical society having separate representation.
(v) If a district society has within its limits two or more component county medical societies entitled to separate representation as above stated and there are more than 50 such members of the district society who are not also members of component county medical societies having separate representation as above provided, then the component county medical societies within such district shall be entitled to the number of Director and Alternate
Directors as above provided and the district society shall be entitled to one Director and one Alternate Director to be elected by the members of the district society who are not also members of any one of the component county medical societies having separate representation as above provided.

(vi) If a district society has within its limits two or more component county medical societies entitled to separate representation as above stated, but there are less than 50 such members of the district society who are not also members of a component county medical society entitled to separate representation as above stated, then each component county medical society except the component county medical society entitled to separate representation having the smallest number of active members shall be entitled to the number of Directors and Alternate Directors above provided. The smallest component county medical society entitled to separate representation as above provided shall be entitled to one Director and one Alternate Director less than the number otherwise above provided and the district society shall be entitled to one Director and one Alternate Director to be elected by all members of the district society not also members of the component county medical societies entitled to separate representation except the members of the smallest such component medical society entitled to separate representation.

(ii) If a district society has no component county medical society which has separate representation, then it is entitled to one Director and one Alternate Director to be elected by the members of the district society.

(iii) If a district society has one component county medical society which has separate representation with more than 50 active members who are not members of the component county medical society entitled to separate representation, then the district society is entitled to one Director and one Alternate Director to be elected by all of the members of the district society who are not members of the component county medical society which has separate representation if these members number more than five (5).

(iv) If a district society has one component county medical society entitled to separate representation with less than 50 active members who are not also members of the component county medical society entitled to separate representation, then the component county medical society is entitled to one less Director and one less Alternate Director than the number provided above and the district society is entitled to one Director and one Alternate Director to be elected by all members of the district society including the members of the component county medical society which has separate representation. The Director and Alternate Director elected to represent the district society must be persons not affiliated with the component county medical societies entitled to separate representation. The component county medical society entitled to separate representation shall maintain at least one Director and one Alternate Director.

(v) If a district society has two or more component county medical societies entitled to separate representation with more than 50 active members who are not also members of component county medical societies entitled to separate representation, then the component county medical societies are entitled to the number of Director and Alternate Directors as provided above and the district society is entitled to one Director and one Alternate Director to be elected by the members of the district society who are not also members of any one of the component county medical societies which has separate representation if these members number more than five (5).

(vi) If a district society has two or more component county medical societies entitled to separate representation with less than 50 active members who are not also members of a component county medical society entitled to separate representation, then each component county medical society with the exception of the smallest component county medical society
entitled to separate representation shall be entitled to the number of Directors and Alternate Directors provided above. The smallest component county medical society entitled to separate representation is entitled to one less Director and one less Alternate Director than the number provided above and the district society is entitled to one Director and one Alternate Director to be elected by all members of the district society. The Director and Alternate Director elected to represent the district society must be persons not affiliated with the component county medical societies entitled to separate representation. All component county medical societies entitled to separate representation shall maintain at least one Director and one Alternate Director.

Committee 02.15, Constitution and Bylaws, Item 15 – CMS Delegate Selections
Adopted Committee 02.15 that amends MAG Bylaws Chapter III, Component County Societies, Section 6, Duties as follows:

CHAPTER III. COMPONENT COUNTY SOCIETIES
SECTION 6. DUTIES. Each component county society shall meet the minimum standards set forth in this Section. Each society shall: (a) meet one or more times a year, elect officers and select its delegates annually at a meeting, and report these officers to the headquarters office; (b) maintain an up-to-date constitution and bylaws in conformity with the Constitution and Bylaws of the Medical Association of Georgia and submit a copy of its constitution and bylaws, along with any amendments thereto, to the headquarters office for the Association's records; (c) maintain a Board of Censors and/or a Mediation Committee; (d) maintain minutes of each meeting in a permanent record book that will be available for inspection at all times; (e) maintain an accurate and up-to-date roster of its members and promptly notify the Association of any additions to or deletions from its membership; and (f) notify the Association of any action taken by the society or action known to the society taken by any other body which affects any member's eligibility for membership in the Association.

Resolution 504CB.15 -- MAG Foundation Board of Trustees’ Term Limits
Adopted as amended by the House of Delegates Resolution 504B.15 that the Medical Association of Georgia (MAG) adopts as policy that the trustees of the MAG Foundation be appointed for three years and serve no more than three consecutive terms.

Resolution 505CB.15 – Physicians’ Institute Board of Directors’ Term Limits
Adopted Resolution 505CB.15 that the Medical Association of Georgia (MAG) adopts as policy that the Directors of the Physicians’ Institute for Excellence in Medicine be appointed for three years and serve no more than two consecutive terms.

Resolution 506CB.15 – Physicians’ Institute Bylaws Deletion
Adopted Resolution 506CB.15 that the Medical Association of Georgia (MAG) adopts as policy that Section 6, Article IV of the Physicians’ Institution for Excellence in Medicine bylaws be amended by deleting this section from the bylaws.

Article IV, Section 6
The Board of Directors may establish reasonable compensation for the officers of the corporation.

Resolution 507CB.15 – Physicians’ Institute Bylaws Revisions
Adopted Resolution 507CB.15 that the Medical Association of Georgia (MAG) adopt as policy the Section 4, Article III of the Physicians’ Institute for Excellence in Medicine bylaws be revised
to clarify that a majority of the Board is needed to constitute a quorum.

Article III, Section 4

At all meetings of the Board of Directors, more than one half a majority of the Directors then in office shall be necessary to constitute a quorum for the transaction of business. If a quorum is present, the acts of a majority of the directors in attendance shall constitute the acts of the Board.

Resolution 508CB15, Resolves 1-5 – Out-of-State Membership
Committee 02.15, Constitution and Bylaws, Item 4, Out-of-State Membership

Adopted resolve 1 of Resolution 508CB.15 that the MAG Bylaws be amended in Chapter II, with new Section 3 entitled Out-of-State Membership and the subsequent Sections of this Chapter be renumbered:

Adopted resolve 2 of Resolution 508CB.15 that the new membership section on out-of-state membership will create a reduced dues membership category for physicians who are licensed to practice medicine in Georgia and meet the membership criteria of Chapter II, Section 1 (a) (i) but who practice the majority of their professional time in another state.

Adopted resolve 3 of Resolution 508CB.15 that out-of-state members of MAG may be solicited by GAMPAC for contributions but will not have the right to vote, hold office or receive the Journal of the MAG or other benefits, unless accorded by the House of Delegates or the MAG Board of Directors.

Adopted as amended resolve 4 of Resolution 508CB.15 that out-of-state members of MAG will have the right to join county medical societies but not count toward their delegate allotment to the MAG House of Delegates.

Adopted resolve 5 of Resolution 508CB.15 that the Board of Directors will set the amount of dues for out-of-state members.

CHAPTER II.

SECTION 3, OUT-OF-STATE MEMBERSHIP. Out of State Members are defined as those physicians who are licensed in Georgia, who meet the membership criteria of Chapter II, Section 1(a)(i), but who practice the majority of their professional time in another State. The Board will set the amount of dues for Out of State Members. Out of State Members of MAG may be solicited by GAMPAC for contributions but will not have the right to vote, hold office or receive the Journal of the MAG or other benefits, unless accorded by the House of Delegates or the MAG Board of Directors. Out of State Members of MAG will have the right to join county medical societies but not count toward their delegate allotment to the MAG House of Delegates.

Resolution 501CB.15, resolves 1-4 -- AMA Delegation Elections
Committee 02.15, Constitution and Bylaws, Item 1 – AMA Delegation Elections

DID NOT Adopt Resolution 501CB.15, resolves 1-4 calling for MAG to amend its bylaws, Chapter VIII, Election and Terms of Officers, Section 2, Procedure, (d) Delegates and Alternate Delegates to the AMA, regarding the way in which elections are held.

Resolution 502CB.15 -- AMA Delegation Term Limits
Committee 02.15, Constitution and Bylaws, Item 2, AMA Delegation Term Limits

DID NOT Adopt Resolution 502CB.15 calling for MAG to amend its bylaws, Chapter VIII,
Election and Terms of Officers, Section 2 Procedure (d) Delegates and Alternate Delegates to the AMA, regarding term limits.

Resolution 503CB.15 – Council on Legislation Chair Term Limits
Committee 02.15, Committee on Constitution and Bylaws, Item 3 – Council on Legislation Chair Term Limits.

Adopted Committee 02.15 in lieu of Resolution 503CB.15 to amend MAG Bylaws, Section IX, Committees, Section 3, Appointments and Terms of Committee Members. (This is in keeping with a recommendation from the MAG Executive Committee)

CHAPTER IX - COMMITTEES
SECTION 3. APPOINTMENTS AND TERMS OF COMMITTEE MEMBERS. All standing committee members will be recommended by the Executive Committee unless otherwise specified in the Bylaws. Standing committee members will be appointed for terms of 2 years and may not serve more than three terms, unless directed by specific action of the Executive Committee, or as otherwise specified by these Bylaws. Committee chairmen will not be subject to term limits, except the Council on Legislation chair, who shall be elected annually for no more than eight (8) consecutive years.

Special Reports

Congressman Buddy Carter, a republican from Savannah is an experienced business and owner of Carter’s Pharmacy, Inc. He addressed the assembly of MAG members discussing his vision to improve health care in American by re-introducing free market principles in the health care system.

State Rep. Sharon Cooper addressed the House and thanked MAG members for their support over the years. As chair of the Health and Human Services Committee she reported on the many bills that have impacted health care over the years. She reported that input from physicians is important to continue the Prescription Drug Monitoring Program (PDMP), which was established to assist in the reduction of the abuse of controlled substances, to improve, enhance and encourage a better quality of health care by promoting the proper use of medications to treat pain and terminal illness, and to reduce duplicative prescribing through a database program to electronically record prescription information.

AMPAC Member Steve Imbeau, M.D., gave an overview of AMPAC and its relationship with state medical and national specialty societies in the political process both federal and state.

GAMPAC Chairman James Barber, M.D., gave an overview of GAMPAC. He encouraged members to read his full report in the HOD Handbook. He reminded members that GAMPAC is a voluntary, non-profit, unincorporated committee of individual physicians and others and is not affiliated with any political party. He thanked those county medical and specialty societies that obtained 100 percent GAMPAC membership.

MAG Foundation Chairman Jack M. Chapman Jr., M.D., gave the MAG Foundation report. During the course of the meeting, MAG Foundation trustees discussed the Foundation programs including the Georgia Physicians’ Leadership Academy and the ‘Think About It’ campaign to reduce prescription drug abuse in the state.
GPLA Steering Committee Chairman William Clark, M.D., reported on the success of the Georgia Physicians’ Leadership Academy since inception. Its mission to provide rising and future physician leaders with enhanced leadership skills has become an example to other state medical societies.

MAG Alliance President Merilee Gober reported that the MAG Alliance focused on three key objectives, including supporting MAG’s government relations programs and supporting the MAG Foundation’s ‘Think About It’ campaign. She thanked members of the House of Delegates for their support of the Alliance.

CME Program

Physicians took advantage of a free CME activity that featured Alan J. Herline, M.D., with the Medical College of Georgia at Augusta University. He addressed “Laparoscopic Management of Hemorrhoids and Novel Techniques for Rectal Cancer.” He discussed the diagnosis and management, explained the operative indications and described new techniques for surgical treatment.

Election Results and Installation

Dr. McDonald called for elections to be held on the contested race of AMA Alternate Delegate by candidate Alan Plummer, M.D., and candidate John Goldman, M.D. The vote count resulted Dr. Goldman being elected. He thanked members of the House for their support. Dr. Plummer thanked members of the House for their support throughout his tenure.

At the conclusion of the contest race for AMA Alternate Delegate, the Speaker of the House of Delegates declared the following members duly elected to serve as officers for 2015-2016 and members were duly sworn in by the current president Manoj Shah, M.D. (A copy of the Board of Directors Roster is attached to these minutes.)

President: John S. Harvey, M.D.
President-elect: Steven M. Walsh, M.D.
First Vice President: Madalyn N. Davidoff, M.D.
Second Vice President: Steven Mark Huffman, M.D.
Secretary: Andrew B. Reisman, M.D.
Treasurer: Thomas E. Emerson, M.D.
AMA Delegate: William Clark, M.D.
AMA Delegate: Michael E. Greene, M.D.
AMA Delegate: Thomas E. Price, M.D.
AMA Delegate: Sandra B. Reed, M.D.
AMA Alternate: Billie Luke Jackson, M.D.
AMA Alternate: Gary C. Richter, M.D.
AMA Alternate: John A. Goldman, M.D.
Judicial Council: Willie F. Rainey, M.D.

Elections were held at district and county societies for directors and alternate directors on the MAG Board of Directors. The results included:

First District Medical Society
Aaron H. Davidson, Statesboro, Director 2018
Michelle R. Zeanah, Statesboro, Alternate Director 2018
Second District Medical Society
G. Ashley Register, Cairo, Director 2018
Sandra B. Reed, Thomasville, Alternate Director 2018

Third District Medical Society
Santanu Das, Warner Robins, Director 2018
W. Steven Wilson, Warner Robins, Alternate Director 2018

Sixth District Medical Society
Leiv M. Takle, Griffin, Director 2018
William Douglas Lazenby, Alternate Director 2018

Seventh District Medical Society
David C. Bosshardt, Ringgold, Alternate Director 2017 (elected to fill an unexpired term)

Eighth District Medical Society
James W. Barber, Douglas, Director 2017 (elected to fill an unexpired term)
Keith R. Johnson, Waycross, Alternate Director 2017 (elected to fill an unexpired term)

Tenth District Medical Society
Arthur J. Torsiglieri, Conyers, Director 2018
John Bowden, Conyers, Alternate Director 2018

Cobb County Medical Society
Jeffrey L. Tharp, Hiram, Director 2018
Despina D. Dalton, Austell, Alternate Director 2018

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

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

Georgia Medical Society
David S. Oliver, Savannah, Director 2016 (elected to fill an unexpired term)
Kelly A. Erola, Savannah, Alternate Director 2016 (elected to fill an unexpired term)

Hall County Medical Society
Karl D. Schultz, Jr., Gainesville, Director 2017 (elected to fill an unexpired term)
Abhishek Gaur, Gainesville, Alternate Director 2017 (elected to fill an unexpired term)

Medical Association of Atlanta
Rutledge Forney, Atlanta, Director 2018
Michael C. Hilton, Atlanta, Director 2018
Lisa Perry-Gilkes, Atlanta, Director 2018
Brian E. Hill, Atlanta, Alternate Director 2018
Fonda Ann Mitchell, Duluth, Alternate Director 2018

Richmond County Medical Society
Michael J. Cohen, Augusta, Director 2018
Jill P. Hauenstein, Augusta, Alternate Director 2018

Elections were held by the Medical Student Section and the International Medical Graduate Section at their respective meetings. The results included:

Evan Monson (MCG), Medical Student Section Chair and MAG Director
Luv Makadia (MCG), Medical Student Section Vice Chair and MAG Alternate Director
Abhishek Gaur, M.D., Chair, International Medical Graduate Section
Indran Krishnan, M.D., Vice Chair, Internal Medical Graduate Section

*(Highlights from the Section Meetings are recorded in JMAG, 2015, Vol. 104, Issue 4)*

**Survey Highlights**

Delegates attending the 2015 House of Delegates were surveyed throughout the meeting on important issues, including MAG, the practice environment in the state, the government and other third party payers, and trends in the medical profession. MAG will use the feedback provided in the survey results as it shapes its advocacy efforts in 2016. *(Survey results are recorded in JMAG, 2015, Vol. 104, Issue 4)*

**Conclusion**

At the conclusion of the reference committee reports, Speaker Dr. McDonald thanked members for another successful meeting. He announced that GAMPAC will hold its annual lunch at 12:30 p.m. with keynote speaker Senator David Perdue. He reminded members that they needed to join GAMPAC to attend.

**Adjourn**

The next meeting of the House of Delegates is Saturday-Sunday, October 15-16, 2016 at the Hyatt Regency Savannah. Having no further business, the 161st House of Delegates was adjourned at 12:15 p.m.
## I. County Medical Societies

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### III. Specialties

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Respectfully submitted by:
Craig Kerins, M.D.
17-Oct-15
Craig Kerins, M.D.
18-Oct-15
2015-2016 BOARD OF DIRECTORS OF THE MEDICAL ASSOCIATION OF GEORGIA

PRESIDENT ............................................................... JOHN S. HARVEY, ALPHARETTA
PRESIDENT-ELECT ........................................................... STEVEN M. WALSH, ROSWELL
IMMEDIATE PAST PRESIDENT ....................................... MANOJ H. SHAH, WARNER ROBINS
FIRST VICE PRESIDENT ............................................. MADALYN N. DAVIDOFF, WARNER ROBINS
SECOND VICE PRESIDENT ........................................... STEVEN M. HUFFMAN, MARIETTA
CHAIRMAN OF THE BOARD ........................................... RUTLEDGE FORNEY, ATLANTA
VICE CHAIRMAN OF THE BOARD .................................. FREDERICK C. FLANDRY, COLUMBUS
SECRETARY ................................................................. ANDREW B. REISMAN, OAKWOOD
TREASURER ................................................................. THOMAS E. EMERSON, MARIETTA
SPEAKER, HOUSE OF DElegates ....................... E. FRANK MCDONALD JR., GAINESVILLE
VICE SPEAKER, HOUSE OF DElegates ................... EDMUND R. DONOGHUE, SAVANNAH
CHAIRMAN, AMA DElegation ............................... S. WILLIAM CLARK III, WAYCROSS
CHAIRMAN, COUNCIL ON LEGISLATION ..................... MICHAEL E. GREENE, MACON

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<th>Term ends Oct.</th>
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<td>1</td>
<td>Aaron H. Davidson, Statesboro</td>
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<td>G. Ashley Register Jr., Cairo</td>
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<td>John S. Antalis, Dalton</td>
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Bibb County Medical Society
- William P. Brooks, Macon 2016

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

Cobb County Medical Society
- Jeffrey L. Tharp, Hiram 2018
- Steven Mark Huffman, Marietta 2017

Crawford W. Long Medical Society
- Andrew H. Herrin, Athens 2017

DeKalb Medical Society
- Stanley W. Sherman, Decatur 2018
- Andrea P. Juliao, Tucker 2018

Dougherty County Medical Society
- Timothy S. Trulock, Albany 2018

Georgia Medical Society
- David S. Oliver, Savannah 2016

Gwinnett-Forsyth Medical Society
- John Y. Shih, Suwanee 2016

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

Medical Association of Atlanta
- Rutledge Forney, Atlanta 2018
- Michael C. Hilton, Atlanta 2018
- Quentin R. Pirkle Jr., Atlanta 2017
- Lisa Perry-Gilkes, Atlanta 2018

Revised 3/30/2016
Muscogee County Medical Society
Frederick C. Flandry, Columbus 2016
W. Frank Willett III, Columbus, 2016

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

Richmond County Medical Society
Michael J. Cohen, Augusta 2018
Jill P. Hauenstein, Augusta 2018
John F. Salazar, Augusta 2016
Donnie P. Dunagan, Augusta 2016

Young Physician Section (annual elections)
Vinaya Puppala, Carrollton 2016
Edward Marchan, Atlanta 2016

Medical Student Section (chair and vice chair; annual elections at the HOD)
Evan S. Monson, Augusta (MCG) 2016
Luv D. Makadia, Augusta (MCG) 2016

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

LIVING PAST PRESIDENTS – EX-OFFICIO MEMBERS OF THE BOARD
Milton I. Johnson, Macon – 1977-78
William D. Logan, Atlanta – 1985-86
John D. Watson, Columbus – 1986-87
Jack F. Menendez, Macon – 1987-88
Joseph P. Bailey, Jr., Augusta – 1988-89
Joe L. Nettles, Savannah – 1989-90
Roy W. Vandiver, Decatur – 1993-94
Bob G. Lanier, Atlanta – 1994-95
Alva L. Mayes, Jr., Macon – 1995-96
Ralph A. Tillman, Buford – 1996-97
Gwynne T. Brunt, Jr., Atlanta – 1997-98
Roland S. Summers, Savannah – 1998-99
Joy A. Maxey, Atlanta – 2000-2001
Alan L. Plummer, Atlanta – 2002-2003
Michael E. Greene, Macon – 2003-2004
John S. Antalis, Dalton – 2004-2005
William Hardcastle, Decatur – 2005-2006
Jack M. Chapman, Jr., Gainesville – 2007-2008
Gary C. Richter, Atlanta – 2009-2010
E. Dan DeLoach, Savannah – 2010-2011
Sandra B. Reed, Thomasville, 2011-2012
W. Scott Bohlke, Brooklet – 2012-2013 * voting
William E. Silver, Atlanta – 2013-2014 *voting

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

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<th>Delegates</th>
<th>Term Ending</th>
<th>Alternates</th>
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<td>Michael E. Greene, Macon</td>
<td>2017</td>
<td>Jack M. Chapman, Jr., Gainesville</td>
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<td>Joy A. Maxey, Atlanta</td>
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<td>C. Gary Richter, Atlanta</td>
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<td>Sandra B. Reed, Thomasville</td>
<td>2017</td>
<td>John A. Goldman, Atlanta</td>
<td>2017</td>
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Historical Notes:
Note: Chair of AMA Delegation is a voting member of the Board. In the absence of the chair, the vice chairman.
Note: To remain Chairman and Vice Chairman of the Board, members must remain directors.
Note: On February 15, Vinaya Puppala, M.D., was elected as director to the Board of Directors; Edward Marchan, M.D. was elected as alternate director.